



## Policy document Kibet4Kids Foundation

Building Kenya.....

Kibet4Kids Foundation

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# 1. Preface

When you grow up in a rural village in Kenya, you don't know any better. When you need water, you walk to a nearby river, or borehole. When you want to cook, you need firewood, so you walk to the forest to search for this.

And when you go to school in the morning, you have to walk for about one hour to the closest primary school in the area. All the kids from your village and the neighboring villages go there. So the classrooms are quickly filled, with more than 70 kids per class.

When you need a hospital, you can often find a health clinic nearby, but it doesn't have much facilities. Most of the time there are no doctors, only nurses. So when it's serious, and you can get transport, you will go to a hospital in the big town. But not everyone is able to do that and sometimes the situation is life threatening, so every minute counts.

I lived in Kenya till the age of 20 and I was happy there. According to Western standards, life was hard, but I didn't know any better. When I came from school, there was no time to study, because I had to assist in housekeeping (collect firewood and water). Fortunately I had a friend, whose father had a good job. She was able to buy text books that my family could not afford. So every afternoon, when school was out, I used to stay close to my friend and study with her. Partly because of this, I got good results and was admitted at a good high school, just like 5 others from my class. However, most of my classmates in primary school never continued their education.

After high school I started running, because I heard that it was possible to get a scholarship for an American University if you were a good student and could run. So, that became my goal. My father is a forest guard and his salary of 5000 Ksh (about 60 USD) per month, was enough to get a loan to pay for my high school fees. However, it was by far not enough to pay for university. While I got the scholarship, I also met the Dutch athlete Hugo van den Broek. He persuaded me not to go to America, but instead to follow him to The Netherlands and study physiotherapy there.

After I graduated (in 2004), I quickly improved as a runner and was able to run on a world-class level. Since then I am a professional runner. However, in the future I would like to be a physiotherapist in Kenya – where there is a great lack of physiotherapists – so that I can help the people in Kenya.

I realize that I have been very lucky. Whenever I return to the village where I grew up, I meet most of my age mates there. They have not been able to go to school, and are still stuck in the village life. That life is nice when you grow up and have the freedom to play outside, but it's not that nice when you are an adult. There are no jobs, there is no money, and there is a lot of alcoholism and many other problems.

Through Kibet4Kids I hope to be able to do something for the youth of today. By creating better conditions in the field of education, so that students don't have to study in overcrowded rooms and can get better results. So that more of them will be able to further their education. By creating better medical and paramedical facilities, so that lives can be saved and more conditions can be treated. I want to create a better future for Kenya. Would you like to help me?

Hilda Kibet  
Chairperson and founder of Kibet4Kids

## 2. Mission

To help impoverished Kenyan kids find happiness and success.

## 3. Vision

Kenya is an East-African country with a steadily growing economy. However, 20% of the Kenyan population lives below the poverty line of 1.25 USD per day and 40% survives with less than 2 USD per day. This part of the population depends on public facilities, like public schools and hospitals – in contrary to the middle class which is increasingly able to use private institutions.

Unfortunately, the quality of public institutions and services is often below standard. As a result, **16% of the children are not making use of primary education and more than half of the children never enroll in secondary school.** The latter is mainly caused by the fact that many primary school pupils underperform. They attain marks of below 250 in their final exams, which is the reason they are not admitted to any high school.

Research shows that most teachers and principals mention overcrowded classes and inadequate facilities as a direct cause for the poor performances.

Apart from that, a large part of the population does not receive adequate health care. Most of the clinics in rural areas lack the necessary equipment. Because often drugs and doctors are unavailable, many patients are not able to receive proper treatment.

Kibet4Kids aims to help impoverished Kenyan children by applying the following measures:

- Building public primary schools in areas with lack of schools, so that more children will be able to receive primary education.
- Building extra classrooms for existing schools, so that the number of pupils per classroom will be reduced.
- Improving facilities in existing schools, in order to enhance the performances of the pupils, such as delivering desks, computers and other stationary, renovating classrooms, building a library, building better latrines and employing extra teachers. The goal is to create a pleasant, stimulating and conducive learning environment, so that pupils perform better and a higher percentage will be admitted to high school.
- Sponsoring students who do well in primary school and are admitted to high school, but are not able to pay for their school fees.
- Improving existing public medical facilities in rural areas, so that more people will be able to use specialized health care and more children can be treated for mild disorders, like diarrhea.

In the coming years, the focus will be on education. That's also why we describe our activities in the field of education in more detail. Improving medical facilities will be a goal for us in the future, starting from 2016/2017. By then we will give more details about our medical projects on this website.

## 4. Background

### 4.1. Education

In January 2003 the new Kenyan government introduced Free Primary Education (FPE) in all public schools. At that moment, more than one million primary school-aged children did not go to school. In order to reduce that number, the government decided not to ask for school fees anymore. As a result, the number of children in primary school increased drastically. The government focused on paying all the teachers, but not much attention was given to building new classrooms. The existing system could not handle the growing number of pupils. The ratio teacher : pupil grew from 1:40 in 2002 to 1:50 in 2008 and further to 1:56 in 2011 (KNBS, 2012). In other words; the average primary school teacher has 56 pupils in his/her class.

Apart from that, many schools are suffering from lack of maintenance and lack of good facilities. All this affects the quality of education and therefor the examination performance. Remember what Hilda Kibet wrote in the preface; only 5 pupils from her class, continued to secondary school. That situation did not improve in the last decade.

In 2009 the Kenyan media became aware of this problem. On January 1 The Standard, Kenya's second largest newspaper, wrote: "**Large classes blamed for poor KCPE results**". And on December 30 of the same year, the newspaper Business Daily said: "**KCPE results fail to match rising budget in education**". KCPE stands for Kenya Certificate of Primary Education. Primary school pupils finish their last year with a national exam, the KCPE. The result of this determines the rest of their school career. Pupils with a high score will be invited by the best secondary schools, whereas pupils with a lower score are not invited at all. They can try to be admitted at the local secondary school, but there is always a chance that they will not be accepted by the school. Most secondary schools are not eager to accept pupils with low grades, since this is not beneficial for the overall school results. The result of all this is that only 50% of the children make it to secondary school. This is partly due to the costs (the costs of a secondary boarding school vary between 500 and 1000 USD per year), but also due to the weak performances in primary school.

In 2009 the Kenyan media drew a direct link between the relatively weak performances in the KCPE and the fact that, over the last 10 years, primary school classes became more and more overcrowded. 'Business Daily' expressed it like this: "Overflowing classes and an acute teacher shortage have emerged as a stumbling block to good examination performance, an indication that Kenya is yet to reap the full benefits of its heavy investment in primary education".

Those media reports lead to further research. Scientist Chris Wosyanju wrote in 2009 about the primary education, that most schools are not able "to handle the large numbers of students in terms of the number of teachers, physical classroom space, and learning resources [...] In some schools, some classes now have as many as 80-100 students.[...]".

In 2010 a large scientific research was conducted in Keiyo district, one of the districts of the Rift Valley province, by Lydia Kipkoech en Benjamin Kyalo. They interviewed hundreds of teachers, principals and government officials. The most important result of their research was: "...87% of the head teachers and 88% of the teachers indicated that they have inadequate physical facilities in their schools. Most of the schools lacked enough classrooms, toilets, and desks; possibly this was occasioned by the increase in enrollment. Average class sizes rose from 40 to 70 while the facilities remained the same. In the rural areas most schools lack basic amenities like toilets and running water."

Right now it's clear that the lack of facilities in schools is seen by many Kenyans as a serious problem, and there is a general agreement that this leads directly to a lower quality of education and lower school results from the pupils.

## **4.2. Healthcare**

Most Kenyans live in the countryside and are therefore forced to visit the local, small health centers. Most of those health centers have to deal with a lack of personnel, materials and medicine – in contrast with the large hospitals in the towns.

Allianz Worldwidercare tells us about the medical situation in Kenya: “Poor people in rural areas who are ill and choose to seek care, usually only have the option of treatment at primary care facilities. These facilities are often under-staffed, under-equipped and have limited medicines.... Among those Kenyans who are ill and do not choose to seek care, 44% were hindered by cost. Another 18% were hindered by the long distance to the nearest health facility”.

As above quote shows, also the distance to the clinic is often a problem. In the year 2011 Kenya had 8006 clinics; some big, but most small, not much more than a nurse in an office. That means about 1 clinic per 5000 inhabitants. In other words, some people have to travel far to reach their nearest clinic.

Apart from that, we see that many young kids and pregnant women don't receive the necessary care. There are clear distinctions between town and countryside. For instance, in towns we see that during delivery a professional is present in 75% of the cases, whereas in the countryside this is only the situation in 37% of the cases. This seems logic, because people living in the countryside often depend on the one doctor or nurse from their local clinic. That doctor could be just out for a homevisit. Many healthcare professional working in the countryside use a motorbike to travel from patient to patient, but of course they still can't be at two places at the same time.

Kenya faces a tough challenge in meeting Millenniumgoals 4 and 5: reducing mortality among children under the age of five years and among women who are pregnant or who recently gave birth. The maternal mortality rate, which is the number of women that dies during or shortly after delivery, as a result of that delivery, is now 530 per 100.000 – while in 1990 this was only 452. Which means this figure is rising. The mortality rate among children under the age of five is currently 86, per 1000 births. In The Netherlands this is 4 per 1000 births.

Kibet4Kids chairperson Hilda Kibet experienced herself the results of an imperfect healthcare system. In September 2012 a cousin of her best friend was pregnant, and she got some complications. The young lady lived in the countryside, managed to find a car and was brought to a local clinic. There it turned out the right materials to assist her were not available, so she had to be brought to the hospital in town, a three hours' drive away. On her way to the hospital she died, with her unborn baby. In 2010 a neighbor of Kibet and Van den Broek cut off his fingers and was bleeding heavily. They brought him to the local hospital, but there he could not be treated. When also the ambulance did not show up, he was brought to the hospital in Eldoret using a private car. He arrived just in time to be rescued.

## 5. Policy

Kibet4Kids focuses on helping the poorest families in Kenya and therefore focuses on the public schools and hospitals/clinics. In the first place, we want to increase the number of classrooms, so that there will be fewer pupils per classroom and each child can be given enough attention. We are convinced that this will positively stimulate the school results of many children.

Apart from increasing the number of classrooms, Kibet4Kids also wants to improve the quality of existing schools. For instance, by building a library for a public primary school. Or by renovating existing classrooms, when they are in such a bad conditions that it affects teachers and pupils performance. Or by giving out desks to schools, so that children don't have to share a desk anymore.

Kibet4Kids gives first priority to education. In a later stadium we will also focus on healthcare. The moment we start doing this, we will clearly mention that on our website and we will (as always) describe the project we want to execute in detail. Depending on the amount of donations we receive, we will probably start focusing on healthcare in 4-5 years, meaning from 2017.

In the field of healthcare, Kibet4Kids wants to improve the quality of public facilities, with a focus on the countryside. This can be done by improving the facilities of an existing clinic, or by building a completely new clinic. We will visit existing clinics and consult with doctors and nurses. Together we will analyze the situation and come up with a plan to improve it.

Kibet4Kids thinks it's of vital importance that her ideas correspond with the reality on the ground. That's why we will always do thorough research before we start any project. For example, by meeting the DEO (District Education Officer) of a certain district and discussing which areas are most in need. We will visit schools and hospitals, so that we can meet with teachers, principals and (para)medical professionals. And so that we can see the situation with our own eyes.

Next, we will come up with a plan to improve the existing situation, like building a school in a certain village, or delivering certain products to a clinic. Whatever choice we will make, we will always justify it, make it clear why we think it's a legitimate choice.

The choices we make, and the reasons behind it, will be communicated on our website. We think it's very important that our sponsors and donors know exactly what happens with their money, and why it's so important that this is done.

Not only in the planning, also in the execution of a project, we will work closely together with the local people on the ground, like teachers and doctors, but also with government officials. For instance, it's essential that the government employs a teacher for every classroom that we build. In case we build a completely new school or clinic, the government has to take charge after completion; pay the salaries of the employees and take care of its management.

Before signing a contract with any Kenyan contractor or supplier, we will compare several quotations. The directors of Kibet4Kids will together choose the best quotation.

Our website, [www.kibet4kidsfoundation.org](http://www.kibet4kidsfoundation.org), will be used to describe the progress of each project, and to update our sponsors and donors about the important news. After completion of a project, we will make a financial report which can be retrieved by anyone, through our website.

In October 2012 Kibet4Kids had two meetings with the deputy DEO (deputy district education officer) of Keiyo district, mister Chemoiywo. He confirmed to us that our assumption, that the low

percentage of pupils streaming into secondary education is mainly caused by a low KCPE score, is completely correct. He even told us that he is of the opinion that every single Kenyan child can go to secondary school (there is enough space), as long as they meet the required 250 marks. He also let us know that paying the salary of an extra teacher, should never be a problem. In his own words: “When you build a classroom, we as a government will employ a teacher. And even when that is not possible, we will make sure that the PTA (Parents Teachers Association) will take action, so that for instance every child will pay 50 Ksh (half a dollar) per month, so that the teacher can be paid.” NB: Despite this promise, Kibet4Kids aims to get a clear and written guarantee that a teacher will be employed.

Finally Kibet4Kids wants to keep following every project that it starts. A school or clinic that was build or helped by Kibet4Kids, will be visited by us regularly. This doesn't mean that we want to take control completely. It's important that every school and clinic is run by the people on the ground. But it does mean that we like to continue to stay in touch with every project and that when necessary we try to positively influence the quality. Our chairperson and secretary live in Kenya. They will follow the projects from close by, both during the building and other activities that are part of the project, as afterwards.



## 6. Estimate

Estimate of income/expenditure			
Income			Expenses
partners Kibet4Kids	3500		costs foundation
private donations	2500		(incl Cham of Comm)
corporate donations	2500		building of 1 classroom
clinics	3000		30 desks
personal actions	1000		30 chairs
interest	100		1 toiletbuilding (8 toilets)
subsidies	0		website (hosting)
			bankcosts
			promotion material
			letters/stamps
	12600		
			12205

### Income

Kibet4Kids will generate income in several ways: through Partners Kibet4Kids, private donations, corporate donations, clinics, personal actions, subsidies and interest.

#### Partners Kibet4Kids

Kibet4Kids strives to get partners that feel connected with it. This could be organisations of road races, or other companies that offer help in kind (for instance computers, solarpanels)

#### Private donations

Kibet4Kids tries to promote itself as much as possible using social media (website, Facebook, Twitter). We expect to get quite some promotion trough press-moments before, during and after big races from our chairperson Hilda Kibet. Our ambassadors Elvin Kibet, Sylvia Kibet and Valentine Kibet will all promote the foundation and it's goals in their own way, especially during the press-moments they will have (being elite-runners). We will send press releases to several newspapers.

#### Corporate donations

Kibet4Kids will actively contact companies, asking them to become a donor. They can either become a financial donor, or a donor in kind, for instance by sending computers, or solar panels to Kenya.

#### Clinics

Hilda Kibet and Hugo van den Broek will organize running or fitness clinics, the income of which will be 100 % donated to the foundation. We will contact companies that prepare their employees for a bussiness run, proposing to organize a clinic. During the clinic we will tell the participants about Kibet4Kids, and will also ask the company to donate.

### Personal Actions

The board of directors (and other friends of Kibet4Kids) will try to generate as much income as possible by organizing (sponsor)actions, or contacting friends and relatives.

### Interest

Stichting Kibet4Kids foundation banks with the Rabobank. We are completely transparent. All our income (who donated what) and expenses will be accounted for in an annual report, made by our treasurer. This can be retrieved by anyone, through our website.

### Subsidies

We will explore the possibilities to apply for subsidy from government organizations.

### **Expenses**

Kibet4Kids would like to use as much of it's income as possible for actual help in Kenya (building classrooms, buying desks). Therefore Kibet4Kids does not pay any expenses to its directors and does not have any person on the payroll. The website was made free of charge by a professional webdesigner. Directors Laan and Brands will together prepare the annual financial report. However, in the first year we will probably have to purchase some promotion materials, to make it easier to attract some donors.

As soon as our income allows it, we will start building our first classroom. Two contractors were contacted in Kenya. They estimate the costs for one classroom around 8000 euro. As soon as we generate more income, we will build more classrooms. Each classroom will be filled with desks and chairs.

We also provided an amount for making a toilet building. In many schools the sanitation is very poor. To prevent children from getting sick, it can be wise to replace the existing building.

## 7. Our organisation

The address of Kibet4Kids in The Netherlands is:

Street: Veluwelaan 18-1

Zipcode: 1079 RA

City: Amsterdam

Our Board of Directors:

### **Hilda Kibet - Chairperson**

Hilda was born in Kenya and lives there until the age of 20. She studied physiotherapy in The Netherlands (B.Sc.) and runs at world-class level since 2004. She represented The Netherlands at the Olympic Games of 2008 and 2012. For years, Hilda has been helping children in Kenya, as much as possible. Together with her husband Hugo van den Broek she currently lives in Kenya most of the time.

### **Hugo van den Broek - Secretary**

Hugo studied Human Movement Sciences and Pedagogy. Immediately after his graduation, he left for Kenya, to train there for 2 months. During his stay he met and got a relationship with Hilda Kibet. He worked as a social ability trainer for young criminals and in reintegrating sick employees back to work. Since 2002 he is a semi-professional runner and represented The Netherlands at the European Championships of 2006 and 2010.

### **Ruben Brands – Treasurer**

Ruben is a jurist and a business manager. At the moment he is an entrepreneur. He doesn't do topsport, but he likes to spend many hours on his racing bike. With Kibet4Kids, his goal is to stir up enthusiasm for this charity, and to make sure that all the donated money is used in the right way. His first trip to Kenya is planned for June 2013!

### **Timo Laan – General director**

Timo works as a tax consultant, working mainly for medium-sized companies and wealthy individuals. In his spare time he runs regularly (but not enough). Besides that, his three children in the Netherlands keep him very busy. The fact that these children have every opportunity to go to school in The Netherlands, is an incentive for him to make an effort for Kibet4Kids

### **Kees Rootjes – General Director**

Kees was born in Langedijk in 1956. Since 1980, he works in Castricum as a sport- manual- and physiotherapist. Since 1990 he does that in his private clinic. After playing soccer, he started running. At the moment Kees runs four times a week and frequently runs half and full marathons. In his clinic he treats and advises many (top)athletes. Apart from that, he trained coaches for the Royal Dutch Soccer Federation and right now he is employed as a teacher by the IAS (International Academy of Sportscience). Apart from sports, his second passion is traveling. He is especially interested in developing countries and is very motivated to do something for those who are not as wealthy as 'us rich Westerners'.

## 8. Sources

In constructing this policy document, we used the following sources:

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