



Early Childhood Development in Kenya — Giving Every Child the Best Start in Life



What is early childhood development?

Early childhood development supports children's care and development from birth to five years old. Quality childcare — whether in the home or in an affordable care centre — is essential for the health, safety, and cognitive development of the youngest children.¹

Sub-optimal care practises, such as lack of adequate mental stimulation or access to things to play with, prevent children from attaining their developmental milestones, even in a loving environment. Further, children left alone or inadequately supervised risk neglect, abuse, accidents, and insufficient cognitive and socioemotional development. Many caregivers cannot afford to stay home full time and yet are unable to access affordable, quality care options. Because of the critical importance of early years experiences, healthy growth and development relies on children's access to high quality childcare and responsive, nurturing relationships with adult caregivers. Quality care includes the following areas:

Nutrition

Early childhood development begins with *nutrition support* for babies and toddlers, nursing mothers, pregnant women, and even malnourished adolescent girls and women of childbearing age, as roughly 20 per cent of severe malnutrition begins before birth due to maternal malnutrition.² Examples of early childhood development programmes that support adequate nutrition include: promoting exclusive breastfeeding for the first six months and complementary foods in addition to breastfeeding up to two years of age, providing food and nutrient supplements to malnourished mothers and older toddlers, and making sure children have access to clean water and sanitation facilities.

Health

Critical for young children is access to *health care*, starting with ante- and postnatal visits for pregnant women, delivery by a skilled birth attendant, and including vaccinations, treatment of chronic and acute illness, and routine check ups. Health check ups also offer opportunities to assess children on developmental milestones, teach parents about the importance

of mental stimulation and play, and support quality caregiving practises. Nutrition and health interventions go hand-in-hand with support for *water and sanitation*, which safeguards good nutrition and prevents deadly bacterial infection. These interventions include access to clean drinking water, hand washing practises, toilet facilities, and proper disposal of diapers.

Play

Opportunities for *play and early learning* are just as important to healthy development as physical support. For babies and toddlers, this means high quality childcare that provides consistent nurturing, mental stimulation, and opportunities for play. To best reach the youngest children (0-3) and ensure they are receiving quality care and stimulation, interventions should be delivered through the health sector and can include counselling on play and stimulation for caregivers, play corners at local health clinics, screening for developmental milestones, and referrals in cases of developmental delays. For older children, preschool programmes offer important opportunities for early learning, play, and developing social and emotional skills that underpin success in primary school and beyond.

Learning

The recent report by The Education Commission showed that pre-primary education is one of the best-proven practices for increasing school participation and learning. Participation in quality pre-primary programmes increases the likelihood of primary school attendance and decreases grade repetition and dropping out. Good quality preschools also improve school readiness and can lead to better primary school outcomes, particularly for poor and disadvantaged students.

Protection

Child protection is an important component of ensuring healthy early development. This starts with registration at birth, so that children have proper legal standing and are guaranteed access to services such as health care and education. Child protection also includes ensuring young children do not experience violence or neglect from caretakers, or endure constant insecurity and violence in their surroundings.

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Foreword

Especially in the last 15 years, I am proud to say that Kenya has made tremendous strides in improving the lives and prospects of our youngest children. In 2015 we were the only country on track to reach all of the World Health Assembly targets for reducing malnutrition and we have made basic education free and accessible for all. Child mortality has decreased significantly, while pre-primary enrolment has risen tremendously.

But still there is much to be done. An estimated 38.3 per cent of Kenyan children ages 3 and 4 are not reaching their cognitive and socioemotional milestones, which can hold them back from succeeding in school and reaching their full potential. The youngest children, the poor, and the marginalised are still the most likely to be left behind and to miss out on essential services. Too many of our children do not have access to clean water or adequate play materials or quality care.

This is not a time for complacency but rather for increased efforts and innovative strategies to reach every last child.

We need to target the youngest children, starting right from birth, and ensure they receive not only adequate nutrition and health care services, but also essential care, protection, and mental stimulation. Knowing the majority of brain development occurs by the age of three, we simply cannot afford to wait until our children begin school to start supporting their learning. The health sector is best positioned to reach infants, toddlers, and caregivers from all backgrounds in these critical early years, so our first steps must be to incorporate coaching for parents on stimulation, play, and quality caregiving practises, as well as screening for developmental milestones, into existing health care services.

We also need to focus on what's already working for early childhood development in our country and scale up these programmes. We need more evidence on what works and why in order to achieve real progress. It's not necessary to start from scratch. Rather, we can add and expand services to programmes that are already working to increase our impact effectively and efficiently.

To do this, we need to get all ministries, all sectors, and all actors on board in support of early childhood development services — especially for the youngest children ages 0 to 3. Each sector must examine what unique role it can play in providing for children's healthy development and then include specific early years targets into plans and budgets. This report gives some concrete suggestions on how we can take those next steps.

I look forward to working with all stakeholders to ensure every Kenyan child has the best start in life and a chance to reach their full potential. All Kenyans have a role to play in ensuring a bright future for our children and for Kenya. It's time for everyone to make early childhood development a top priority.

Allan Ragi, Executive Director, KANCO

Early childhood development in Kenya — Giving every child the best start in life

By the time a child reaches five years old, 90 per cent of their brain has developed — which means the progression from birth to school is the most important time of their lives.¹⁹ But poverty, lack of access to services, inadequate resources, and violence prevent too many families from being able to provide essential support to their children in the first five years.²⁰

Too many Kenyan children are unable to access the care they need in the early years, putting them at a significant disadvantage. An estimated 38.3 per cent of Kenyan children ages 3 and 4 are not reaching their cognitive and socioemotional milestones.²¹ Further, 34 per cent of Kenyans are below the international poverty line, living on less than \$1.90 per day,²² and 56 per cent of Kenya's urban population live in informal settlements.²³ Children born into these poor or disadvantaged families and communities are very unlikely to have access to everything they need to grow and develop and may arrive into the world already trapped in a vicious cycle of poverty.

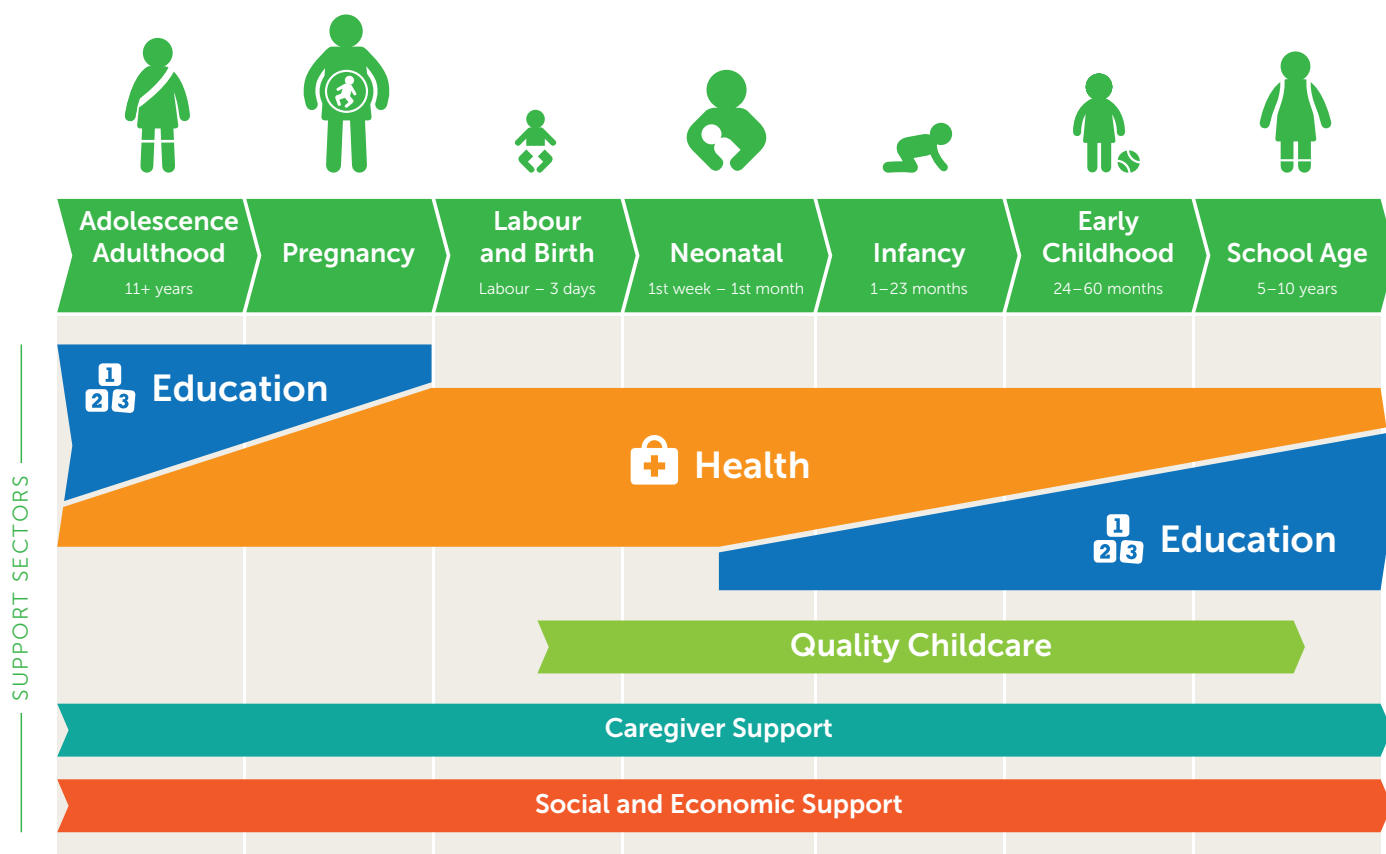
Developmental differences between those children who have what they need to develop healthy brains and bodies and those who do not can show up as early as nine months old.²⁴ The negative impacts of inadequate care, nutrition, and cognitive stimulation during these early months and years can last a lifetime.

This is where early childhood development comes in. Early childhood development (ECD) is all the things a child needs to grow up with a strong, healthy body and brain — health care and good nutrition for mother and child, access to play and early learning opportunities, child protection and quality care, and more. Early interventions provide the best chance to level the playing field and close ability gaps early on, giving each child an equal chance at success, no matter who they are or where they are born.

Researchers have proven that investing in the early years is one of the smartest investments a country can make to break the cycle of poverty, address inequality, and boost productivity later in life. The recent influential Education Commission report highlighted that “total returns on early education are very high — in some cases up to \$7 for every \$1 spent — and returns on early nutrition can be many times higher.”²⁵

Leading sectors for life stages

Different sectors are more critical at different times in a child's life. For example, the health system is best placed to reach children 0 to 3.



In contrast, The Lancet calculated the cost of inaction on early childhood development and found that children who do not meet their developmental potential “are likely to forgo about a quarter of average adult income per year, and the cost of inaction to gross domestic product can be double what some countries currently spend on health.”²⁶

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An estimated 38.3 per cent of Kenyan children ages 3 and 4 are not reaching their cognitive and socioemotional milestones

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Even though the importance of providing nurturing care — including health, nutrition, play, learning, and protection — has been thoroughly proven, investment in the 0 to 5 age group is still far too small.

Promises have been made: the new Sustainable Development Goals — adopted by the Kenyan government in September 2015 at an historic UN Summit — include a target to ensure that by 2030 all children “have access to quality early childhood development, care and pre-primary education.”

There is now a tremendous opportunity to accelerate investment in early childhood development to prepare children for the lives that we hope they will lead — happy, healthy, productive lives, where children are resilient in the face of challenges and are able to achieve great things for themselves, their families and their communities.

This report shows the progress that Kenya has made in improving access to early years services as well as how much more there is to do to ensure every child has the best start in life. We hope this report will serve as one tool for the many diverse advocates and actors coming together to continue making great things happen for children in Kenya. We invite comments and collaboration from across all sectors and welcome more ideas on scaling up access to comprehensive early years services for all Kenyan children.



Access to early childhood development services in Kenya

A tremendous amount has been achieved in Kenya over the past 15 years to save children's lives and enable more children to realise their rights to housing, medical care, education, food and more.

- **Under-5 mortality rates have halved**, going from 108 in 1000 births in 2000 to 49 in 1000 in 2015.²⁷
- **Kenya has made notable progress in reducing chronic malnutrition among children** from 41 per cent in 2000²⁸ to 26 per cent, and in 2015 was the only country on track to reach all of the World Health Assembly targets.²⁹
- **Gross enrolment rates in pre-primary education have soared** from 43.5 per cent in 2000 to 74 per cent³⁰ and the percentage of trained pre-primary schoolteachers has nearly doubled, from 42 per cent to 82 per cent in 2014.³¹
- **The 2003 National Education For All Action Plan guaranteed free primary education for all**, bringing 1.5 million more children into school the first year.³² Kenya also has achieved high levels of gender equity in education access; enrolment rates for boys and girls are nearly equitable at pre-primary, primary, and secondary education levels.³³

Across many indicators that measure children's ability to survive and thrive, however, progress has begun to slow, and gaps between the richest and poorest children are vast and widening. This means that children from the poorest and most marginalised groups continue to be the most likely to be malnourished or kept out of school or prevented from reaching their full potential. Families and caregivers need support in ensuring that every child has access to all the things he or she needs to grow and thrive.

While it's difficult to measure healthy development holistically, the Early Childhood Development Index looks at a selection of milestones that children ages 3 to 4 should normally achieve, divided into four categories of literacy-numeracy, physical development, early learning, and social-emotional development. An assessment of Kenyan children ages 3 to 4 found that results varied widely by region. Only 50 per cent of children in Turkana County were on track in three of the four categories, compared to 72 per cent in Bungoma and Kakamega counties.³⁴ Unfortunately, such information is not available nationwide. To have a full, accurate picture of the current situation for Kenya's youngest children, we need county-level data for every county.

Despite the great progress that has been made in Kenya, a number of challenges persist in ensuring *all* Kenyan children have the best start in life.³⁵



NUTRITION

Chronic malnutrition has been reduced significantly to 26 per cent³⁶ but the prevalence of stunting is extremely unequal between the poorest and the richest children. 36 per cent of children under age 5 from the poorest quintile are chronically malnourished, compared to 14 per cent of children from the richest quintile.³⁷ On average, only 61 per cent of children are breastfed exclusively in the first six months of life,³⁸ but this proportion again varies widely by region. In Kakamega County, for example, just 35 per cent of babies are breastfed exclusively for six months.³⁹

HEALTH

A skilled attendant is present at only 3 out of 5 births on average, though the rates are lower for rural children (50 per cent) and the poorest children (31 per cent).⁴⁰ While 96 per cent of mothers have at least one antenatal visit with a healthcare professional, just 58 per cent have the recommended minimum four visits. Just about half of mothers and one third of new-borns receive a postnatal health check.⁴¹

Use of improved drinking water sources is 63 per cent in Kenya, but use of improved sanitation facilities is just 30 per cent. 1200 children die each year from diarrheal diseases caused by unsafe water and poor sanitation.⁴² Access to water is also inequitable; "priority is given to planned urban areas and wealthy rural communities that can pay for services, so those in slums and remote villages often go without."⁴³

PLAY

Early play is critical for learning and cognitive development. The per cent of children under age 5 engaged in early learning activities at home varies significantly between counties, ranging from 53 per cent in Turkana county to 74 per cent in Bungoma county.⁴⁴ Similarly, the per cent of children under 5 who have two or more types of playthings at home ranges from just 19 per cent in Turkana County⁴⁵ to 69 per cent in Kakamega County.⁴⁶ This data is not available at the national level.

EARLY LEARNING

Gross enrolment rates in pre-primary education are 74 per cent nationally, but enrolment and early learning outcomes vary widely by geography and background. For example, while on average 81.6 per cent of 6 and 7 year olds in primary school in 2015 had attended pre-primary, the number is as low as 56.5 per cent when broken down by region.⁴⁷ 9 per cent of 6 and 7 year olds attending first grade could not identify a single letter and 11 per cent could not recognise a number. According to a 2012 study, one third of children in grade 5 and a tenth of children in grade 8 could not perform grade 2 numeracy tasks.⁴⁸

Further, mothers' level of education and household poverty have also been shown to significantly influence children's early learning, school readiness, and likelihood of enrolling in primary school.⁴⁹ A recent study found that 11 per cent of 6 and 7 year olds enrolled in grade 1 have mothers with no education, 63 per cent have mothers with primary education or lower, and 34 per cent live in poor communities.⁵⁰

PROTECTION

Only two-thirds of children are registered at birth and just 24 per cent of children under age 5 have birth certificates,⁵¹ which results in children without official legal standing who face significant barriers to accessing adequate health care, enrolling in school, and seeking the protection of the public justice system.⁵² Birth registration rates are significantly lower for rural children (61 per cent versus 79 per cent of urban children) and for the poorest children (52 per cent compared to 89 per cent of the richest children).⁵³ An analysis of three Kenyan counties found that an overwhelming majority (64–82 per cent) of children ages 1 to 14 experienced psychological aggression or physical punishment at home within the last month and an average of half of children had been left at home alone or in the care of another child in the last week.⁵⁴



CASE STUDY



Spotlight on pre-primary education in Kenya

Under the new constitution, Kenya's national government allocates resources for early learning and pre-primary programmes, but the counties decide how these funds are spent. Some counties use the funds earmarked for pre-primary projects effectively, while other counties utilise the funds to support other education sectors or spend inefficiently. Some counties pay pre-primary teachers, while others pass the costs on to parents and caregivers. This results in uneven delivery and access to pre-primary services across Kenya.

On a national level, early learning programmes routinely receive very low levels of funding compared to other levels of education. As of 2011, the national government contributed only 0.1 per cent to the recurrent expenditure on early childhood education,⁵⁵ leaving local communities and non-state agencies to pay for these services.

In 2006 (the last year for which data is available), early learning services received only 0.05 per cent of the national government's education budget, compared to the 10 per cent recommended for achieving universal access to pre-primary education.^a Massive investments are needed to scale up access to early learning and pre-primary services in order to mainstream pre-primary into Kenya's free basic education scheme.

Children are prevented from accessing pre-primary programmes for a variety of reasons, but high costs of attending play a significant role. Pre-primary school is not included within free basic education in Kenya, and as such, many centres require fees paid by parents or communities. These fees are determined by each centre and automatically exclude many children, especially the poorest. Additionally, pre-primary programmes often do not provide assistance for

children with special needs, who can be among the most marginalised and most likely to be left behind.

As parents and communities must be significantly involved in the funding, planning, development, and management of local pre-primary centres, the services offered, quality of instruction, teacher training, facilities, materials, and class sizes depend heavily on local wealth and support and so vary considerably across Kenya.⁵⁶ Inadequate facilities, materials, and curricula as well as a lack of qualified, professional teachers remain a problem in many pre-primary centres.⁵⁷ Finally, as many early learning programmes continue to be run by private companies, communities, and individuals, the Kenyan government is unable to provide consistent supervision and regulation across the country, which leads to uneven quality and lack of standardisation.

There is also discord over supervision of training for pre-primary schoolteachers. The Teachers Service Commission maintains that recruiting and managing teachers is their mandate, while the Ministry of Education generally has responsibility for teacher education. At the same time County Governments are asking that they be allowed to educate, recruit, and manage their own teachers.⁵⁸

The National Early Childhood Development Policy Framework adopted in 2006 provided guidelines on the management of early childhood development and education (ECDE) and emphasised the provision of good quality early learning services at the family and community levels. This national policy framework is currently in a review process to align it with the new 2010 Kenyan constitution, but has yet to be finalised. At the same time, some county governments have begun preparing their own ECDE bills, which may pose challenges for implementing the national framework.⁵⁹

^a The Holistic Early Childhood Development Index working group recommends that governments devote 10 per cent of their education and health budgets to early years services (UNESCO. 2014. "The Holistic Early Childhood Development Index (HECDI) Framework: A Technical Guide." pp. 23). The recent report from the International Commission on Financing Global Education Opportunity (2016) similarly reports that in order to achieve universal access to two years of publicly funded pre-primary education, "the share of pre-primary education in education spending in low-income countries would go from 4 percent in 2015 to 10 percent in 2030." (pp. 157).

Q: Why early childhood development?

A: Brain science

The growth and development of the brain and body in the early years of life lay the foundation for health, behaviour, and learning for years to come. Supporting these important first years is a long-term investment in the health, prosperity and well being of communities and nations.

The most substantial brain development takes place in early childhood, with roughly 90 per cent of brain development completed by age 5.³ In these early years, the brain forms 700 neural connections per second, and over time the ones that are used repeatedly strengthen and become more efficient, while those not used weaken. Chronic malnutrition, lack of mental stimulation, and toxic stress can impede the development of brain architecture just when it most needs support, and gaps in learning and cognitive skills for disadvantaged children can be seen as early as 9 months.⁴ Poor health and nutrition in the womb and during the first years of life can permanently prevent a child from reaching their full physical and mental potential resulting in poorer school performance and putting children at greater risk for diseases such as diabetes, depression, and substance abuse.





Five key challenges to scaling up early childhood development services

The new 2010 Constitution of Kenya devolved many government functions from national to county levels. For example, while the national government retained control of policy, standards, and guidelines for both the health and education sectors, health care service delivery, pre-primary education, and childcare facilities are now the purview of county governments. Similarly, while the national government allocates funds for pre-primary education to county governments, the counties determine how this money is spent. This division complicates both the financing and the delivery of early years services and makes it more difficult to develop a comprehensive picture of access to early years services in Kenya.

The various components of early childhood development — care, child protection, health, nutrition, cognitive stimulation, early learning, and WASH — are not financed or delivered as a holistic early years package, but rather divided between numerous ministries, and as such, the Kenyan government has struggled even to identify which ministry early childhood development should fall under. As a result, some components have made significantly more progress than others, and delivery of essential services can be financially inefficient or duplicative. Since early childhood development services are divided between various government ministries and service providers, little information exists about the full package of services in terms of cost, access, availability, or quality. Even less information is available on development outcomes for many of Kenya's youngest children.

CHALLENGE 1

REACHING THE YOUNGEST CHILDREN

Thus far, early childhood development has largely been understood in Kenya as falling within the education sector, with a central focus on pre-primary education (called early childhood development and education — ECDE). Kenya has made significant progress in implementing pre-primary education policies and scaling up access to pre-primary services across the country. Data on pre-primary education is more widely available than data on other components of early childhood development, which generally receive less focus or are by and large excluded from discussions of early years services. Currently, the Kenyan government is in the process of revising the 2006 National Early Childhood Development Policy Framework⁶⁰ to ensure it conforms to the new 2010 Constitution. While there is still much to be done to provide all children access to free, quality pre-primary school, Kenya is already taking good steps to achieve this goal.

More attention must be given to components of early childhood development outside the education sector and in particular to services for the very youngest children. The most important time for ensuring optimal development is from pregnancy to age 3, but in Kenya, as around the rest of the world, there are huge gaps in service delivery for this age group. The health care system is the best (and often sole) sector capable of reaching pregnant mothers and the youngest children during this critical window of time.⁶¹ Including parental coaching on stimulation, learning through play, responsive caregiving, and exclusive breastfeeding, as well as screening for developmental milestones, as part of routine Maternal and Child Health services provides the best opportunity to positively influence caregiving practices⁶² and to protect optimal development and prevent risk of long-term development delays. Without this, the youngest will continue to be missed.

Opposite Early childhood care in Kitengela Sub-County Hospital

CASE STUDY



Spotlight on Care for Child Development

Reaching the youngest children and their caregivers with early childhood interventions can be particularly difficult. Unlike for older children, comprehensive services for the youngest cannot be incorporated into schools, and sensitising parents about the importance of early years services presents numerous challenges. The health sector is best positioned to extend care, stimulation, and early learning services to children ages 0 to 3, “as in most countries, the healthcare system is the only system that potentially can reach all young children and their families,” and health care workers are generally already trusted by families.⁶³

Building off this idea, the World Health Organisation and UNICEF first developed the *Care for Child Development* package in the late 1990s to help health care and community workers support parents and caregivers in providing responsive and

stimulating care for the youngest children. The Care for Child Development package is designed to complement “the traditional package of child survival interventions”⁶⁴ and to be incorporated into regular child health visits.⁶⁵ Using the materials and guidance provided, health care workers teach caregivers about the importance of responsive care and mental stimulation and recommend age-appropriate play, stimulation, and communication activities for caregivers to use to stimulate their child’s cognitive and socioemotional development.⁶⁶ Additionally, caregivers learn about responsive and effective childcare practices, including breastfeeding, child protection, and when to seek help for a sick child. Programmes such as the Care for Child Development package offer a successful and scalable blueprint for expanding access to comprehensive early years services for children ages 0 to 3 in Kenya and increasing integration across sectors.

Community health workers, many of whom are volunteers, are the linchpin for making care for child development work. We spoke with Regina, a trainer of community health volunteers (CHVs) in Kitengela, who has spent more than 15 years working with children ages 0 to 5 on all aspects of early childhood development — including cognitive behaviour, health, nutrition, and caregiver support. Regina has seen the positive impacts of both health training classes held at the hospital and CHVs' home visits on children's survival, growth, and development and believes that this on-the-ground work is an essential complement to improving early childhood development policies.

Regina details in particular the critical importance of CHVs in reaching the most vulnerable and teaching parents how best to support children's healthy growth and development. She explained, for example, that "HIV positive children face a lot of stigma. The parents are often not in a good state and do not adhere to the HIV treatment. Parents have to come every two weeks to get medicines, but sometimes they don't come. There is also a big gap in knowledge about HIV. Parents don't know enough about HIV or how they should treat children who have the virus. They think they can get HIV from touching the children. Parents need to accept the situation and know how to treat children who are positive."

Patrick and Mary, a couple from Kitengela, have been working with a local community health volunteer since 2010. They recalled how much the visits have helped them learn about raising a child, including the importance of immunisations and mosquito nets for babies, details of pre and post natal care, the proper foods to feed a toddler, and techniques for communicating with young children. They believe that the early years services they have received have had significant positive effects on the behaviour and communications skills of their son Barnabas, who is six, in addition to supporting his health. Patrick and Mary also report that participating in the programme with the CHV has helped empower them and other families from their community to better support children's development and to seek further guidance as needed.

Opposite Patrick (34), Mary, and Barnabas (6)

Q: Why early childhood development?

A: Equity

Improving equity is essential to reducing poverty and achieving the Sustainable Development Goals. Early childhood development programmes have the greatest impact on vulnerable children, who are most likely to be left behind.⁵ Many parents of poor and marginalised children do not have the time, resources, or ability to provide adequate support for their young child's healthy growth and development.

One study demonstrated that by age 4, the average child from a poor family had heard 30 million fewer words in their life than the average child from a professional family; this difference was so stark that researchers concluded that catching up in school would prove nearly impossible. Early interventions provide the best opportunity to level the playing field and close ability gaps early on, giving each child the chance to reach their full potential regardless of who they are or where they were born.⁶ In Ghana, UNICEF found that "building kindergartens specifically for poor children in poor districts had a four-fold greater impact on primary completion than providing kindergartens to the population generally."⁷



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CHALLENGE 2

Q: Why early childhood development?

A: Big economic returns

Early childhood programmes have been proven to be more effective and cost-efficient than later interventions. Poor early childhood development outcomes bring significant loss to economies, while the earlier the investment in a child, the greater the long term economic return. Every \$1 invested in early childhood nutrition can generate up to \$18 in economic returns,⁸ while every \$1 invested in a preschool can yield a return of \$6 to \$17.⁹

When children die young, are ill or malnourished, or fail to learn, these tragedies are compounded by broader economic impacts. The new Lancet series reports that children at risk of poor development lose an average of 26 per cent of annual income as adults.¹⁰ Stunting alone has an outsize negative effect on a country's economy, reducing GDP by up to an estimated 12 per cent,¹¹ and UNICEF has estimated that malnutrition costs Sub-Saharan Africa \$25 billion per year. As Akinwumi Adesina, President of the African Development Bank, has noted, "stunted children today leads to stunted economies tomorrow."¹² This means that not investing in children right from the start could hinder not only children's growth but also economic development and further exacerbate social and economic inequalities.

DATA

Reliable data on access and quality of early years services in Kenya remains scarce, which makes planning and scaling programmes extremely challenging. Data on child care, cognitive stimulation, child protection, and early learning opportunities before pre-primary school are seriously limited and available only for a handful of Kenya's 47 counties through the Multiple Indicator Cluster Survey (MICS).^b Further, the MICS is only taken once every few years, resulting in data that is not dynamic or up-to-date enough to properly inform decision-making. Health, nutrition, WASH, and pre-primary data are available on a national and regional scale through UNESCO and the Demography and Health Survey (DHS), but even this data does not provide a comprehensive picture of the status of children around the country, particularly the situations of youngest and most marginalised children.

The lack of accurate, comprehensive data is compounded by the fact that early years services are provided by a multiplicity of government and non-state actors, exacerbating unreliable data measurement and collection.⁶⁷ Where data is unavailable for all regions or counties or by wealth quintile, regional and social disparities in access can be hidden. PATH is currently working on the introduction of a developmental assessment-screening tool and data collection on use of the tool. Integrating this into routine health care policies and services would be a major step forward and would help provide a clearer picture of the developmental status of 0 to 3s in Kenya.

CHALLENGE 3

FINANCING

The national government and the 47 counties classify early years services under different departments/sectors and often different components of early childhood development are supported by different Ministries. Further, sector plans and budgets often do not include specific targets, work plans, or budget lines for targeted early years services. This means the state of financing for early childhood development services varies by sector and the amount of money spent on early childhood development is often unclear or unspecified. Overall, we do know that far more resources are urgently needed in every sector to begin to scale up basic services for children and mothers. All sectors must prioritise developing ECD-specific



targets and plans at both the county and national levels and include clear, costed budget line items. Sectors like education that already include early years targets must commit the financing needed to robustly scale up services by increasing the proportion of the budget devoted to early years programmes. Efforts to develop a validated package of services for every child in Kenya would be a good starting point for determining and costing these line items and would support better short and long term progress on scaling up.

CHALLENGE 4

STRATEGY AND POLITICAL WILL AT ALL LEVELS

As noted above, early childhood development services at the national level are not provided comprehensively, but are divided by sector and controlled by numerous ministries and departments. As a result, some services are better supported and more accessible than others and progress has been uneven between sectors. The youngest children (0 to 3) continue to be most likely to be missed or left out of essential services and many county government leaders consider early years services as low-priority or unimportant. The lack of multi-sector collaboration at the county-level means that resources to support early childhood development programmes exist that are not widely known or understood, which results in either missed opportunities or duplicative activities. Devolution, which granted greater powers to the counties, offers an excellent opportunity for county governments to lead on scaling up early childhood development services to reach every last child in Kenya, but this will require significantly greater knowledge and prioritisation of early childhood development at county and local levels, as well as on a national scale.

CHALLENGE 5

AWARENESS

Lack of understanding about the scope and value of early childhood development services — in particular quality care, mental stimulation, pre-primary education, and child protection — persists amongst parents, caregivers, communities, and policy makers. Consequences of lack of awareness can begin right away, as not all parents understand the critical importance of birth registration for new-borns or the necessity of mental stimulation for infants and toddlers.⁶⁸

A significant portion of parents either are not fully aware of the importance of early learning through play and stimulation or assume pre-primary classes should be fully academic in nature, which leads to inaccurate expectations for curriculum, teaching methods, and academic progress. Assuming “school readiness” equates to academic achievement, such as learning to read or having homework, can result in parental pressure to over-focus on academics rather than developmentally appropriate activities, such as play, which in itself supports the growth of the brain. Sensitising parents and other caregivers to the importance of these early activities and programmes is critical to increasing demand for services and improving development outcomes.

Much more is needed to improve awareness at all levels, from caregivers to government officials. More support is needed for 1:1 parental coaching, public awareness campaigns supported by various ministries and national and county governments, as well as public education and campaigning by civil society to bring all actors and sectors together on behalf of all of Kenya’s children.

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^b The most recent MICS data on Kenya is from 2014, but is only available for three counties: Bungoma, Kakamega, and Turkana counties. The previous iteration of MICS data on Kenya, from 2011, pre-dates the new constitution and thus provides data for a province that has since been broken down into counties. For this reason, we have chosen to only include data from the 2014 MICS.

CASE STUDY



PATH's Care for Child Development training boosts a physiotherapist's skills⁶⁹



Lispher Oichi is a physiotherapist attached to Yala Subcounty Hospital in Siaya County, Kenya. She is one of the 113 clinicians who have been trained by PATH on the Care for Child Development programme. Of late, she has been working with an infant named George. Even though George was nine months old when he was first seen by Lispher, he could not sit or hold his neck.

In the past, Lispher would have massaged and exercised the child and asked the mother to bring the child back for the next appointment. Now, using concepts learned from PATH's

training on *Care for Child Development*, Lispher was also able to better understand some of the factors contributing to George's poor development. For example, she noted poor bonding, communication, and interaction between the mother and child, which led her to query the mother on her caregiving and nutrition practices.

Based on information provided, Lispher worked with the mother to develop a plan to improve caregiving practices at home — e.g., talking to the child, making toys from locally available materials, and stimulating the child using the toys. Lispher demonstrated these activities and had George's mother practice them with her. Lispher also worked with her to come up with a plan to improve George's intake of complementary foods at home.

It is now two months since George was first seen by Lispher. Since then, she has seen George several times and has noted continued improvements in achieving his developmental milestones. He is now able to hold his neck and sit with limited support, as well as make his first attempts at walking. Lispher also notes that George's mother makes regular eye contact with him, cuddles him, and smiles at him.

Says Lispher: "My original training on physiotherapy did not focus on trying to understand the reasons behind poor development by talking to caregivers. I also did not know that simple toys produced in the community could be used to stimulate children so effectively."

George is fortunate that he was brought to a trained specialist fairly early on. However, PATH realizes that developmentally delayed children are often "hidden" by their caregivers and may be permanently disabled by the time they are brought to see a specialist. PATH builds the capacity of clinicians and community health volunteers in early detection of developmental delays and encourages the latter to refer children in the community with suspected developmental delays to the nearest health facility. Trained clinicians in lower-level health facilities are also trained to refer children with suspected developmental delays to health facilities that contain specialists such as physiotherapists.

Q: Why early childhood development?

A: Critical skills development

Early learning programmes such as quality childcare and preschools prepare children for success in primary school by developing both cognitive and socioemotional skills, leading to higher academic achievement and decreasing the likelihood that a child will repeat a grade or drop out.¹³ Several studies have shown that early learning programmes can increase pre-math skills by up to 21 per cent and pre-reading skills by 52–74 per cent for low-income children.¹⁴ Early years programmes also lay a foundation of essential "non cognitive" or "21st skills" such as cooperation, communication, self-discipline, and problem solving that are vital to academic and professional success. "Skill begets skill" ¹⁵ so fostering these competences early on helps set children up for success in the classroom and later in the workplace.

Currently, around the world 40 per cent of employers report difficulties in finding enough workers with essential skills;¹⁶ three-fifths of young workers in sub-Saharan Africa reportedly do not have the skills and education needed to do their jobs.¹⁷ "Sub-Saharan Africa will account for 20 per cent of the world's workforce by 2050, up from 10 per cent today," ¹⁸ which offers a tremendous opportunity for increased prosperity but also means today's children need education that provides them with the resilience, skills, and training for the jobs of tomorrow.



14 ways to take action now



Building on progress so far, Kenya has the opportunity to take the following initial actions to immediately accelerate progress on Early Childhood Development:

NATIONAL & COUNTY GOVERNMENTS

1

Prioritise better data collection and analysis at both the national and county levels, including data on equity and costing. Data must be collected as part of routine management information systems (MIS) (not just survey data), in order to ensure its use for real-time decision-making. Data should be made simple and accessible to encourage the use of accurate data for better planning and budgeting.

2

Increase the publicly supported creation of materials and public service campaigns and announcements on the importance of Early Childhood Development — particularly for those ages 0 to 3.

3

Improve participation in early childhood development of ministries addressing 0 to 3, most notably the Ministry of Health as a critical point of first contact with families. Enhance coordination and collaboration between child-focused ministries and sectors (e.g. through sector liaisons to other ministries and public meetings) so that knowledge and coordination of the full range of children's needs and services can be built.

ALL SECTORS

4

Ensure all sector plans have a clear budget line and work plan for services specifically targeted to children ages 0 to 5 (and in particular 0 to 3) so that significant increases in financing for early years services can be prioritised and new and additional resources (e.g. through the Global Financing Facility, or the Global Partnership for Education) can be accessed.

5

Build services around the needs of the most vulnerable children. Target the hardest to reach children and families — especially the very poor and most marginalised, including girls, those living with disabilities, children affected by HIV/AIDS, and those geographically far from services.

6

Add services to strengthen what's already working (e.g. adding parental support to routine health visits). Then, through process and impact evaluations, use a growing evidence base to determine which effective programmes to scale up.

HEALTH SECTOR

7

Focus on the health care system as a key window of opportunity for reaching the youngest children (0 to 3), pregnant women, and women who may become pregnant, including adolescent girls.

- a. Integrate stimulation, play, and caregiver support interventions into existing health care services at facility and community levels, including in community outreach.
- b. Screen for developmental milestones, including height for age of children under 5. Identify, treat, and address the causes of developmental delays.
- c. Create awareness and demand for ECD services for children 0 to 3 years delivered through the health system.
- d. Add play corners to health facilities and set aside resources for making health facilities more child-friendly.
- e. Incorporate content relevant to youngest children into the pre-service training of health workers.

EDUCATION SECTOR

8

Build on the education sector's existing policies to accelerate progress towards achieving two years of free pre-primary education for every child (as recommended by the International Education Commission). Finalise the updated National Early Childhood Development Policy Framework and work towards incorporating pre-primary into Kenya's free basic education scheme.

9

Invest in and standardise early childhood development teacher training and strengthen the focus on learning through play and child-centred learning methodologies in the pre-service training curricula of early childhood development teachers.

CIVIL SOCIETY

10

Increase awareness of the importance and scope of early childhood development services amongst parents, caregivers, communities, policy makers, and government officials.

11

Build on existing successful sector platforms that are critical for the youngest children (e.g. the SUN Movement) and elevate the full package of early childhood development services. Strengthen and support the ECD Network for Kenya (part of the Africa Early Childhood Network) and the National Care for Child Development Technical Working Group.

PRIVATE SECTOR

12

Provide financial and in-kind support for early childhood development initiatives. Invest in the integration of missing elements of early childhood development and leverage work that is already being done. For example, support health clinics to include materials for play and early learning in their waiting rooms, invest in water and sanitation facilities at schools and day-care centres, provide nutritious meals in schools, or create new solutions to integrate missing services within existing education, health, or nutrition or other community programmes.

13

Implement ECD-friendly employee policies and programmes, such as paid parental leave, flexible working hours, and health care benefits for employees and their dependents. Provide quality childcare for employees on or off site or collaborate with off-site centres to provide subsidised access and/or guaranteed spots for employees' children.

14

Support government and civil society efforts to raise awareness of the early years and improve service delivery through in-kind contributions of research and development, market research, and social marketing expertise.

Early childhood development indicators – Kenya

Care & Protection

Children registered at birth	Children left at home or in the care of other children under 10 in the last week *	Children age 1 to 14 years who experienced psychological aggression or physical punishment during the last one month *	Children age 0 to 17 years living with neither biological parent *
67 %	40 – 54 % ⁷¹	64 – 82 % ⁷²	17 – 18 % ⁷³

Health & Nutrition

Under 5 mortality rate	Delivery by skilled birth attendant	Exclusive breastfeeding up to 6 months	Children stunted	All basic vaccines by 12 months
49 OUT OF 1000 ⁷⁴	62 %	61 %	26 %	71.3 %

Stimulation & Early Learning

Children under 5 engaged in early learning at home *	Children under 5 who have 2 or more types of play things *	Children age 3 to 5 who are developmentally on track in at least three of the following four domains: literacy-numeracy, physical, socioemotional, and learning *	Pre-primary enrolment	Teachers trained in pre-primary
53 – 74 % ⁷⁵	19 – 69 % ⁷⁶	50 – 72 % ⁷⁷	74 %	82 % ⁷⁸

WASH

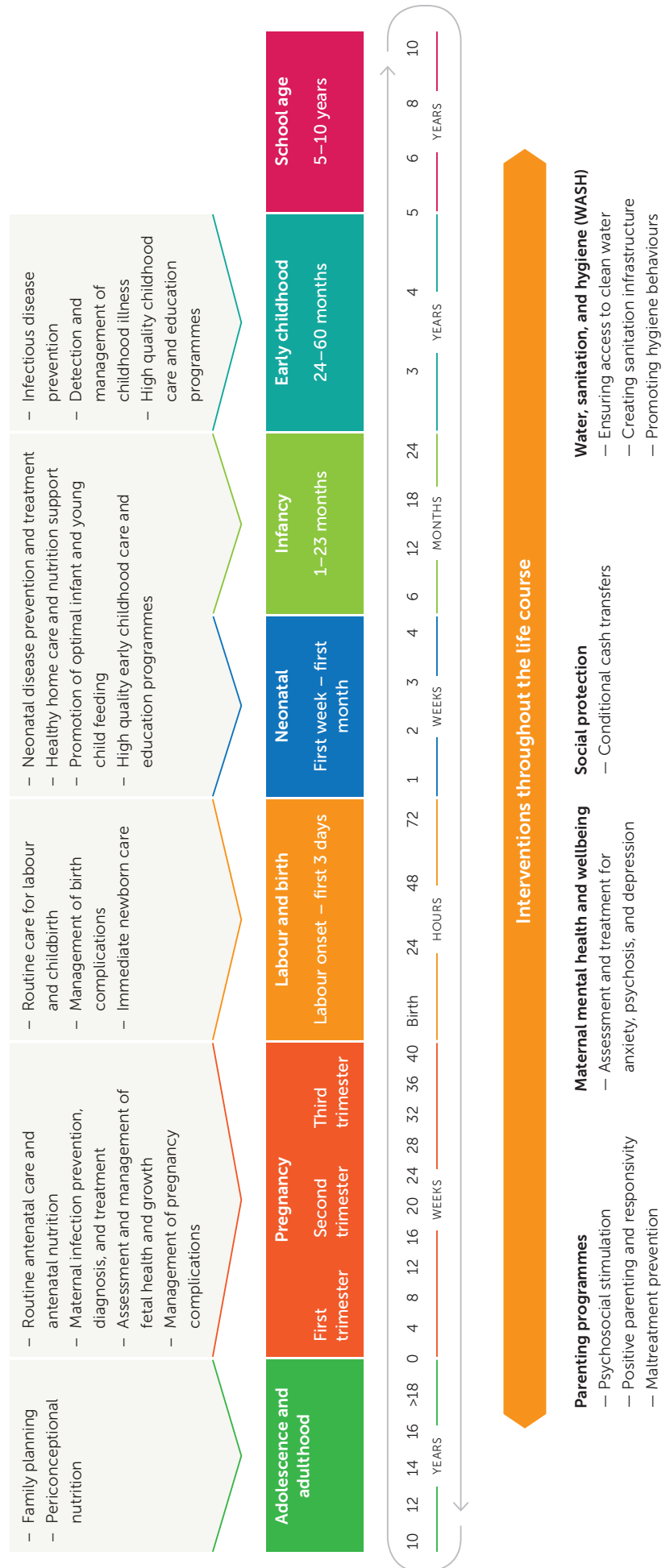
Use of improved drinking water sources	Use of improved sanitation facilities	Availability of soap or other cleansing agent *
63 % ⁷⁹	30 %	35 – 76 % ⁸⁰

* For these indicators, data only exists for three counties (Bungoma, Kakamega, and Turkana). As no national average was available, we included a range for the available data, with the lowest and the highest figures from the county-level data.

Annex II

Evidence based interventions that affect aspects of nurturing care

Source: The Lancet. (2016).
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Mary Faith has been running a children's centre in Nairobi for the past 12 years, supported by Serena Hotels and other individual donors. The centre provides holistic care to abused, orphaned, or disadvantaged children ages zero to eighteen — including food, shelter, birth registration, education, and legal action in cases of abuse. The centre also welcomes pregnant girls and their babies. Currently 61 beautiful children live at the centre including this girl who has just finished her lunch.



#5for5

Theirworld's #5for5 campaign aims to raise awareness of early childhood development and put pressure on world leaders to take urgent action to make sure all children have access to nutrition, health, learning, play and protection. The Sustainable Development Goals include ensuring all children "have access to quality early childhood development, care, and pre-primary education." Now world leaders need to commit to a dramatic increase in funding and take action to support early childhood development programmes.

KANCO is a Kenyan membership organization with operations in the eastern Africa region. It includes more than 1200 non-governmental organizations, community-based organizations, faith-based organizations, private sector actors, and research institutions that focus on health advocacy and programming. KANCO has rolled out an ambitious 3 year project to train community-based organizations to understand key principles of early childhood development and how to integrate ECD interventions into programmes for the youngest children affected by HIV/AIDs.

