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**THE KENYA INTEGRATED EARLY
CHILDHOOD DEVELOPMENT
POLICY FRAMEWORK**

(March, 2017)



FOREWORD

The early years of life are crucial for an individual's health and physical, cognitive and social-emotional development (Lancet, 2017). The events in the first 1000 days of life are formative and play a vital role in building human capital, breaking the cycle of poverty, promoting economic productivity, and eliminating social disparities and inequities - issues at the core of Sustainable Development Goals (SDGs). This implies that early years are important levers for accelerating attainment of the SDGs. SDGs Goal 4, under Target 2, outlines that by 2030 all girls and boys should have access to quality early childhood development, care and pre-primary education so that they are ready for primary education. SDGs prioritize scale up of impact through integrated approaches, collective action and coordinated solutions. Similarly, EFA Goal 1 obligated states' governments to expand and enhance comprehensive early childhood development programmes while MDGs guided countries and partners in improving living conditions of the poor.

The World Conference on Early Childhood Care and Education (2010) adopted the Moscow Framework for Action which recognized ECD as a right and indispensable foundation for lifelong learning with manifold proven benefits including better health and nutrition, improved educational efficiency and gender equity, greater employability and earnings, and better quality of life. Noteworthy the Moscow Framework called upon governments to: develop legal frameworks and enforcement mechanisms that are conducive to implementation of the rights of children to ECD; adopt and promote a holistic, inter-disciplinary and multi-sectoral approach to ensure good birth outcomes, neo-natal health and nutritional well-being, care and education of children aged zero to eight, with a special focus on children aged zero to three; and integrate ECD policies into human and socioeconomic development policies as a shared responsibility across sectors and departments, parents, families, communities, civil society and the private sector.

Constitution of Kenya (2010) Article 53 guarantees the right of the child to free and compulsory basic education, nutrition, shelter, health care, protection from abuse, neglect, harmful cultural practices, all forms of violence, inhuman treatment and punishment, and hazardous or exploitative labour, parental care and protection among other rights; and that a child's best interests are of paramount importance in every matter concerning the child. The World Fit for Children (2002) also called for every child to have a good start to life through promoting quality nurturing, care and safe environment.

Other international, regional and local legal policies, declarations and frameworks such as the Universal Declaration on Human Rights (1948); Convention on the Rights of the Child (1989); Convention on Rights of Persons with Disabilities (2006); National Plan of Action for Children for 2015-2022 (2014); National Education Sector Plan for 2014/15-2017/18 (2013); Kenya Health Policy of 2014-2030 (2013); African Charter on the Rights and Welfare of Children (1990); Basic Education Act (2013); Kenya Environmental Sanitation and Hygiene Policy for 2016 – 2030 (2015); and Sessional paper No. 2 (2015) all affirm the urgency to ensure children access quality ECD services and programmes in a clean and secure environment and to do so in a coordinated, multi-sectoral, collaborative and integrated way.

The Government of Kenya and collaborating partners have made tremendous effort to improve the welfare of the Kenyan child. The Government, through Sessional Paper No. 1 of 2005: A Policy Framework on Education, Training and Research recommended the development of a comprehensive ECD policy framework and service standard guidelines. This was duly done in 2006. Noteworthy, the ECD policy framework was not implemented as originally envisioned due to unforeseen circumstances. To date, government efforts regarding ECD have been fragmented and progress uneven, in part, due to myriad challenges compromising implementation.

This Integrated Early Childhood Education (IECD) policy framework deliberately addresses those challenges, provides a co-ordination mechanism to be spearheaded by the National Council for Children Services and explicitly defines and delineates the role of various Government ministries and departments, development partners and other stakeholders in provision of ECD services going forward. The policy framework aligns with the African Union Declaration to strengthen and support families to ensure child survival, growth and development. A service standard guideline has been developed as a separate document to operationalize the IECD policy framework.

Implementation of this IECD policy framework will ensure enhanced financing, access, quality, equity and efficient management of ECD services. It will foreground the plight of all children 0-8 years of age as an urgent priority in Kenya's development agenda and unlock, leverage, and catalyse public and private resources to benefit the children.

Thank you.

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ACKNOWLEDGEMENTS

The Integrated Early Childhood Development (IECD) policy framework is a product of the experiences, practice and wisdom of various ECD stakeholders at sub-county, county, national and international level.

Participants in stakeholder meetings included representatives of various Government ministries, Universities and research institutions, NGOs, CBOs, FBOs, development partners, private sector, ECD teachers and parents. The Ministries of Education, Health, Labour and Interior and Coordination in liaison with other key ministries, institutions and development partners, appointed an inter-sectoral technical committee to develop the IECD policy framework and attendant service standard guidelines.

We acknowledge the following organizations whose contributions were incorporated into the IECD policy framework: Africa Early Childhood Network, Aga Khan Foundation East Africa, Build Africa, Child Fund Kenya, Early Childhood Development Network for Kenya, International Child Resource Institute, KANCO, Kenyatta University, Kidogo, Little Rock Inclusive Centre, Parenting in Africa Network, PATH, RTI, Save the Children, UNICEF Kenya; and World Vision Kenya.

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Thank you.

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ABBREVIATIONS/ACRONYMS

CBOs	-	Community Based Organizations
CCD	-	Care for Child Development
CRC	-	Convention on the Rights of the Child
CSN	-	Children with Special Needs
CORPS	-	Community Own Resource Persons
CBS	-	Central Bureau of Statistics
DFRD	-	District Focus for Rural Development
DICECE	-	District Centre for Early Childhood Education
DKIE	-	Director, Kenya Institute of Education
DKISE	-	Director, Kenya Institute of Special Education
DMS	-	Director of Medical Services
DPP	-	Director Policy and Planning
DSDO	-	District Social Development Officer
DSS	-	Department of Social Services
DQAS	-	Director Quality Assurance and Standards
ECD	-	Early Childhood Development
ECDE	-	Early Childhood Development and Education
EFA	-	Education For All
ERSWEC	-	Economic Recovery Strategy for Wealth and Employment
FBO	-	Faith-Based Organizations
GDP	-	Gross Domestic Product
GMP	-	Growth Monitoring and Promotion
GOK	-	Government of Kenya
HIV/AIDS	-	Human Immune Deficiency Virus /Acquired Immune Deficiency Syndrome
IMCI	-	Integrated Management of Childhood Illnesses
ITN	-	Insecticide Treated Nets
KANCO	-	Kenya AIDs NGOs Consortium
KDHS	-	Kenya Demographic and Health Survey
KIE	-	Kenya Institute of Education
KNEC	-	Kenya National Examinations Council
KNUT	-	Kenya National Union of Teachers
Kshs.	-	Kenya Shillings
MDGs	-	Millennium Development Goals
MIS	-	Management Information System
MOAL&F		Ministry of Agriculture, Livestock and Fisheries
MOD&P		Ministry of Devolution and Planning
MOE	-	Ministry of Education
MOF	-	Ministry of Finance and National Treasury
MOH	-	Ministry of Health
MOL&EAA		Ministry of Labour and East Africa Affairs

MOLH&UD	Ministry of Land, Housing and Urban Development
MOIC&T	Ministry of Information, Communication and Technology
MOI&CNG	Ministry of Interior and Coordination of National Government
MOPSY&GA	Ministry of Public Service, Youth and Gender Affairs
MOT&I	- Ministry of Transport and Infrastructure
MOW&I	Ministry of Water and Irrigation
NACECE	- National Centre for Early Childhood Education
NFE	- Non-Formal Education
NGOs	- Non-Governmental Organizations
OP	- Office of the President
PACE	- Participatory Approach to Community Empowerment
PESP	- Poverty Eradication Plan
PHTs	- Public Health Technicians
SDAs	- Social Development Assistants
SDOs	- Social Development Officers
SSG	- Service Standard Guidelines
SDGs	- Sustainable Development Goals
TSC	- Teachers Service Commission
UNICEF	- United Nations Children's Fund

GLOSSARY OF KEY CONCEPTS

Caregiver/Child Minder	Person who takes primary responsibility for the physical, mental and emotional needs and wellbeing of a child.
Child	In this case refers to anyone 0-8 years of age.
Child Participation	Refers to the active engagement of children in all issues that affect their lives. This includes informed and willful involvement of children no matter the age, sex, ability race or ethnic group, in any matter concerning them either directly or indirectly.
Child outcomes	Specifically determined achievements for babies and young children against national and international benchmarks for their early emotional, cognitive, sensory, spiritual, moral, physical, social and communication development
Children with Disabilities	Children from 0-8 years with challenges in seeing, hearing, communicating, mobility or moving, touching, learning, emotional, physical, among others which may hamper their proper and balanced growth and development.
Collaboration	Involves networking, cooperation and coordination, and also involves improving the capacity of partners for mutual benefit and attainment of a common purpose.
Cooperation	Includes the exchange of information for mutual benefit, aligning activities for a common purpose and sharing resources for mutual benefit.
Coordination	Involves information exchange and aligning activities to work synergistically towards a common purpose.
Early Childhood Development	A period of a child's life from 0-8 years (Edinance Bakehena and et al, (2005)) and process through which children grow and thrive physically, mentally, socially, emotionally and morally. ECD includes four stages; conception to birth, 0-3 years, 3-6 years, 6-8 years. Many terms have been used in policies to refer to services for children's early years including: "early childhood care and education," "early childhood education and care," "early child development," "early childhood development," and other variants. Because the requirements of mothers and children from pregnancy to age eight include "early education and care" as well as parent education, home visits on nutrition, health and infant stimulation, community-based services, and a plethora of health, nutrition, sanitation and protective services, we will use the term early childhood development. This term is widely employed, embraces all sub-fields related to young children, and permits the use of an integrated approach for achieving holistic child development.
ECD Partnership	An organisational framework made up of two or more partnering organisations working towards a common objective of ensuring the emotional, cognitive, sensory, spiritual, moral, physical, social and communication development of infants and young children.
ECD Practitioner	A person who provides early childhood development services through formal early childhood development programmes, family services and playgroups and training, as well as those providing management support services to these workers.
ECD Programmes	Programmes that provide one or more forms of daily care, development, early learning opportunities and support to children from birth until the year before they enter formal school. These programmes include, but are not limited to: community-based play groups operating for specific hours; outreach and support programmes for young children and their families/caregivers, at a household level; parenting support and enrichment programmes; support for the psychosocial needs of young children and their families; ECD programmes provided at partial care facilities and at child and youth care facilities, as contemplated in section 93 (5) of the Children's Act; and any other programme that focuses on the care, development and early learning of children from birth until the year before they enter formal school.
ECD Services	Services or support provided to infants and young children or to the child's parent or caregiver by a government department or civil society organisation with the intention to promote the child's early emotional, cognitive, sensory, spiritual, moral, physical, social and communication development.
Integrated ECD Policy Framework	Effective coordination of policies, laws and programmes across and within sectors to ensure that children 0 – 8 years and their families receive access to a comprehensive ECD services and support in combinations to ensure their optimal development. An Integrated ECD policy Framework defines key components, institutions involved and how they are regulated and coordinated both horizontally and vertically.

Orphans and Other Vulnerable Children (OVC)	In this Policy will mean orphans, Children affected by armed conflict, Children abused, neglected or abandoned, Children in conflict with the law, Children infected and affected by HIV/AIDS or other diseases, Children in need of alternative family care, Children affected by disability, Children experiencing various forms of abuse and violence, Children in hard to reach areas, Children living under the worst forms of labour, Children living on the streets, refugee Children, between 0-8 year.
Multi-Sectoral Approach	A situation where actors from different sectors at different levels work together to address an issue. Sometimes referred to as vertical and horizontal collaboration.
Public Good	The provision of early childhood development services can be regarded as a public good, based on the recognition that these services not only contribute to the development and outcomes of the child, but also to the growth and development of society as a whole in the medium and long term.
Quality	The quantity of interventions, services, programmes, training and systems linked with and achieving child outcomes. It is a dynamic, flexible and adaptable construct that contours itself across cultures, settings, time and types of intervention.
Vulnerable Children	Those who experience compromised caregiving and/or compromised access to quality ECD services because of one or more structural, social, economic, geographic, physical, mental, psychosocial, racial, familial or any other risk factors associated with poor access to services, and/or poor early childhood outcomes. These may include, but are not limited to: Children living in poverty; children experiencing developmental difficulties; children with chronic health conditions, including HIV and AIDS; Orphaned children and other children living without their biological parents; children living in child-headed households; children living in under-serviced rural areas; children living in under-serviced urban informal settlements; children whose caregivers suffer from mental health conditions; children whose caregivers abuse substances such as alcohol and drugs; children who are exposed to violence; children living with disabilities; and children from birth to two years accompanying their incarcerated mothers on admission to correctional centres to serve their sentences.

EXECUTIVE SUMMARY

The Government of Kenya has developed this Integrated Early Childhood Development (IECD) policy framework in recognition of its primary responsibility to observe, respect, protect, promote and fulfil children's rights and fundamental freedoms in accordance with the Constitution of Kenya, 2010. The document gives effect to Chapter Four of the Constitution by providing a comprehensive, integrated and coherent framework that elaborates children's rights to ECD and affirms that child's best interests are of paramount importance in every matter concerning the child in order to guide government and state and non-state actors in enforcement of a holistic ECD service delivery.

The Government's commitment to ECD is derived from Constitution of Kenya, 2010 and numerous local, regional and international legal and policy instruments that Kenya is a state party to. The Bill of Rights in the Constitution, an indispensable framework for all social, economic and cultural policies in Kenya, articulates children's rights that are invaluable for the well-being of children with and without disabilities and those in difficult circumstances. The Bill of Rights are a critical ECD building block for yielding manifold proven benefits to children including better health and nutrition, improved educational efficiency and gender equity, greater employability and earnings, and better quality of life.

For the specific section in the Bill of Rights that focuses on children to be actualized, an interdisciplinary and multi-sectoral approach to policies, programmes and budgets across both national and county levels and between state and non-state actors, must be sensitive to and be in compliance with children's rights principles and standards as guaranteed in the Bill of Rights. The Bill of Rights thus finds expression in the adoption of an IECD policy framework that acknowledges provision of ECD services as a shared responsibility. This requires collective action and coordinated solutions and, to that end, service delivery mechanisms must be brought under one roof to advance and fast track access to goods and services of good quality by children in ECD centres across the county in ways that promote transparency, accountability and collaboration and partnerships.

Kenya has experienced many challenges which have had deleterious effects on actualization of children's rights to ECD. These challenges hinge on child survival, growth and development and include poor quality of ECD centres and nutrition for children, access to clean and safe water, sanitation, healthcare and care, protection and safety against the backdrop of inequality, poverty, diseases and corruption. The challenges appear insurmountable and thus require a strong political will and social and economic commitments by all stakeholders working and/or interested in ECD to overcome them if our children are to contribute meaningfully to sustainable national development.

In light of increasing interrelationships between individuals' needs and rights and national development processes, especially for poverty reduction and economic growth, governments are assuming greater responsibility for ensuring the needs and rights of young children are met. Governments play a particularly crucial role in creating enabling environments that allow children to develop into healthy, well-balanced and responsible adults. The government of Kenya has made great strides over the years to improve ECD service provision. However, these efforts have been hampered by the lack of an integrative framework to create cross-sectoral and cross-agency collaboration and coherence in the many policies, programs and plans that have been developed.

This IECD policy framework is thus timely and comes with the clear understanding that in order to deliver on the ECD agenda, Kenya needs an overarching holistic, comprehensive and coherent framework that integrates and mainstreams ECD in national development planning, implementation and evaluation in all line sectors. The development of this policy framework is also a reaffirmation of the Government's commitment to address the various challenges as it moves towards the creation of a better, cohesive and just society.

This IECD policy framework focuses on a set of key priority areas that were identified and analyzed by all major stakeholders at all levels during transparent, consultative, consensus-building and participatory hearings conducted countrywide and spearheaded by the Ministry of Education and UNICEF. These key areas are categorized as follows: In the area of Economic and Social Rights- the right to the highest attainable standard of health, housing, adequate food of acceptable quality, clean and safe water in adequate quantities, education and a clean environment; and in the area of Group Rights- the rights of specific vulnerable groups, children with and without disabilities, marginalized and minority groups and internally displaced persons and refugees.

The IECD policy framework restates the Government's commitment to education as a basic human right through broad undertakings. It also identifies the challenges and shortcomings that hinder the realization and enjoyment of children's rights in ECD centres across the country and outlines key strategic areas of intervention to address the challenges.

The Government acknowledges that for ECD to be meaningful, children's rights standards must be implemented in a non-discriminatory, transparent, participatory and accountable way. The Government thus adopts a rights-based approach to the development and operationalization of the IECD policy framework.

The IECD policy framework will be implemented through a five-year action plan. The Policy Implementation Plan (PIP) outlines specific priority action areas and outcome indicators to measure progress in provision of ECD service to all children 0-8 years. A Monitoring and Evaluation Framework (MEF) will guide determination of progressive achievement of key milestones outlined. Every state and non-state actor is expected to observe, respect, protect, promote, fulfil and champion children's rights to ECD. The PIP identifies these actors and designates specific responsibilities for the realization of their individual and collective goals where children are concerned. PIP will be used by National and Country Governments to consciously mainstream children's issues within government's planning and development processes.

1.0 INTRODUCTION

1.1 Background to the Integrated Early Childhood Development Policy Framework

Globally there is an endeavor to prioritize early childhood development as a foundation for later learning and development (Association for Childhood Education International/World Organization for Early Childhood, 1999¹; The Lancet, 2016²). These efforts are a response to social changes and economic trends including, but not limited to, increased number of women with young children entering the labor force, families with two working parents, a rise in the number of single parents, and the demise of traditional systems of child care and extended family support systems (Driscoll & Nagel, 2002³). Increased interest in ECD worldwide also reflects philosophical beliefs about children (Graves, Gargiulo & Sluder, 1996⁴) who may be viewed as: growing plants that need nurturance, natural and national resources that need to be nurtured, and/or as future investments critical to the sustenance of a society and its ability to compete in the technological age (Essa, 1999⁵). It is pegged also on the potential long-term benefits for children's cognitive and social development (Gonzalez-Mena, 2000⁶), survival and development. This interest continues to be championed by UNICEF (UNICEF, 2002⁷).

1.1.1 History of ECD Policy Development

Traces of policies for early childhood services date as far back as during the Italian Renaissance and consequent rise of a merchant class that created orphanages with education and skills training programmes. Two major early childhood traditions led by organizations of civil society and the private sector emerged in the nineteenth century in Europe. On one hand were orphanages and full-day centres providing early care and protection for children with special needs. On the other hand was early education in the form of preschools and kindergartens.

During the 20th century, ECD policy elements expanded quickly with the rise of industrialization and progressive entry of women into the labour force. Today, many countries in Europe, the Americas, and Asia have national policies and highly regulated ECD services related to specific sectors including preschool education; primary health care services for infants and toddlers; family resource centres and parenting education programmes; women's and infants' nutrition programmes; special health care services for children with disabilities, developmental delays or chronic ill-health; and sanitation and safety for home and community-based programmes. Examples of highly integrated ECD service delivery programmes include the Head Start Programme in the U.S., First Nations ECD Programme in Canada, and the child development systems of New Zealand, Finland, Denmark and Sweden.

Many developing nations, including Kenya, began to adopt ECD service delivery policies and programs in the late 1960s and 1970s. Noteworthy is the Colombian Institute for Family Welfare (ICBF), which was established in 1968 as a semi-autonomous, cross-sectoral institute affiliated with the Presidency, the Ministries of Health and Education, and the National Planning Department. ICBF is funded

¹ Association for Childhood Education International (ACEI) and the World Organization for Early Childhood Education (OMEPE). (2000). Early childhood and care in the 21st century: Global guidelines and papers from an international symposium hosted by ACEI and OMEPE. Olney, MD: Authors.

² The Lancet. (Oct. 2016). Advancing Early Childhood Development: From Science to Scale. The Lancet.

³ Driscoll, A., & Nagel, N. (2002). Early childhood education birth-8: The world of children, families, and educators. Boston: Allyn & Bacon.

⁴ Graves, S., Gargiulo, R., & Sluder, L. (1996). Young children: An introduction to early childhood education. New York: West Publishing Company.

⁵ Essa, E. (1999). Introduction to early childhood education. Albany, NY: Delmar Publishers.

⁶ Gonzalez-Mena, J. (2000). Foundations of early childhood education in a diverse society. Mountain View, CA: Mayfield.

⁷ UNICEF. (2002). UNICEF Annual Report 2002. New York: Author.

mainly through a payroll tax. From its inception, it developed integrated programmes for health, nutrition and early education; these were brought under Colombia's first National Policy of Child Care that was formally established in 1979.

International spread of the integrated approach to ECD policy planning sped up after the Jomtien, Thailand conference in 1990 which called for placing greater emphasis upon early learning and promoted centralized ECD policies with a major focus on preschool education. With adoption of MDGs and the Dakar Framework for Action for Education for All at the World Education Conference in 2000, a more participatory and integrated approach emerged for ECD policy formulation. Based on accumulating evidence that holistic early child development includes all areas of growth: physical, mental, perceptual, linguistic, emotional and social, most countries are using an integrated approach to formulate their National ECD policy or policy framework. Kenya has followed suit as illustrated elsewhere in this document.

1.1.2 Need for Integrated Approach to Formulation of Early Childhood Policy or Policy Framework

An integrated approach to ECD seeks to build cross-sectoral co-ordination systems, promote programme innovation, overcome gaps in knowledge, services and resources, and build cost-effective culturally appropriate programmes that ensure each child will be healthy, well nourished, and live in a clean and safe environment. All sectors contribute meaningfully to improving child survival, growth and development and there is a sense of "policy ownership" by the ECD service providers.

In the late 1960s, ECD programs focused mainly on primary health care or preschool education. In the 1970s, funded experimental early intervention programmes (such as parent programmes on infant stimulation, quality early education and care, health care, food supplementation and nutrition education) began to yield promising results for improving child development. The randomized control trials inspired development of Ford Foundation's Child Survival and Fair Start Programme, and ultimately, establishment of the Consultative Group on Early Childhood Care and Development. Increasingly, people understood importance of holistic programmes including health, nutrition, infant stimulation and education as necessary pre-requisites to meeting needs of vulnerable children with subsequent influence on policy formulation in various countries. Today there is a strong knowledge base consisting of models of high quality scalable ECD provision; evidence that families and communities respond to high quality initiatives and knowledge of how to build capacity of ECD service providers (Lancet, 2016⁸).

Since the 1970s, integrated approach to early childhood development has grown both horizontally and vertically. Horizontal growth implies inclusion and full participation of all relevant ministries and inter-ministerial bodies (such as Finance, Planning, Justice, Education, Health and Nutrition and Sanitation and Water). So also do NGOs, CSOs, FBOs, CBOs, universities, research institutes, professional associations, private sector, Chambers of Commerce, corporations and charitable and corporate foundations become leaders for child rights and development. Vertically, the span of service provision has grown from birth to three or five years of age to a larger range from preparation for pregnancy and prenatal and perinatal services to eight years of age. Prenatal and perinatal services are included in order to establish policies for improving birth outcomes as a basis for good child development. From birth onward, ideal ECD services have become continuous. They assess, serve, track and support children to age eight to ensure they reach their full potential and transition well into primary school.

The integrated approach to ECD may be characterized as providing comprehensive services including infant stimulation, parent education and early education in homes and centres, health and

⁸ The Lancet. (Oct. 2016). Advancing Early Childhood Development: From Science to Scale. The Lancet.

nutrition education and care, sanitation, and juridical protection against abuse, exploitation and violence. Each service should be seamlessly reinforced and supported by the others.

Well-coordinated or integrated systems ensure continuity of care from the prenatal period to eight years of age, with special emphasis on prenatal to age three due to rapid brain and general child development. Equal emphasis is placed on development of both girl and boy children, and all forms of gender discrimination eliminated. Affirmative action can be taken where girl children are “missing” or have higher rates of ill-health, malnutrition and developmental delays, to ensure their survival and development.

Integrated programmes usually provide parent and caregiver education that includes behavioural skills development and knowledge building. Mothers, fathers, caregivers and families are viewed as partners in child-focused development. Communities are proactively engaged in design, planning, implementation, monitoring and evaluation of integrated ECD programmes. This increases buy-in and strong community “ownership” of the programmes.

A non-discriminatory approach to ECD service delivery is adopted for all ethnic, linguistic, economic and religious groups. Content of parent and early education programmes is best when derived from local cultures. If cross-cultural resources are used, they are adapted to fit local cultures and languages. Culturally appropriate ECD systems prevent imposition of un-adapted foreign ECD programme models.

Services are tailored to meet needs of orphans and those affected by HIV/AIDS and other diseases. Children and women in conflict situations are given priority for receiving prenatal and child development services, such as UNICEF’s Child Friendly Spaces Programme. Programmes also provide inclusive services for children with disabilities, street children and other special needs children.

An integrated approach to ECD policy planning should help create strategies for building co-ordination systems. This includes forging inter-agency committees and programme collaboration and integration at national and local level. Examples of major goals for an integrated approach to ECD policy development include: Providing strategies, procedures, standards, regulations and legislation that will enable the development of comprehensive programmes for children; harmonizing the goals, objectives and strategies of government agencies and institutions of civil society; integrating ECD policy elements into the agendas of each sector to ensure they are considered routinely in sectoral decision-making processes; helping national governments respond more quickly and effectively to demands for local ECD services, especially for vulnerable children and their parents; maximizing the use of scarce financial, human and material resources by providing guidance for combining administrative roles and services to the same populations and enabling the training of polyvalent field leaders and workers; and building co-ordination systems that help programme designers, administrators, field workers and evaluators work together in teams to achieve ECD goals.

Cross-sectoral work for ECD can be integrated into larger-scale national policy agendas at several different points of entry national policy planning for overcoming and eradicating severe poverty; national economic planning for achieving higher productivity; and existing cross-sectoral agreements that deal with children or families (e.g., services for HIV/AIDS affected populations, policies for refugees and internally displaced families, national nutrition plans, etc.).

Noteworthy, policy integration should not be equated with combining, creating or eliminating ministries, although for political reasons that may occur. Integration usually assumes different forms at varying administrative levels, and it is dependent upon the stage of governmental and sectoral decentralisation in the country. To be effective, an ECD policy must specify organisational roles and responsibilities for each level. In summary, the integrated approach to ECD policy development can be led at the national level through committees, councils and institutions devoted to collaboration. It can be designed, organized and guided at provincial and regional levels, and adapted, implemented and evaluated at local levels.

1.1.3 Urgency of an Integrated Early Childhood Development Policy Framework in Kenya

Kenya's history of commitment to planning and policy development for children 0 -8 years and mothers is well documented going by numerous policies and programmes currently being implemented and existing structures established to provide ECD services and programmes in education, health and nutrition, water and sanitation and social protection.

The government (through various Ministries including Agriculture, Livestock and Fisheries; Devolution and Planning; Education; Labour and East Africa Affairs; Health; Interior and Coordination of National Government; Public Service, Youth and Gender Affairs; and Water and Irrigation and in collaboration with development partners, CBOs, CSOs, FBOs and private sector) has also taken measures to protect vulnerable children including those in severe poverty, pregnant adolescents, divorced or widowed and single mothers; children with low birth weight and/or with delays in physical, language, cognitive and socio-emotional development; young children in abusive child labour; mendicant and street children; children living in conflict zones, displaced persons camps and refugees; children affected by HIV/AIDS including AIDS orphans; children with disabilities; children abused physically or emotionally; mutilated or sexually abused children; rural nomadic or other ethnic groups living in severe poverty, and others. These efforts demonstrate that the Government is keen to address these intractable issues and fundamentally change the way ECD services are delivered. Unfortunately, and as currently constituted, the activities and programmes are sector-specific and do not reflect a holistic and integrated approach across sectors.

In realization of the importance of a cross-sectoral and inter-disciplinary approach to ECD service delivery and to maximize benefits thereof, Kenya developed an IECD policy framework in 2006. Unfortunately its implementation was marred by several problems including inadequate dissemination of the policy framework and, consequently, some of the stakeholders expected to be implementing the policy framework and service standard guidelines were not well-versed with the content. This led to poor implementation of the policy framework coupled by limited awareness about the importance of ECD among many Kenyans. In addition, there was weak coordination, linkages, accountability and integration mechanisms, monitoring and evaluation among ECD service providers. This resulted in duplication of effort and resources and lack of cross-sector synergy, at the expense of the child.

This gap exists also because the National Council for Children Services (NCCS), the body charged with coordination, has not adequately taken up the task. For the longest time, NCCS has not had authority and, therefore, requires support to coordinate other line ministries. In addition, NCCS does not seem to have capacity (personnel/expertise and budgetary) to coordinate ECD. Of note is the lack of ownership of a policy framework such as this one by various line ministries. Furthermore, non-state agencies have not adequately appreciated the need for coordination. Development partners have no ECD coordination mechanism. A clear referral system, right from the centres to different government institutions, is lacking. This document is thus a second attempt to re-introduce the IECD policy framework and to address these, and other challenges affecting efficient and effective ECD service delivery. This document thus largely builds on the 2006 policy framework.

Specifically, this document re-presents an overarching holistic comprehensive and integrated framework that encompasses sector policies for ECD services and programs in Kenya for children from conception to eight years of age. It delineates the ECD policy system and adopts a life-cycle approach to provide a frame of reference for key stakeholders to meet unique needs of children in each age range: prenatal and perinatal; 0 – 36 months, 3 – 6 years, and 6 – 8 years (see Annexure 2). The IECD policy framework addresses all of the key elements of existing robust sector-specific ECD policies. The difference is that it emphasizes establishment of a shared vision that reaffirms, reinforces and orders existing sector ECD policy priorities and outlines common strategies and standards for ECD service delivery. This IECD

policy framework also fills sector policy gaps with new programmes that can easily be integrated into current sector policies.

This IECD policy framework comes also to sharpen and reorient systems for ECD implementation, service usage, training, co-ordination, advocacy and monitoring and evaluation. It will be used for creating an enabling environment and advocating for adequate funding of large-scale ECD interventions. It is flexible; recognizing that inevitably new sectoral policies, plans and strategies will emerge over time. The policy framework thus forms a transparent and safe springboard from which other sector policies may be strengthened, developed and/or reviewed and aligned, particularly in areas of health and nutrition, education, water and sanitation, social protection services and rights for pregnant women, young children, and mothers to ensure provision of quality services for all children according to their age range.

This document is necessary because existing sectoral policies and standard guidelines for ECD service delivery are not supported by a clear overarching policy framework. Without a comprehensive and integrated policy framework, provision of ECD services and programs risks remaining segmented and fragmented. Numerous ECD service providers have been developing and implementing initiatives and interventions in silos, without sufficient collaboration and coordination. This has resulted in duplication of services and misuse of the often meagre resources, creation and/or widening of gaps in ECD service delivery and at times even unhealthy competition, all of which have adversely affected provision of quality services for holistic development of the child. This cannot be allowed to go on if our children have to get a head-start in life, hence the policy framework. Noteworthy also, the IECD policy framework needed to align with Constitution of Kenya (2010), which not only operationalized devolution but also moved most ECD service delivery functions to county governments. It needed to align also with Kenya's Vision 2030, Sustainable Development Goals (2015) and other legal instruments (such as the Education Act, 2013) that guide ECD service delivery and ensure achievement of children's rights.

The IECD policy framework establishes the Government's role in leading and coordinating delivery of ECD services in the country through establishment of a neutral and credible Inter-Ministerial Committee on ECD supported by all ECD stakeholders. It also provides for intergovernmental relations to ensure seamless ECD planning and implementation at national and county level, and establishes mechanisms for involvement of non-government sector.

At this rate and using a holistic integrated cross-sectoral approach recommended in this document, a full comprehensive age and developmental stage appropriate package of quality ECD services should be available and accessible to all children 0 -8 years by the year 2030 in line with Constitution of Kenya, 2010; Kenya's Vision 2030 and Sustainable Development Goals, particularly Goal 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture; Goal 3: Ensure healthy lives and promote well-being for all at all ages; Goal 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all; Goal 6: Ensure availability and sustainable management of water and sanitation for all; Goal 7: Ensure access to affordable, reliable, sustainable and modern energy for all; Goal 8: Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all; Goal 9: Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation; Goal 10: Reduce inequality within and among countries; Goal 11: Make cities and human settlements inclusive, safe, resilient and sustainable; Goal 12: Ensure sustainable consumption and production patterns and Goal 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels.

This IECD policy framework underwent a participatory process including analyses, consultations, consensus building, agreements, approval and adoption by key stakeholders including parents, communities, National and County Governments, development partners, NGOs, CBOs, FBOs, and the private sector. Assessment of children's needs included sectoral and cross-sectoral analyses of the status of young children and families by reviewing statistics, previous needs assessments, plans, research reports

and evaluation studies. Information was gleaned on education, health, nutrition, sanitation, children's rights and juridical protection, and interrogated accordingly.

2.0 EARLY CHILDHOOD DEVELOPMENT SITUATIONAL ANALYSIS

2.1 Introduction

Developers of this IECD policy framework are cognizant that implementation of Kenya's Vision 2030 is underway. Vision 2030 is motivated by a collective aspiration for a better society for all Kenyans by the year 2030. It aims at creating a globally competitive and prosperous country and transforming it into a newly-industrializing, middle-income country with a high quality of life for all its citizens in a clean and secure environment. Kenya aspires also to meet Sustainable Development Goals for Kenyans by 2030 even as it pursues its agenda espoused in the economic, social and political pillars of Kenya's Vision 2030. The economic pillar aims to improve the prosperity of all Kenyans through an economic development programme, covering all the regions of Kenya, and aiming to achieve an average Gross Domestic Product growth rate of 10% per annum beginning in 2012. The social pillar seeks to build a just and cohesive society with social equity in a clean and secure environment. The political pillar aims to realize a democratic political system founded on issue-based politics that respects the rule of law, and protects the rights and fundamental freedoms of every individual in Kenyan society.

Successful implementation of Kenya's Vision 2030 and SDGs will be anchored on several cross-cutting factors and themes that are, in themselves, the foundations of Kenya's envisaged national transformation. These factors, or enablers, include the central role to be played by an improved and expanded national physical infrastructure and other development plans, including flagship projects; Information Communication Technologies, and the overarching role of education and lifelong learning. For these enablers to be viable and sustainable, investment in ECD is indispensable as a foundational building block to sustainable development (UNESCO, 2010).

ECD is central to developmental initiatives GoK is party to. Investing in the foundational phase – ECD ensures a better start for a better future for Kenya's children. Ever-increasing evidence affirms that a nation's development depends on the extent to which it can unlock potential human capital inherent within its population, especially of children 0 – 8 years of age (Lancet, 2016⁹). This, in turn, depends on the extent to which the Government provides conditions necessary for realization of the right of every child to develop his or her potential to the maximum extent possible, to become physically healthy, mentally alert, socially competent, emotionally sound and ready to learn – cognitively, socially, emotionally, physically and psychosocially – to their full potential. The realization of these rights is dependent on the quality of the biological, social and economic environment in which children 0 -8 years develop, especially whilst in utero and in the first 1 000 days of life. If the foundational development of the brain and skills is flawed in these earliest days, later developments that build on earlier circuits and skills will be inherently limited.

Article 43 of the Constitution of Kenya, 2010 provides for the right of every person to the highest attainable standard of health, accessible and adequate housing, reasonable standards of sanitation, freedom from hunger, adequate food of acceptable quality and clean and safe water in adequate quantities, social security and education. The state is obligated to provide appropriate social security to persons who are unable to support themselves and their dependents.

The Government has made strides in providing for and safeguarding children's rights, as further attested by development of this IECD policy framework. The policy framework adopts a life-cycle approach (see Annexure 2) in designing ECD programmes that support the entire family and achieve cumulative impact over time. This is currently lacking. In this situational analysis section, reference will be made to

⁹ The Lancet. (Oct. 2016). Advancing Early Childhood Development: From Science to Scale. The Lancet.

these life-cycles: Prenatal and perinatal; zero to three; three to five; and six to eight years as well as parent education support and spell out roles and responsibilities of state and non-state actors in ECD service delivery.

2.2 Health and Nutrition Context

The health and nutrition status of a child in the early years is critical and a significant determinant of the child's proper growth, holistic development and ability to learn (Lancet, 2016¹⁰). In the first 1000 days of life there is 'plasticity' of the brain. This means the brain develops most rapidly and is thus highly responsive to environmental factors that promote strong brain development such as good health and nutritional status of mother and child; a clean environment free of pollutants such as alcohol and drugs whilst in utero and as an infant and young child; strong, protective and stimulating relationships with parents and other primary caregivers which involve language-rich, nurturing and responsive caregiving; and access to safe care and quality early learning opportunities, starting from birth until the child enters school.

In the same vein, sensitivity of the brain in this early period makes the structure and functioning of the child's brain developmentally vulnerable to biological, social and environmental risk factors predictive of poor early childhood experiences, including poverty. Poverty is a root cause of poor child development (Lancet, 2016). Persistent, cumulative poverty and exposure to hardship in the first year of life have detrimental effect on cognitive functioning, with the impact being stronger on verbal, compared to non-verbal, skills.

From conception to three years of life have important implications to improve birth outcomes, reduce infant mortality and lower rates of low birth weight infants to ensure survival, improve development, and to reduce poverty and health care costs (Lancet, 2016). Unfortunately in many countries, including Kenya, most impoverished pregnant adolescents and women lack prenatal care. Prenatal care averages 70 percent worldwide, but in Sub Saharan Africa (SSA) the rate is 66 percent. Worldwide, only 58 percent of women have a trained birth attendant while in SSA it is only 42 percent. It is not surprising that the rate of maternal mortality averages 400 per 100,000 births, and infant mortality averages 56 per thousand. Environmental conditions have also dealt a devastating blow on Kenya's children, increasing malnutrition rates, morbidity and mortality¹¹.

Malnutrition remains a serious problem in Kenya, especially among impoverished households. Poor infant and child nutrition, especially in the first 1000 days of life, can lead to irreversible developmental stunting and delays, resultant poor cognitive development, and ultimately lower educational and labour market performance (Lancet, 2016). Poor maternal nutrition, such as lack of folic acid in the early antenatal period, can cause significant structural damage to the foetus in utero.

Stunting (low height-for-age) is a form of chronic malnutrition. Instances of stunting in Kenya have decreased from 36 percent in 2003 to 26 percent in 2014 (KDHS, 2014). However, one-third of children under-5 is stunted (too short for their age). There is also disparity in levels of stunting across gender (with more stunted boys than girls) and across urban and rural divide (with high stunting rate (29%) in rural compared to urban 20% areas). Stunting is predictive of poor cognitive and language development. Even if children catch up in terms of height, the impact of stunting on brain development in this critical early period may well endure. On average, children who are stunted by age 2 go on to access fewer years of schooling, perform more poorly at school and earn less as adults (Lancet, 2016¹²).

One in six children in Kenya is underweight or too thin for their age¹³. Fortunately, the proportion of underweight children declined from 16 percent in 2003 to 11 percent in 2014 (KDHS, 2014). According to

¹⁰ The Lancet. (Oct. 2016). Advancing Early Childhood Development: From Science to Scale. The Lancet.

¹¹ Countdown to 2015 Maternal, Newborn & Child survival: Kenya

¹² The Lancet. (Oct. 2016). Advancing Early Childhood Development: From Science to Scale. The Lancet.

¹³ Kenya Demographic and Health Survey (KHDS) 2008-2009.

KDHS, wasting has also declined from 7 percent in 2003 to 4 percent in 2014. Infants with low birth-weight (< 2500 grams) are at an increased lifetime risk for cardiovascular disease, diabetes and learning difficulties.

Antenatal infections in pregnant women such as syphilis and rubella, as well as diseases in children 0 – 8 years such as measles, meningitis, middle ear infection, diarrhoea, parasitic infections and HIV, may negatively affect the young child's physical and cognitive development. Pre- and post-natal exposure to environmental toxins such as alcohol, drugs, chemicals, and pesticides can cause significant irreversible damage to the developing brain and resultant cognitive, physical, emotional, and social development of the embryo (first trimester), foetus (second and third trimester) and the young child.

Socioeconomic status is a key determinant of survival; children in the lowest wealth quintile (44%) are more likely to die before age 5 than those in the highest quintile¹⁴. The coverage of key child survival interventions along the continuum of care shows the richest families are 3 times more likely to receive care than the poorest families. The under-five mortality worldwide averages 196 per thousand births. In Sub Saharan Africa the rate is an overwhelming 262 per thousand, 250 in the Middle East and North Africa, 244 in South Asia, and 207 in East Asia and the Pacific. In contrast, in industrialised countries it is 39 per thousand. In Kenya, approximately 7 million under-five children die annually from preventable and treatable conditions such as pneumonia, diarrhoea and malaria. Infant mortality is higher in rural areas. Residents of urban informal settlements exhibit worse health indicators, especially for the under-5 population¹⁵. Kenya is still ranked the 39th country with the highest deaths globally¹⁶. Kenya was not on track to meet MDG 4 to reduce under-5 mortality by two thirds between 1990 and 2015. Nearly 35% of under-5 deaths occurred during the neonatal period; 1/3 of all neonatal deaths were due to severe infections, followed by birth asphyxia, pre-term births and congenital anomalies. Two-thirds of under-5 deaths were post-neonatal and leading causes of these deaths are pneumonia and diarrhoea. In 2009, Kenya also experienced over 34,000 stillbirths¹⁷.

Noteworthy, over the past ten years the status of child health and nutrition has improved steadily (KDHS, 2014). KDHS shows that nationally infant mortality rate reduced from 69/1000 in 2003 to 39 /1000 live births in 2014 and under-five mortality rate reduced from 90/1000 in 2003 to 52 /1000 live births in 2014. This is mainly due to programs in childhood immunization and malaria prevention. According to KDHS, about 79% of children aged between 12-23 months have received all basic vaccines. This is slightly higher than the 77 percent observed in the 2008-09 KDHS. Wide disparities still exist in the proportion of children fully vaccinated across the 47 counties. Children who do not receive vaccination are at higher risk of being affected by preventable diseases.

Prenatal care and parent education services are available in many health facilities in Kenya. This includes information on child stimulation and nurturance, nutrition, low birth weight and other birth outcomes, assessment of maternal and neonatal status including HIV/AIDS testing. Through awareness creation more pregnant women now access these services. However, regional disparities exist in access to prenatal and perinatal services. Kenya's First Lady's initiative dubbed: Beyond Zero is an innovative service delivery mechanism to increase access to these services to marginalized populations. Other threats at this stage include age and education levels of mothers, with higher incidences of adolescent mothers.

The first 1 000 days of life offer a unique and invaluable window of opportunity to secure optimal development of the child, and by extension, the positive developmental trajectory of a country; hence appropriate health, nutrition, early education, and care must be provided to ensure a better and healthy

¹⁴ Kenya: neonatal and child health profile (2011): MCH/WHO

¹⁵ Ukachukwu, V. (2009). Maternal morbidity and mortality in peri-urban Kenya: Assessing progress in improving maternal healthcare. *East African Journal of Public Health*. 6(2).

¹⁶ UNICEF: KENYA (www.unicef.org/infobycountry/kenya_2621.htm)

¹⁷ <http://chartsbin.com/view/1445>

future for the child (Lancet, 2016¹⁸). A holistic approach that integrates adequate nutrition, good health care, early stimulation, communication and security and physical, mental and social-emotional dimensions constitutes the foundation of proper growth and development of children.

In nations with high rates of infant and child mortality, low birth weight, child morbidity, developmental delays, malnutrition and chronic ill health, parent/child programmes or centres of adequate quality and cultural competence should be considered as policy strategies. Such programmes could conduct home visits for screening, identifying, assessing and tracking high-risk and developmentally delayed children, new-born to age five; identify, support and track high-risk pregnant teens and women and their children; map existing programme resources and project potential resource alternatives; offer parent education and support; provide universally accessible programmes and intensive activities for high-risk families and fragile children, zero to three/five; ensure effective referrals and linkages are made to improved basic services; link and involve parents in schools; and conduct regular monitoring surveys of families' service requirements, access and utilization at the community level.

Empirical studies affirm that quality ECD programmes impact the health of the child not only in childhood but also later in adulthood. ECDE centres are important and effective avenues and venues for promoting learners' health and health education and for provision of specific health and nutrition interventions including vaccinations, de-worming, vitamin supplementation, referrals for treatment, HIV testing and treatment, screening and better health-seeking behaviours. Furthermore availability of clean and safe water, promotion of hand washing and proper sanitation positively impact on the health of a child; deterring waterborne diseases and infections. Nutritional supplementation offered at ECD centres has been shown to reduce stunting and increase learners' cognitive abilities. Subsequently, children who participate in quality ECD programmes that integrate health and nutrition have improved health that translate to greater school readiness and attendance, concentration, learning and overall development. A mother's education seems to be the biggest differential in the under-5 mortality ratio in Kenya. Children of uneducated mothers are 46% more likely to die before age 5 than those whose mothers have higher than secondary level of education^{19 20}.

About 13 million Kenyans do not access improved water supply while 19 million lack access to improved sanitation, and water supply, sanitation and hygiene. WASH-related diseases and associated conditions are the number one cause of under-5 hospitalization and mortality. Over 50% of hospital visits for illnesses are related to WASH. Kenya may have launched broad reform and stepped up investment, but the country still faces considerable challenges in reaching water and sanitation MDGs.

Financing of health care is sourced from the public, private households and donors. Estimates of health spending indicate households are the largest contributors of health financing (35.9%). High direct expenditures and overreliance on donor funding, especially for priority interventions, are real threats to sustainable investment in the health sector and improved health outcomes. Africa health financing scorecard of 2010 placed Kenya 24th in health investment with the government spending only \$14 US per capita. There are key priorities being pursued to rectify the healthcare system in Kenya and include a push to increase Government health expenditures, a reduction in out-of-pocket spending through the 20/10 policy, strategies to eliminate fees at point of use, and exploration of pre-payment mechanisms as a future focus of equitable health financing.

The 2010 Global Strategy for Women's and Children's Health calls for a bold, coordinated effort, building on what has been achieved so far - locally, nationally, regionally and globally and that all partners should unite and take action – through enhanced financing, strengthened policy and improved service

¹⁸ The Lancet. (Oct. 2016). Advancing Early Childhood Development: From Science to Scale. The Lancet.

¹⁹ <http://www.who.int/healthinfo/statistics/mortality/en/index.html>

²⁰ Levels and Trends in Child Mortality (2011): Estimates developed by the Interagency Group for Child Mortality Estimation (ICGE)

delivery. Kenya has made the following commitments to the Global Strategy: Recruit and deploy 20,000 additional primary care health workers; Establish and operationalize 210 primary health facility centres of excellence to provide maternal and child health services to an additional 1.5 million women and 1.5 million children; and Expand community health care, and decentralize resources.

As of 2011, Kenya was off track on these commitments²¹. There are still acute shortages of critical health workers for some staff cadres. Additionally, there is unequal distribution of workers, by urban/rural areas, by regions, and by level of care.

Spending on women's and children's health is a noble investment contributing to the wellbeing of families and communities, and to a nation's socio-economic development. Estimating costs and raising required funds, and ensuring efficient and effective use of these resources, are key responsibilities - essentially enabling more money for health and more health for the money.

2.3 Preschool Education

From age 3 – 6, children need access to childcare and preschool education. These services, inspired by the belief that early learning begets later learning and success, just like early failure breeds later failure (Mbugua, 2004²²) are essential for this age-range to prepare them for transition from home or preschool to school. A positive relationship exists between the quality of preschool programmes and children's transition and future outcomes. Education and economic development are thus positively correlated, making education intrinsic to development (Jaycox, 1992²³). In Nepal, 90 percent of the children who attended non-formal preschools enrolled in primary schools but only 70 percent of those who had not attended preschool enrolled. By 2nd grade, 80 percent of the children who had attended preschool were still in school whereas only 40 percent of those who had not attended preschool were still enrolled. Girls benefited more from preschool attendance than boys, although both profited from attending.

In Kenya, the government has put education at the apex of its priorities. Emergence of pre-school education started in the 1940s. It culminated in establishment of the National Centre for Early Childhood Education (NACECE) housed at the Kenya Institute of Curriculum Development (KICD) in 1984 with the aim of harmonizing growth, evaluation, and oversight of early childhood education. A year later, a network of sub-centres was established at the district level as District, City and Municipal Centre for Early Childhood Education (DICECE, CICECE, MUCECE). To date, NACECE is responsible for preschool curriculum and material development, training of and professional support to trainers, and coordination of research, monitoring and evaluation. In 1985, DICECEs were set up with the aim of decentralising management of ECD programmes to the district. The cities of Nairobi, Mombasa and Kisumu have CICECEs or MUCECEs. The DICECEs, CICECEs and MUCECEs are responsible for provision and monitoring of preschool teacher training, inspection of preschools, implementation of parental community awareness and mobilisation programmes, research and coordination with other partners. Following promulgation of Constitution of Kenya, 2010, ECD became a county function provided in a range of pre-schools known as nursery schools, day care centres, kindergartens, pre-primary units and early childhood development and education centres. The Ministry of Education is the major sector responsible for the country's ECD programmes and involves other ministries for planning and implementation. Within the Ministry of Education are two other sections: The ECD Unit of the Directorate of Basic Education in the MOE Headquarters, responsible for formulation of policy guidelines, registration of preschools, coordination of data collection, funding, donors and other partners, and provision of trainers; and the ECD Unit of the Division of the Directorate of

²¹ http://www.who.int/pmnch/topics/part_publications/2011_pmnch_report/en/index4.html

²² Mbugua, T. J. (2004). Early childhood care and education in Kenya. *Association for Childhood Education International*, 80(4).

²³ Jaycox, E. (1992). *The challenges of African development*. Washington, DC: The World Bank.

Quality Assurance and Standards, responsible for inspection of preschools and training institutions, administration of preschool teacher trainee examinations and preschool teacher certificates.

There has been a steady expansion in the number of schools and children getting early childhood education. In 2009, Kenya had 38,247 pre-schools – 23,823 public and 14,424 private. Enrolment in pre-school education stood at 1.9 million children and teachers were 78,000. The number of ECDE centres increased from 38,247 in 2009 to 40,211 in 2014, representing an annual growth of 1% (MoEST, 2014²⁴). Public centres increased at a slightly lower rate of 0.8% compared to private centres that grew at 1.4%. The share of private ECDE centres remained consistent at 38% throughout the same period while the average size of an ECDE centre increased from 59 to 75. Enrolment in ECDE increased by 772,600 pupils over the period between 2009 and 2014 this giving an annual growth rate of 6.1%. The parity index between girls and boys at ECDE level, increased over the period from 0.95 in 2009 to 1.05 in 2014. Thus there were more boys than girls at the beginning of the period and this changed to having more girls than boys in 2014. The increase could be attributed to ECDE mainstreaming drive by the Ministry. The GER and NER for ECDE have improved significantly between 2009 and 2014. The GER increased by 11.1 percentage points representing an 18% increase while the NER increased by 15.7 percentage points representing a 28% over the same period. At ECDE level, all the 114,831 teachers were employed by county governments and parents. ECDE teacher employment and terms of service remains pending and needs further government action. Today, there is increased parent involvement in preschool management; religious or private preschool services; child safety, health, sanitation practices and nutrition issues. Regional disparities exist in interventions for children with developmental delays, malnutrition, chronic illnesses, or disabilities.

2.4 School Readiness and Transition to School

Pre-school services in Kenya focus on transiting children from home to school environments. The government enforced a policy of including a pre-school to all public primary schools. The numbers of schools registered an annual growth rate of 5.1% between 2009 and 2014. The growth rate in private schools was much higher than that of public schools at 12% and 3.2% respectively. In terms of proportion, private schools increased from 19% in 2009 to 26% in 2014. The average school size at primary level significantly dropped by 63% over the same period and this could be explained by the increase in the number of schools which have come to ease pressure on existing schools. The total number of pupils enrolled in primary education increased by more than 8% over the period, with about 767,200 additional pupils and an annual growth rate of 1.6%. In primary education, the parity index improved over the period but did not get to parity by 2014 and hence equality is not yet achieved. The total number of teachers at primary school level was 317,477. Of these, 76.2% are in public schools while 23.8% are in private schools. Out of all the teachers in public primary schools, 83.3% are employed by the TSC. The Pupil Teacher Ratio (PTR) for public schools based on TSC teachers stands at 41.5 which compares well with the international norm (40). Considering the teachers employed by the Board of Management (BOM), the PTR at public schools drops to 34.5.

Children who live in poverty are far less ready for school than others from middle and upper income homes whose parents and care-givers have more formal education. Thus parents living in poverty usually require parent education and support to help their children achieve their full potential in school. Many education programs implemented in informal settlements address some of these concerns in addition to targeting orphans and vulnerable children whose number was 1,083,472 in 2014. Other programs target children with special needs whose number was 251, 542 in 2014. In general, about 3% of the learners are pupils with special needs while about 12% are OVCs are enrolled in public primary schools.

²⁴ MoE. (2014). *Basic Education Statistical Booklet*. Nairobi: Author.

Parental involvement in schools to set goals, development planning and budgeting, curriculum and educational materials review and support for teachers, administrators, teachers' aides happens in some schools, especially privately owned ones. Other programs exist that focus on school health, nutrition, safety, latrine and sanitation services and inclusive education. ECDE policies in Kenya constitute an important step forward towards ensuring that every child, irrespective of their family circumstances, is given a better start through investment in the early years as clearly envisioned in National Education Sector Plan (NESP).

2.5 Child Protection Services

Children exposed to violence, abuse and neglect in their families and communities (including corporal punishment), and who do not enjoy the protective buffering of strong and supportive caregiving are at a greater risk of insecure attachments and suffering from psychological problems, including stress and internalizing and externalizing behaviors (Lancet, 2016²⁵). This, in turn, affects their self-regulatory and executive functioning, which are key school readiness skills. Excessive stress can lead to cognitive damage, health-damaging behaviours and harmful adult lifestyles, greater susceptibility throughout childhood and later adult life to physical illnesses (such as cardiovascular diseases, obesity and diabetes) and mental health problems (e.g., depression, anxiety disorders and substance abuse). Given that children caught in situations of family violence can develop life-long psychological scars and later repeat such behaviours in their homes, national attention to ending family violence is essential. To the extent possible, ECD policies should call for a system of referrals to specialists trained in conducting child and family assessments, providing services for family support, and teaching positive parenting skills. This approach may be preferable to establishing separate child protective services that tend to overlook child development needs and focus mainly on issues of child custody, injury prevention, criminal justice, foster parents and homes.

Maternal depression also presents a significant risk to cognitive, physical, social and emotional development of infants and young children given its link to unresponsive caregiving. Relationship between maternal depression and compromised early child development is, however, multilevel and cumulative because poverty, low education, high stress, lack of empowerment and poor social support are also risk factors for poor child development (Lancet, 2016²⁶).

Disruptions of parental caregiving through illness or death of the caregiver or abandonment of the child, and the assumption of the caregiving role by a non-parent caregiver, creates a risk of bullying, mental health problems, abuse and emotional and behavioural problems in infants and young children. Infants and young children living without their biological parents are especially at greater risk of being denied the care necessary for their physical and psychosocial well-being. Approximately 23 per cent of children 0 - 8 years in low and middle-income countries are at risk for disabilities. Whilst this is indicative of their compromised development, children with disabilities are, in addition, at risk of low access to ECD services and at an increased risk of poor quality care.

If high-risk, vulnerable children lack consistent and caring adults in their lives, they may develop cognitive, social and emotional delays. ECD services with integrated parenting programmes have been shown to reduce the likelihood of young children experiencing abuse, neglect and violence at home and, consequently, reducing the possibility of the children developing mental health problems. ECD centres should ensure therefore that maximum enjoyment of each category of rights by every child is guaranteed and an effective prevention and response strategy to child-care challenges is in place and operational.

²⁵ The Lancet. (Oct. 2016). Advancing Early Childhood Development: From Science to Scale. The Lancet.

²⁶ The Lancet. (Oct. 2016). Advancing Early Childhood Development: From Science to Scale. The Lancet.

Teachers, caregivers and child protection officers should ensure that every child enjoys their prescribed rights in all settings and are well trained on their responsibilities in line with their evolving capacities.

Little evidence exists that working mothers seriously neglect their children. However, it is now acknowledged that "...maternal employment in the first six months of an infant's life may be associated with later developmental problems...." For this reason, family leave laws are needed to help ensure mothers have enough time to nurture and bond well with their new-borns. In Kenya, family leave laws have been reviewed to include three-month maternity leave and two-week paternity leave. Where mothers work outside the home, ECD policies should help ensure they receive parent education, quality child care and preschool education for their young children. More can be done in the work place for mothers to nurture and bond with their new-borns. Model programmes such as Safaricom's lactation rooms for breast-feeding mothers can be researched and emulated.

2.6 Physical, Human and Financial Resources for ECD Service Delivery

All children must access adequate and appropriate leisure, recreation and play for their holistic development. The ECD sub-sector is, however, characterized by poor/inadequate infrastructure and sub-standard sanitation facilities. Specifically, the child's right to protection and adequate care especially in childcare facilities and pre-primary settings is hampered by inadequate care and access to appropriate play and learning materials, unsafe learning environments, insecurity on the way to and from school, vast distances to available ECD centres, inadequate and/or poor sanitation and poor childcare practices, among others.

ECD service providers in childcare facilities need to be aware of developmental needs and milestones in early childhood if they are to provide a supportive environment so that every child can achieve optimum physical, cognitive and social development. Children need to safely explore their environment through manipulation of objects and other learning materials to discover, understand and appreciate their world. Teachers and other stakeholders must ensure learning environments are safe and provide each child with adequate opportunities to experiment, explore, dialogue, discover, reflect and apply new knowledge, skills, values and attitudes. In this respect there is need for development and implementation of child safety and protection guidelines for all ECD centres as well as essential minimum standards for centre-based early care and education. Adherence to child safety and protection guidelines should be a pre-condition for licencing of such centres.

There is lack of mechanisms, including clearly defined service standard guidelines and flexible procedures for sourcing, supplying, distribution and maintenance of equipment, other materials, physical facilities and transportation required for delivery of quality services for all children, particularly in health and education and especially for the marginalised and vulnerable communities, including children with disabilities.

In addition, there is lack of skilled personnel for identifying, sourcing, supplying, distribution and maintenance of equipment, instructional materials, physical facilities and transportation required for the delivery of quality ECD services for all children. There is shortage of trained personnel to handle provision of holistic and integrated services. Insufficient skilled personnel are evident in areas related to young children and families due to inadequate training of personnel in different sectors. There are no quality service standard guidelines for training programmes. This impact negatively on provision of quality training and underdevelopment and wastage of human potential due to inadequate access to training opportunities and insufficient and inequitable distribution of training resources. Then there is the lack of integrated quality assurance standards and staff is not inducted on the service standard guidelines. National Government should, therefore, develop new approaches and methods to build professional capacity, in areas of critical importance to ECD quality improvement; improve and expand teacher training,

accreditation and the professional development of ECD professionals; and increase knowledge of medical professionals, social workers, parents, caregivers and other professionals about early childhood development and how to promote it.

ECD programmes remain inadequately funded. Current funding options are from households, National and County governments and the private sector. The O/M, I/M, school feeding funding for ECD infrastructure is the responsibility of households and respective County governments. Inter-Ministerial interventions are born by respective Ministries in collaboration with development partners. Investment guidelines both between Government, community, non-state actors and donors are lacking. There is no law on the percentage of finances for ECD. Nor is there a unit cost per child to provide integrated services.

Needless to add, minimal allocation may be due to no immediate results on investment in ECD. This has, in turn, led to low achievement in both national and international targets; poor quality and breadth of ECD services provided and dwindling of the number of beneficiaries, especially among vulnerable and marginalized communities and children with special needs; ECD not receiving the required value and recognition at the community level especially from political leadership; published documentation at the Devolution and Planning and Finance and National Treasury departments not flagging out ECD as a priority; lack of a comprehensive early childhood situation analysis in most County Governments hence the provision of services is not informed by the actual situation of children in need of early childhood services; present data not informing budget allocation for ECD; and donors supporting ECD having insufficient data to work with.

Funding in ECD is provided by different development partners in an ad hoc manner. There is little linkage between investment in ECD and socio-economic development and other national development priorities. This policy lacuna has translated into a weak legal framework for ECD, further contributing to fragmentation of delivery, inefficient use of public spending, and confusion about standards and qualifications. Measures to correct this hiatus have important implications for quality and relevance of ECD, which is below the required minimum standards in all aspects. Participation by all stakeholders and targeted skills formation and stringent focus on quality and standards supportive of sustainable national development remains wanting.

Noteworthy, adequate investment in ECD is essential especially during the initial stages of life up to three to five years of age, unlike in the current practice where far greater emphasis is placed on investing in formal education from ages five or six forward. When little is invested in the early years children are not ready for school, and often have severe delays in their development. These children tend to repeat grades and drop out, causing educational costs per child to rise dramatically thereby reducing the funds that can be devoted to improving the early child development. The World Bank estimates that funds that would be saved by reducing grade repetition would be sufficient to pay for quality parenting education and preschool programmes for young all children.

In harnessing resources for ECD, the Government must increase budget allocations to all government departments concerned with the promotion of ECD, especially for children aged zero to eight years, and mobilize diverse and innovative financing sources and mechanisms in support of ECD. Invested resources should be sufficient to meet set quality standards and enable all rights to ECD; increase targeted resources for programmes, with particular attention to the early years due to their importance for human development; and conduct and encourage financial analysis of ECD provisions and service delivery.

2.7 Weak Governance and Accountability

There are weak management and professional structures horizontally and vertically, especially at inter-Ministerial level and at National and County Government levels, including linkages between line Ministries,

National Council for Children Services, NGOs, CSOs, FBOs, CBOs, development partners and private sector. This gap exists because of the absence of a coordination structure.

The Government should strike an appropriate balance between centralized and decentralized governance guaranteeing collaboration among all spheres with related responsibilities, level of authority and resources; and strengthen political commitment through evidence based advocacy on the benefits of ECD for human development. It should proactively involve civil society and local communities in the policy debate, programme development, implementation and monitoring of ECD policies as well as in guaranteeing the respect, protection and realization of children's rights; invite national and international organizations to facilitate and support national ECD policies and programmes; enhance resources, when appropriate, and respecting the necessary regulations, through partnerships with the private sector. They should encourage regulatory, operational and financing convergence between programmes of different government ministries, departments and agencies; pay close attention to parental voices and take steps to balance power relationships and foster collaboration among different actors of ECD. The Governments should identify specific aspects of ECD programming for mutual cooperation and exchange; and call upon countries to work with UNESCO and other international organizations to mobilize international donors.

2.8 Research, Monitoring and Evaluation

There is a dearth of quality research, monitoring and evaluation on children and family issues for advocacy and also to adequately guide policy formation and programme planning. Insufficient resources, including funding and skilled personnel, compromise the quality of the research and monitoring activities, especially for the vulnerable and marginalized including children with special needs. Lack of coordination and dissemination of research findings results in policy formulation and programme planning not sufficiently supported by empirical data.

National and County Governments can enhance reliable and timely assessments of ECD services; strengthen and institutionalize monitoring and evaluation of ECD programmes to guide sound policies through the provision of reliable, relevant and timely disaggregated data for informed decision making. They can use locally relevant knowledge for informing policy making, and strengthen ECCE research capacities and contribute to knowledge creation across all regions.

3.0 LEGAL CONTEXT

3.1 Introduction

This Integrated Early Childhood Development (IECD) policy framework is anchored on the provisions in relevant international protocols, executive decrees, declarations and conventions and existing regional and national legal frameworks. It is to these that we now turn.

3.2 International Agreements and Rights Regarding ECD

The Government ratified and/or endorsed several international rights and development instruments including, but not limited to, the following: The 1948 Universal Declaration on Human Rights; United Nations Convention on the Rights of the Child (ratified in 1995); Convention on the Elimination of all Forms of Discrimination Against Women (ratified in 1995); UN Convention on the Rights of Persons with Disabilities (ratified in 2006); UN Millennium Development Goals (adopted in 2000); Sustainable Development Goals (adopted in 2015); UNESCO Dakar Framework of Action for Attaining Education for All (adopted in 2000); UN World Fit for Children (adopted in 2002); UNESCO Moscow Framework of Action and Cooperation: Harnessing the Wealth of Nations (2010); and Paris Declaration on Food Security and the Rome Declaration on Nutrition (November 2014).

International instruments collectively provide legislative, administrative, social and educational measures to protect the child. Governments have a responsibility to take all available measures to make sure children's rights are respected, protected and fulfilled. On social protection, equity and inclusivity and health and nutrition, all human beings are born free and have a right to life, liberty, security, name and nationality. They are equal in dignity. No one shall be held in slavery or servitude. Slavery and the slave trade shall be prohibited in all their forms. No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family including food, clothing, housing and medical care and necessary social services. Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.

No one is allowed to punish children in a cruel or harmful way. Children who break the law should not be treated cruelly. Governments must do everything they can to protect and care for children affected by war. Children under 15 should not be forced or recruited to take part in a war or join the armed forces. Children who have been neglected, abused or exploited should receive special help to physically and psychologically recover and reintegrate into society. Particular attention should be paid to restoring the health, self-respect and dignity of the child. Children who are accused of breaking the law have the right to legal help and fair treatment in a justice system that respects their rights. The government should protect children from work that is dangerous or might harm their health or their education and use all means possible to protect them from use of harmful drugs and from being used in the drug trade. Governments should protect children from all forms of sexual exploitation and abuse. Children have a right also to freedom of expression, of thought, conscience and religion and of association. They have a right to privacy and protection from all forms of violence. Children with disabilities have the right to special care and support so that they can live full and independent lives. States Parties shall take all necessary measures to ensure the full enjoyment by children with disabilities of all human rights and fundamental freedoms on an equal basis with other children.

In education the instruments state that everyone has the right to education, to relax and play, and to join in a wide range of cultural, artistic and other recreational activities. Education shall be free, at least in

the elementary and fundamental stages. Elementary education shall be compulsory and directed to the full development of the human personality and to the strengthening of respect for human rights and fundamental freedoms. Discipline in schools should respect children's dignity. For children to benefit from education, schools must be run in an orderly way – without the use of violence. Any form of school discipline should take into account the child's human dignity. Therefore, governments must ensure that school administrators review their discipline policies and eliminate any discipline practices involving physical or mental violence, abuse or neglect as has been done with corporal punishment.

Children's education should develop each child's personality, talents and abilities to the fullest. It should encourage children to respect others, human rights and their own and other cultures and learn to live peacefully, protect the environment and respect other people. Parents have a prior right to choose the kind of education that shall be given to their children. Governments should respect the rights and responsibilities of families to direct and guide their children so that, as they grow, they (children) learn to use their rights properly.

The best interests of the child should be the primary concern in making decisions about the child with or without disabilities. States Parties shall ensure an inclusive education system at all levels and life-long learning directed to: the full development of human potential and sense of dignity and self-worth, and the strengthening of respect for human rights, fundamental freedoms and human diversity; the development by persons with disabilities of their personality, talents and creativity, as well as their mental and physical abilities, to their fullest potential; enabling persons with disabilities to participate effectively in a free society.

3.3 Regional Frameworks

The African Charter on the Rights and Welfare of Children (ACRWC, 1990) reflects provisions for children in most international instruments on health and nutrition, social protection and equity and inclusion. It provides that every child should be allowed to enjoy the rights and freedoms including voicing their opinions freely and being heard, have a right to live, be named and registered at birth and freedom of thought, conscience and religion and right to privacy. The Charter provides also that every child has the right to an education, to develop his or her personality, talents and mental and physical abilities to their fullest potential.

Noteworthy, education should include the preservation and strengthening of positive African morals, traditional values and cultures. Governments should also take affirmative action measures in respect of female, gifted and disadvantaged children, to ensure equal access to education for all sections of the community. More importantly is the right to play and to participate fully in cultural and artistic life and to special protection for the mentally or physically disabled, paying special attention to their dignity. Furthermore, every child shall have the right to enjoy the best attainable state of physical, mental and spiritual health. This includes the provision of nutritious food and safe drinking water, as well as adequate health care.

Children should be protected from all forms of economic exploitation and from performing any work that is likely to be hazardous or to interfere with their physical, mental, spiritual, moral, or social development as well as be protected from all forms of torture, inhuman or degrading treatment and especially physical or mental injury or abuse, neglect or maltreatment including sexual abuse. Every child accused or found guilty of having broken the law should receive special treatment, and no child who is imprisoned should be tortured or otherwise mistreated.

Families are the natural unit and basis for society, and should enjoy special protection. Children should, whenever possible, have the right to live with their parents. No child should be separated from his

or her parents against his or her will, except when authorities believe it would be in the child's best interest. Parents or other persons responsible for the child should always act in the best interest of the child. Governments should do what they can to stop harmful social and cultural practices, such as child marriage, that affect the welfare and dignity of children. Children should not be recruited as soldiers, nor should they take a direct part in fighting wars. Refugee Children should receive appropriate protection and humanitarian assistance. Children who are separated from their parents should get special protection and should be provided with alternative family care. States should also take all possible steps to trace and re-unite children with parents.

States should address the special needs of children living under regimes practicing racial, ethnic, religious or other forms of discrimination. Children should be protected from all forms of sexual exploitation and sexual abuse. Children should be protected from the use of narcotics and illicit use of psychotropic substances. Governments should take appropriate measures to prevent the abduction, sale of, or trafficking of children for any purpose. States should provide special treatment to expectant mothers and to mothers of infants and young children who have been accused or found guilty of breaking the law. Children have responsibilities towards their families and societies, to respect their parents, superiors and elders, to preserve and strengthen African cultural values in their relation with other members of their communities.

3.4 National Frameworks

National instruments reviewed included Constitution 2010; Basic Education Act (2013); Kenya Vision 2030; National ECD Policy Framework (2006); Sessional Paper No. 3 (2014); National Plan of Action for Children 2015-2022; National Education Sector Plan (NESP) 2014/15-2017/18; Kenya Health Policy of 2014-2030; National School Health Policy (2009); National Food and Nutrition Security Policy (2011); Kenya National Nutrition Action Plan (2012 – 2017); Kenya Environmental Sanitation and Hygiene Policy (2016 - 2030); County Government Act (2012); Public Finance Management Act (2012); and Sessional Paper No. 2 (2015).

Constitution of Kenya, 2010 is the overarching legal document for Kenya. Article 43 on economic and social rights guarantees every person the right to education and access to adequate housing and reasonable standards of sanitation. Article 53 cites free and compulsory basic education for all children; basic nutrition, shelter and health care; protection from abuse, neglect, harmful cultural practices, all forms of violence, inhuman treatment and punishment, and hazardous or exploitative labour and parental care and protection.

The social pillar of Kenya's Vision 2030 supports promotion of education for development including increased access to quality education from the formative years of development and integration of ECDE to basic education. The 2030 goal for equity and poverty elimination is to reduce the number of people living in absolute poverty to the tiniest proportion of the total population. The aim is to guarantee equality of opportunity in accessing public services and providing income-generating activities as widely as possible. Other initiatives include expanding access across different social and political dimensions, including: increasing school enrolment for girls and children from nomadic communities and poor rural and slum communities; widening coverage of essential health care; equitable distribution of water, sewerage and sanitation services; improvements in public transport; and attaining gender parity and fairness in the delivery of justice. Reducing social inequalities, in short, cuts across all the economic and social initiatives.

3.4.1 National and County Governments and ECD Service Delivery

Articles 185(2), 186(1) and 187(2) of Constitution, 2010 delineate functions of ECD for National and County Governments. The National Government is mandated to develop policy (such as agricultural, educational, health, housing and language policies), standards, curricula and examinations; promote official

and local languages and train and build the capacity of ECD personnel and consumer protection, including standards for social security. County Government is mandated to implement national policy and specifically to oversee pre-primary education and child care facilities and promotion of primary health care. Article 189(2) provides for consultation and cooperation between National and County Governments in performing functions and exercising powers in the provision of services bestowed on them.

The County Government Act gives effect to Chapter Eleven of the Constitution pursuant to Article 200; particularly objects and principles of devolution as set out in Articles 174, 175 and 176 (2) of the Constitution in respect of further decentralization; provide for public participation in the conduct of the activities of the county assembly as required under Article 196 of the Constitution; and prescribe mechanisms to protect minorities within counties pursuant to Article 197 of the Constitution. A county government may enter into partnerships with any public or private organization in accordance with the provisions of any law relating to public or private partnerships for any work, service or function for which it is responsible within its area of jurisdiction, including ECD. Part ii - vii spells out functions and powers of county governments and the role of the County Assembly, Electoral Wards, County Executive, Decentralized Units and County Public Service.

Part vii provides for citizen participation based on the principles of timely access to information, data, documents, and other information relevant or related to policy formulation and implementation; reasonable access to the process of formulating and implementing policies, laws, and regulations, including the approval of development proposals, projects and budgets, the granting of permits and the establishment of specific performance standards. The Policy provides for protection and promotion of the interest and rights of minorities, marginalised groups and communities and their access to relevant information; legal standing to interested or affected persons, organizations, and where pertinent, communities, to appeal from or, review decisions, or redress grievances, with particular emphasis on persons and traditionally marginalized communities, including women, the youth, and disadvantaged communities; reasonable balance in the roles and obligations of county governments and non-state actors in decision-making processes to promote shared responsibility and partnership, and to provide complementary authority and oversight; promotion of public-private partnerships, such as joint committees, technical teams, and citizen commissions, to encourage direct dialogue and governmental facilitation and oversight. Part xii deals with delivery of county public services.

3.4.2 Education

The Basic Education Act operationalizes Constitution of Kenya, 2010 by providing for access to free and compulsory quality basic education to all children. The Act outlines also the duty of parents and guardians, incentives and prohibition of holding back and expulsion of learners, prohibition against physical punishment, mental harassment and employment of a child of compulsory school age. Roles and responsibilities of the government are outlined as well as promotion of special needs education; private educational institutions; governance and management of basic education and training; licensing, registration and accreditation procedures in basic education and training; standards, quality and relevance in relation to, for instance, curricula and curriculum development; financial provisions including school based auditing and investment of funds; and other more general provisions including establishment of National Council for Nomadic Education in Kenya.

The National Education Sector Plan (NESP, 2013-2018) is an all-inclusive, sector-wide programme whose goal is: *Quality Basic Education for Kenya's Sustainable Development*. NESP builds on successes and challenges of the Kenya Education Sector Support Programme (KESSP, 2005-2010). NESP emphasizes sector governance, management and accountability in a decentralised setting with devolved responsibilities and through a range of partnerships with clear guidelines for coordination, transparency,

and reporting at the national, county, sub-county and institutional levels. The focus is on improvement of education quality and targets: improvement of schooling outcomes and impact of the sector investment; development of relevant skills; improved learning outcomes; and improved efficiency and effectiveness in use of available resources. The Quality Assurance and Standards Directorate is responsible for procedures to enhance the provision of quality education. A critical aspect of NESP is improvement of access for hard-to-reach children through a combination of policy and management initiatives with a focus on increasing enrolment and completion rates in basic education through National Council for Nomadic Education.

The Government continues to invest heavily in the education sector, committing about 6.4% of GDP to the sector. Commitment to investment in education will continue to ensure efficient provision of fourteen years of basic education with guaranteed transition and progression of all children across level of basic education. High education expenditure is indicative of priorities and Government commitment to its citizens' education. Rapid growth of enrolments at all levels of education and training are the result of this investment. Social development and economic growth for the 21st century are dependent on the broad base of capable, literate, numerate and motivated citizens. NESP sets out the rationale, goals, objectives, strategies, requirements and an operations plan for a balanced development of the entire education sector to support the national aspirations of Kenya.

NESP aligns education planning with the Medium Term Plan 2013-2017, Kenya's Vision 2030, *Jubilee Manifesto* (2012) and the Public Financial Management Act of 2012. NESP emphasizes on the quality of education to address challenges arising from the introduction of the FPE initiative in 2003 that increased access and led to an exponential increase in enrolment at both primary and secondary levels, without commensurate expansion of supportive resources. NESP also emphasizes relevance, equity and sector governance in the provision of compulsory free basic education as provided for by Constitution of Kenya (2010). There is also greater emphasis on efficiency in resource use and linking resource mobilization and allocation to programme-based budget approach. NESP outlines the education sector reform implementation agenda in six priority areas: governance and accountability; access; equity; quality; relevance and social competencies and values.

The 2006 National ECD policy framework provides a co-ordination mechanism and defines roles of various stakeholders including parents, communities, Government Ministries and agencies, CSOs, FBOs, CBOs, private sector, and development partners on ECD service delivery. The framework emphasizes that all young children must be nurtured in safe and caring environments that allow them to become healthy, alert and secure and to be able to learn. The framework underpins the provision of good quality ECDE, both in families and in the community, which will have a positive impact on survival, growth, development and learning potential of children. The framework largely informed this document.

Sessional Paper No. 3 of 2014, a national policy and action plan on human rights, provides for fulfilment, respect, observance, promotion and protection of human rights. It gives effect to Chapter Four of the Constitution - the legal and constitutional framework on human rights in Kenya. The policy outlines the human rights context, provides rationale for the policy and highlights key human rights priority areas. Of importance in the economic, social and cultural rights section which usher in information on rights of children and persons with disabilities and that of minorities and refugees.

3.4.3 Health and Nutrition

The National Plan of Action for Children provides for children's right to survival. It highlights causes of child and maternal mortality in Kenya and the plight of children with disabilities, special needs, chronic illnesses and conditions. It outlines health sector service delivery and planned actions to achieve children's rights to survival. The plan ameliorates the issue of child development and the place of recreation, leisure, play and participation in cultural activities. The plan discusses parental and family care and states actions to achieve

right to child development. The plan focuses also on child protection singling out issues such as violence against children, child neglect, child labour, drug and substance abuse, child trafficking, sexual exploitation of children and the plight of street children and those under alternative care arrangements. Children in conflict with law and retrogressive cultural practices, social protection and children and information and communication technologies are highlighted as well. The issue of child participation and coordination of child services at national and county levels, revenue mobilization and capacity building is also foregrounded. A monitoring and evaluation framework and attendant indicators are included.

The Kenya Health Policy (2014–2030) gives direction on overall status of health in Kenya in line with Constitution of Kenya 2010, Kenya's Vision 2030 and global commitments. The policy affirms the health sector's commitment to ensuring that the country attains the highest possible standards of health that is responsive to the needs of the population. The policy prioritizes two key obligations of health: realization of fundamental human rights including the right to health and contribution to economic development as envisioned in Vision 2030.

The emphasis is on ensuring equity, people-centredness, participation, efficiency, social accountability and a multi-sectoral approach, in the delivery of healthcare services. The policy embraces the principles of protection of the rights and fundamental freedoms of specific groups of persons, including the right to health of children, persons with disabilities, youth, minorities, the marginalized and older members of the society. The policy dwells on six objectives and eight orientations to attain the government's goals in health. It takes into account roles and responsibilities of National and County Governments and attendant accountability, reporting, and management lines. The policy proposes a comprehensive and innovative approach to harness and synergise health services delivery at all levels. Engaging all actors is a radical departure from past approaches in addressing the health agenda that requires awareness creation to objectives of the policy are not only understood but also fully owned by the various stakeholders and implementing partners.

The Food and Nutrition Security Policy covers multiple dimensions of food security and nutrition improvement to add value and create synergy to existing sectoral and other government and partner initiatives. The policy recognizes that multi- public and private sector involvement, and that hunger eradication and nutrition improvement is a shared responsibility of all Kenyans. The policy and associated actions remain dynamic to address contextual changes and changing conditions over time. This policy is framed in the context of basic human rights, child rights and women's rights, including the universal 'Right to Food'.

All Kenyans, throughout their life-cycle, should enjoy at all times safe food in sufficient quantity and quality to satisfy their nutritional needs for optimal health. Policy objectives include: Achieving good nutrition for optimum health of all Kenyans; increasing quantity and quality of food available, accessible and affordable to all Kenyans at all times; and protecting vulnerable populations using innovative and cost-effective safety nets linked to long-term development. The policy addresses associated issues of chronic, poverty-based food insecurity and malnutrition and the perpetuity of acute food insecurity and malnutrition associated with frequent and recurring emergencies, and the critical linkages thereof. The government policy objective is to ensure safe, high quality food by creating public awareness on relevant issues, and by setting, promoting and enforcing appropriate guidelines, standards and a regulatory framework.

3.4.5 Financial and Physical Resources Policies

The Public Finance Management Act provides for parliamentary oversight of national finances detailing responsibilities of committees of parliament, National Assembly and Senate budget committee and Budget Office in public finance matters. The Act details National Government's responsibilities with respect to management and control of public finance; establishment, responsibilities and powers of the National

Treasury in relation to National Public, Consolidated, Equalisation and Contingencies funds and preparation of annual Budget Policy Statement, Budget Review and Outlook Paper and publication of pre- and post-election economic and fiscal reports. The role of the Cabinet Secretary for instance managing the budget process at national level and submission of budget estimates and related documents for approval is captured therein. Role and functions of Public Debt Management Office, the Judiciary, Parliament, Constitutional Commissions and Independent Offices and county government responsibilities with respect to the management and control of public finance including County Treasury are spelled out. Information is provided of County Revenue and Emergency Funds. Part v focuses on the relationship between national and county governments on budget and economic matters.

The state of physical and built environment reflects complex socio-economic factors and level of prosperity of a community and nation. Buildings and infrastructure are important assets whose maintenance and upkeep cannot be wished away. Formulation of Sessional Paper No. 2 of 2015 is anchored on provisions made in Constitution, 2010 on the need for a clean environment and adequate housing as a right to citizens and maintenance, conservation and setting of standards as means through which to achieve progressive realization of these rights. It is anchored also on Kenya's Vision 2030 that provides for improvement of the visual appeal and functionality of the built environment. The Act states that maintenance and management of the built environment will be enhanced through comprehensive strategic asset management plans. This will be supported through development and promotion of a National Building Maintenance culture and Computerized Building Management Information Systems.

The Policy acknowledges the poor state of houses due to lack of regular maintenance. The effect of lack of proper management and maintenance has resulted into reduction in the quality of housing stock and adversely affected the built environment including infrastructural facilities and other services. The Ministry of Land, Housing and Urban Development Strategic Plan identifies formulation and implementation of housing policies as a key result area: National Housing Policy 2004, Land and Environment Court Act, the Urban and Cities Act, draft National Housing Bill, draft Building Regulations, draft Building Surveyors Bill and Local Government Management Practice Manual No. 7. The NBMP provides guidelines for effective restoration, preservation, refurbishment, standards, financing, enacting appropriate legislations, capacity building and establishment of institutional framework.

The specific objectives of the NBMP are to: Establish legal, regulatory and institutional framework; guide on the efficient, effective and economic use of maintenance resources; guide on establishment of education and training framework for maintenance personnel at all levels; Guide on establishment of integrated management of built environment; guide on the establishment of measurable and quantifiable maintenance standards; Compliance with constitutional, policy and legal requirement; ensure health and safety; Establish a maintenance information management framework; create awareness on the importance of maintenance of buildings and related infrastructures.

3.4.6 Cross-Sectoral Policies: Health and Education

The school environment is one of the key settings for promoting children's environmental health and safety as reflected in the National Health sector strategic plan and Kenya education sector support programme. A national school health policy (2009) and national school health guidelines (2009) have been developed and disseminated. This national school health strategic implementation plan identifies and mainstreams key health interventions for improved school health and education. The strategy comprises eight thematic areas: Values and life skills, gender issues, child rights, child protection and responsibilities, special needs, disability and rehabilitation, water, sanitation and hygiene, nutrition, disease prevention and control and school infrastructure and environmental safety. The strategy outlines critical issues on health and education linkages that are important towards the improvement of child health while in school. The

school environment must create an enabling atmosphere for social, cultural and emotional well-being that promotes a healthy child-friendly school. This strategy will ensure that positive changes in school environment are supported, reinforced and sustained through a school health policy; skills-based health education and school health services. It envisaged that effective and efficient healthy school environment shall ensure access, retention, quality and equity in education.

The Kenya Environmental Sanitation and Hygiene Policy 2016-2030 aims to address limitations of the National Environmental Sanitation and Hygiene Policy published in 2007. The policy takes full cognizance of the devolution of most sanitation functions and services to the 47 County Governments vide the Fourth Schedule of the Constitution, 2010. The policy takes a rights-based approach and redirects efforts towards achieving Kenya's Vision 2030 and the global Sustainable Development Goals (SDGs). The policy commits National and County governments to pursue a robust strategy to enable all Kenyans to enjoy their right to highest attainable standards of sanitation and to a clean and healthy environment. The policy focuses on a range of complementary strategies devoted to ensuring universal access to improved sanitation and clean and healthy environment. Ultimately, the goal of this policy is to ensure better health, dignity, social well-being and quality of life for all the people of Kenya.

To achieve this, the policy puts emphasis on increasing public and private sector investment through public-private partnerships. In this, the policy aims to mobilize all available resources – public and private, community and individual – in pursuit of our collective national vision of transforming Kenya into a newly-industrialized, middle-income country providing a high quality of life to all its citizens in a clean and secure environment. The policy articulates and clarifies the roles and responsibilities of the many stakeholders and agencies involved in the sanitation sector, spelling out the national and county Governments commitments to increasing investment in sanitation and creating an enabling environment.

To address institutional fragmentation and financing bottlenecks, the policy provides for the establishment of the National Environmental Sanitation Coordination and Regulatory Authority and the National Sanitation Fund. This policy provides a critical reference to all agencies, both public and private that are, or will be actively working towards achieving Vision 2030 by ensuring that all Kenyans enjoy their guaranteed constitutional right to improved sanitation and a clean and healthy environment. To ensure its effective implementation therefore, a national environmental sanitation and hygiene strategy, National Environmental Health and Sanitation Bill and county environmental sanitation and hygiene strategic and investment plans will be prepared.

3.5 Summary on Policies

From the legal context review, there is definitely a plethora of policies that inform sector-specific ECD service delivery in Kenya and provide sufficient guidance on child survival, growth and development for all children with and without disabilities and for the vulnerable and marginalized. All the policies reiterate similar provisions, rights and fundamental freedoms for children. Functions of National and County governments are clearly spelt out.

The main policy gaps identified include the lack of a policy that outlines how the various ECD service providers can meaningfully engage in inter-disciplinary and cross-sectoral partnerships and networks. This policy gap inadvertently opens up an ECD service delivery gap. Existing bills, laws and policies are not necessarily harmonized, and in many cases are inadequate, contradictory, domiciled in many institutions; and directly or indirectly mention ECD issues. This can result in procedural and substantive confusion. Multiplicity of policies, legislation and regulations inadvertently give overlapping and duplicating regulatory roles to ECD service delivery stakeholders. In addition, many policies are adopted, but are not implemented, monitored or evaluated. Complicating matters further is that many duty bearers are not aware of all the different laws and policies, regulations and guidelines. Some institutions may

capacity on enforcement responsibilities bestowed upon them by the statutes leading to misapplications that result in children falling through what should be a protective net.

The Ministries of Health and Education have made attempts to work together on school health and thus provide a good reference point. This IECD policy framework builds on these attempts by incorporating more ECD service providers. The stakeholders still reserve the right to refer to their sector-specific policies to inform their decision-making processes concerning services to children. Their policies and this policy framework should be seen to be complementary rather than in competition with each other. That approach will ensure harmonious co-existence and participation in activities that promote the best interest of the Kenyan child 0 – 8 years.

4.0 INTEGRATED EARLY CHILDHOOD DEVELOPMENT POLICY FRAMEWORK

4.1 Vision Statement

All children realizing their full potential in life.

4.2 Mission Statements

- (a) To establish a good foundation for children to develop to their fullest potential for national development and to foster national unity.
- (b) To ensure and safeguard the rights and welfare of all children.
- (c) To provide, through coordinated partnerships, quality and integrated services for the holistic development of all children.

4.3 Goal

To enhance access, equity and quality services for all children from conception to 8 years.

4.4 Objectives

In general this IECD policy shall enhance the quality, accessibility and equitable distribution of services for children through more efficient and strategic partnerships and capacity building efforts. More specifically, the objectives of the policy include:

- (a) Ensuring quality services and programmes for children 0 to 8 years of age are accessible and affordable;
- (b) Promoting and strengthening inter-disciplinary and multi-sectoral partnerships and collaborations among ECD service delivery stakeholders.
- (c) Promoting predictable and sustainable resource mobilization strategies and infrastructure to enhance quality of ECD service delivery.
- (d) Maintaining organisational and institutional arrangements necessary to lead, plan for, implement, coordinate and monitor ECD service delivery;
- (e) Provision of appropriate monitoring standards, quality assurance guidelines and improvement systems for effective and efficient ECD service delivery;
- (f) Promoting and strengthening accountability among all stakeholders in ECD service delivery.

4.5 Policy Target Groups/Scope of Application

This Policy targets both primary and tertiary stakeholders.

4.5.1 Primary Targets

This IECD policy framework targets all children, including Orphaned and Vulnerable Children (OVCs) and Children with Disabilities (CwDs) from conception to eight years of age. Within this age range, there are four definitive categories: conception to birth, birth to three years, three to six years, and six to eight years. Although these children all have similar holistic needs which consist of nutrition, love, care, health, nurture, protection, early stimulation and training, the emphasis and focus of providing for

these needs varies depending on the age category. In addition, special attention must be focused on the needs and rights of OVC and CwDs.

Under this category, the policy framework also targets children's primary caregivers (i.e., parents, house-helpers and teachers) and other caregivers in a home setting (e.g., grandparents and relatives). In addition child mothers are given special attention as well as support staff, healthcare workers and managers. Communities are also targeted and empowered to support families and alternative caregivers to provide for the holistic needs of young children, and to safeguard their rights.

4.5.2 Tertiary Targets

These are service providers who include: National and County Governments, Government Ministries, Bodies and Other Government Arms, FBOs, CSOs, Communities, ECDE training institutions, and state and non-state actors.

4.6 Principles of the Integrated Early Childhood Development Policy Framework

This IECD policy framework is based on principles that are universally accepted as forming the cornerstone of quality ECD services and programs including:

Human rights-based approach: The IECD policy framework is grounded in, and seeks to give effect to, the Government of Kenya's international, regional and national legal commitments to recognise, respect, protect and promote universal rights of all children and their caregivers protected by international, regional and national law. The policy framework recognises that all children have the right to life, to survival and to develop to their full potential; that is, to be physically healthy, mentally alert, socially competent, emotionally sound and ready to learn. The Government bears a legal duty to ensure provision of ECD services and support to ensure realization of these rights for all children and their families. A human rights-based approach requires translation of legal commitments to children into a strong ECD system made up of policies and laws, in terms of which responsibilities are spelt out and role players can be held accountable for realization of the universal enjoyment of children's rights.

Multi-sectoral and integrated in approach: Children's rights and needs are indivisible and span many areas including health, nutrition, a safe environment, and psychosocial and cognitive development. Provision of a comprehensive package of ECD services thus requires an integrated, cross-sectoral approach that involves all government ministries and departments and relevant stakeholders and partners (CSOs, FBOs, NGOs, private sector, development partners, parents and children).

Best interests of the child: The best interests of the child must be a primary consideration in all decisions made and actions taken that impact on their life, survival, development and well-being. This includes decisions and actions taken by parents, professionals, practitioners and others responsible for children's care and development. It also applies to all laws and policies developed, administrative and judicial decisions taken, and services provided including those that directly affect children, for example health, care and education systems; and indirectly impact on children, such as environmental and transport systems.

Respect for views of the child: All children are entitled to express their views and have them taken into account and given due weight in accordance with their age and maturity. This principle should be anchored in the child's daily life and in legal proceedings, within health care facilities, in the development of policies and services, including through research and consultation. Adults must thus adopt a child-centred approach and attitude, listening to children and respecting their dignity and points of view. They must use

participatory, hands-on approaches to children's early learning and development in recognition that children are active participants in shaping the events that influence their lives.

Recognition of and respect for parents as primarily responsible for early development: The role of parents and families as the natural and primary duty-bearers for the survival, growth, development and protection of children to their full potential is recognised and protected. Parent engagement, support and empowerment including material, psychosocial, health and educational, starting in the antenatal period and continuing until the child enters school, should be integral to ECD services and programmes to ensure they are effective in their roles.

Appreciative promotion of existing resources and knowledge: There are many good practices and existing systems in place already supporting various aspects of ECD. Future efforts must build on the foundation provided by existing systems and knowledge, including beneficial indigenous and local ECD practices, to develop a stronger and more unified integrated ECD system for sustainable development.

Equity and non-discrimination: All children have a right to survive and develop to their full potential. No child may be excluded from access to any ECD services supporting realization of their rights based on one or more grounds including race, gender, sex, marital status of their caregiver, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, language, culture and birth. In addition, to promote achievement of equality, affirmative action measures shall be taken to ensure availability of, and access to, quality ECD services for vulnerable children.

Play-based learning: Article 31 of the UN Convention on the Rights of the Child provides for the right of the child to play as a defining characteristic of childhood. Children learn and explore the world around them through play to develop cognitively, socially, emotionally, creatively and physically. Education in early childhood must include opportunity to learn through play-based activities supported by caring adults, rather than being taught in a formal sense. There must be adequate play and learning materials to support a play-based approach to child development.

Cycle-based programming: ECD period is continuous and on-going, starting at conception and evolving until the child enters school. Children's needs differ depending on their age and developmental stage. Protective and risk factors also differ, depending on the children's context including their age, backgrounds, geographic location, health and socioeconomic circumstances. ECD services must, therefore, be responsive to the context in which children live as well as their specific age and developmental stage needs to maximize the realization of their full potential.

Cost-effectiveness: ECD is cost-effective in relation to health, educational, social and economic outcomes compared to the cost of ignoring it. Specific service modalities outlined in the framework are thus cost-effective when provided with the frequency and intensity of service provision recommended herein.

5.0 IECD POLICY FRAMEWORK STRATEGIES AND IMPLEMENTATION

International and regional instruments and Constitution of Kenya, 2010 guarantee several children's rights including rights to: A name and nationality; family and parental care; child care and support for families to fulfil their parenting responsibilities; health care; food and nutrition; social services, including protection from abuse and neglect, psychosocial support and social assistance; basic education, including early childhood education starting from birth; information; basic services, such as water, sanitation and energy; shelter and housing; and play, recreation and cultural activities. Unfortunately multiplicity of policies, legislation and regulations inadvertently give overlapping and duplicating regulatory roles to ECD stakeholders with deleterious effects on service delivery.

Full realization of children's holistic needs, to safeguard their rights and enhancement of accountability and proper use of resources requires an inter-disciplinary, multi-sectoral and integrated approach in provision of a comprehensive package of services including: Free birth registration services for all children when they are born; parenting and family support; free basic preventative, promotive and curative health care for pregnant women and children; preventative and curative food and nutritional support for pregnant women and children; social protection services; protection from abuse and neglect and psychosocial services for recovery and reintegration for pregnant women, children and mothers; early child care and early learning services; information on the value of ECD services and where and how these may be accessed; subsidised and affordable water, sanitation and energy services; access to safe housing; and play, recreational and cultural amenities.

The government endorses the use of this IECD policy framework alongside existing ones. However, it must progressively review, harmonize and repeal/enact legislation on ECD to ensure conformity with Constitution, 2010, emerging technologies and global trends. This may require establishment of a body corporate with powers to formulate standards, implement and regularly review ECD policies, legislations and regulations. From the IECD policy framework, service standard guidelines are being developed to streamline ECD state and non-state actors' roles and responsibilities.

Several children's rights are subject to progressive realization within available means, whereas others are not – they are realizable immediately. The Government is obliged to take all reasonable measures to realize rights not subject to progressive realization with immediate effect. This means that it must, with immediate effect, provide services and resources which are a necessary condition for the achievement of the rights in question. This is particularly true in the case of national government's timely remittance of funds to follow ECD service delivery which is a County Government function and attendant policies for effective and efficient ECD service delivery.

Whilst essential components of a comprehensive early childhood development programme are deemed vital, government recognises that they are not sufficient to ensure a child's optimal development. They need to be provided in the context of a healthy living environment; hygienic water and sanitation; safe and affordable sources of energy; and adequate housing for all pregnant women, infants and young children. There is a constitutional obligation to progressively realise these socioeconomic rights within Government's available resources.

GoK commits to provision of ECD services which are a necessary precondition for immediate realization of children's rights including: Free birth certification for all children born in Kenya; basic preventative, promotive and curative health care and nutrition for pregnant women, infants and young children to secure their mental and physical health; preventative and curative maternal, infant and child food and nutrition services; support for parents to empower and enable them to take the lead in their infants and children's optimal development, including the provision of income support, nutritional support,

psychosocial support and support for the early education of children from birth; in their parent's absence, safe quality child care and early learning which nurtures the young child's development; early learning support and services from birth in the home, community and in centres; and publicly accessible information about ECD services and support and their proven importance for ensuring optimal early childhood development.

Government also commits to provision of ECD services which include ECD services already identified as priorities within current sector policies and programmes such as: ante- and post-natal health, birth-screening and nutrition services; social services such as free birth registration, social grants and child protection services; parenting support; and opportunities for early learning. All services will be integrated into, and delivered across, the full continuum of care settings, starting in the home with the parents, moving to out-of-home child care arrangements and schools.

The government will introduce new services to fill gaps identified in the range of services available, including: ECD services provided through home visits by Community Health Workers (CHWs) from conception until the child reaches the age of 2 years to vulnerable pregnant women, and post-natal services for women and children at high risk of poor early childhood development; micronutrient and food supplementation for all pregnant women and children who fail to thrive because of poverty and associated social problems; food and nutritional support provided by CHWs for pregnant women and young children at risk; screening, counselling and referrals of pregnant women and mothers of young children for mental health, substance abuse and domestic violence; birth screening and follow-up screening for the purposes of early identification of disabilities, checking immunization status and tracking children at risk; screening of young children for abuse and neglect and the provision of follow-up counselling and referrals of caregivers and their children for remedial support; an augmented programme of parenting support, including the preparation of pregnant women and partners, and of mothers of young children, to enable them to optimize their young children's development across all domains, especially in the areas of child safety, the provision of positive parenting practices, food and nutrition, and early learning; and pre-registration during the third trimester of pregnancy.

In both the public and private sector there is no structured administrative arrangement to address ECD needs. As a result the quality of ECD is below minimum acceptable standards in terms of learning outcomes, physical facilities and infrastructure, water, sanitation, health and safety. There is a resource gap with regard to ECD professionals. The Government must create awareness on the benefits of good ECD practice to institutions charged with ECD and enact appropriate legislation to govern and regulate ECD practice and the proprietors, professionals and paraprofessionals.

There are numerous stakeholders involved in provision of services for infants and children, yet the resources available are too few for the number of children requiring the services. There is, therefore, need to optimize the use of available resources and thus ensure that the services are equitably accessible, affordable and culturally relevant. This will also ensure more effective coordination of service delivery among partners and stakeholders.

Due to limited resources it is necessary to prioritize the services that are most critical to a child's holistic development. In addition, there is need to prioritize points of service delivery to ensure that the most marginalized and the most critical age group are targeted. Furthermore, individual sectors need to identify the time-frame during which specific services will be provided to particular target and age groups. This time frame would also show the phasing in and phasing out of services for other targets and age groups as resources increase or become available.

Enhanced investment in services for young children is required, but this can only take place within a supportive environment where decision-makers recognize the importance of investing in the early years of life. To create this awareness and atmosphere, advocacy for young children and social

marketing of both the IECD policy framework and sector-specific policies are needed in order to lobby support for increased resources for programs for young children.

As noted earlier, the Government has encouraged partnership in the provision of early childhood development programs. Consequently, there are numerous diverse services that have been established within various ministries, institutions and community groups. In the implementation of policies there is need to develop mechanisms to facilitate the participation of partners, as well as the coordination of the programs and maintenance of quality standards. This coordination and collaboration, guided by the IECD policy framework, will ensure effective and equitable access to quality ECD services by all children and help to maximize resource utilization.

6.0 ROLES AND RESPONSIBILITIES OF STAKEHOLDERS AND PARTNERS IN THE PROVISION OF EARLY CHILDHOOD DEVELOPMENT SERVICES AND PROGRAMS

Many stakeholders and partners collaborate with the GoK in provision of ECD services in Kenya. They include parents, communities, both National and County Governments, private sector, CSOs, CBOs and FBOs. Effective ECD programmes will result from mutually dependent partnerships of role players responsible for well-being and development of children in Kenya.

Stakeholders and partners play many roles and responsibilities including: helping to develop policies, promoting and/or supporting ECD, undertaking contracts, supplying goods and services and identifying and promoting peaceful coexistence initiatives. Partnerships are critical in supporting realisation of Government's ECD commitments. The Government must therefore take all steps necessary to ensure that all stakeholders provide services in compliance with its international, regional and constitutional commitments. Stakeholders are required also to commit to, and align their policies, laws, programmes and budgets to achieve the common ECD vision, mission and objectives.

Given multiplicity of players and roles and responsibilities, this section provides a clear collaborative framework for efficient and effective coordination and management of early childhood development services and programs for children 0 – 8 years which may require role players to collaborate, network, coordinate and cooperate and exchange information of mutual benefit; alter activities and share resources to achieve a common purpose; and improve each other's capacity and ensure accountability and cost-effective provision of ECD services.

6.1 Parents and other Caregivers

Parents are primary care, health, nutrition and security and protection providers. They play the primary role of socializing children and inculcating life principles and spiritual and moral values for character development. They provide enabling environment for children's growth and development and early stimulation for the future development of the child. They meet survival needs of the child from conception to 8 years and ensure healthy growth of the child in terms of adequate and proper nutrition, immunization and growth monitoring. Parents also provide for promotive and preventive health; naming and birth registration of children and early identification of disabilities, assessment and intervention. They safeguard children's rights, provide appropriate playing space and learning materials and link children to all relevant services.

6.2 The Community

The community supports and augment parents' efforts in providing for the holistic needs of children; safeguard children's rights and initiate and manage community-based services for young children (for example, community health services, ECDE centres, orphanages and rehabilitation centres). They support parents and other caregivers in meeting children's health, care and nutritional needs and mobilize resources to enhance children's holistic development and for safeguarding their rights. The community provides support services to the child and a protective environment for safeguarding the rights of the child; set social norms that guide parents in socializing and inculcating spiritual and moral values and life principles to children and support Community Own Resource Persons (CORPs) and other child care service providers through employment and material and emotional support. They also provide physical

facilities; address needs of marginalized and vulnerable children within the community and advocate for services for young children in addition to linking them to other service providers. They address needs of children with special needs and disabilities and provide alternative and complementary approaches in care, health and nutrition.

6.3 National Government

The National Government shall: disseminate this IECD policy framework; progressively develop and/or review other policies (such as agricultural, educational, health, housing and language policies) and align them to the IECD policy framework; develop ECD service standard guidelines, ECD curricula and assessments; promote official and local languages for use in ECD centres; and train and build the capacity of ECD personnel and consumer protection, including standards for social security.

6.4 Ministry of Education

Issues affecting provision of education are categorized into five thematic areas: access; equity and inclusion; quality and relevance; governance, coordination, linkages and accountability; and research, monitoring and evaluation.

6.4.1 Access

Goal

To enhance access to quality ECDE services to all children in regard to child care facilities and pre-primary education offered through a multi-sectoral approach.

Policy Statement

National and County Governments shall ensure that all children have access to quality ECDE services.

Policy Strategies

County Governments, in collaboration with the National Government and other stakeholders, shall: Create awareness on importance of ECDE; mobilize resources for ECDE through public private partnerships and philanthropy; allocate adequate recurrent and development budgetary support to finance ECDE services; ensure integration of child protection, health and nutrition services in ECDE centres; provide nutritious and safe mid-morning snacks and midday meal for children in ECDE centres; ensure that all ECDE centres have adequate, clean and safe water and appropriate and adequate sanitation facilities; establish child-friendly ECDE centres within reasonable reach of children; construct /rehabilitate ECDE centres; establish reliable and timely integrated data management systems that are linked to national and county systems; integrate and mainstream ECD programmes into national and county development planning; and ensure safe and secure movement of children to and from ECDE centres.

6.4.2 Equity and Inclusion

Goal

To ensure equity and inclusion in ECDE service provision to all children with special focus on those with special needs and the hard to reach, marginalized, disadvantaged and vulnerable children.

Policy Statement

The Governments at both levels, in collaboration with stakeholders, shall ensure that provision of ECDE services and facilities to all children are equitable and inclusive with special focus on the hard to reach and marginalized children and those with special needs.

Policy Strategies

County Governments, in collaboration with the National Government and other stakeholders, shall: Mobilize and sensitize communities on importance of ECDE, especially for vulnerable and marginalized children; enhance advocacy against cultural beliefs and practices that hinder access to, and full benefit from, early childhood education by vulnerable and marginalized children; establish mechanisms and programs to ensure provision of ECDE services to orphans and most vulnerable children and during emergencies; ensure equity in allocation of resources to ECD programmes for children with special needs and to provide the resources to the child regardless of whether they are in public or private ECD centres; ensure appropriate learning environment and instructional materials for all children with special focus on those with special needs and the vulnerable and marginalized; establish mechanisms for early identification and interventions of children with special needs; establish and/or strengthen EARCs; integrate early identification of disabilities in the teacher training curriculum; ensure all ECDE centres have gender, disability and developmentally appropriate infrastructure and play materials; and develop special and affirmative action programmes to reach the most marginalized, disadvantaged and vulnerable communities.

6.4.3 Quality and Relevance

Goal

To ensure that children access quality ECDE services that are relevant in equipping them with age- and developmentally-appropriate competencies for optimal outcomes.

Policy Statement

The Government at both levels shall establish, improve and maintain quality ECDE services in pre-primary and childcare facilities and ensure that the ECDE curriculum in place provides relevant competencies and developmentally-appropriate, life-cycle based content for sustainable development.

Policy Strategies

The National Government, in consultation with County Governments and other stakeholders, shall: Establish pre-service ECDE teacher training in existing primary teacher training colleges; review and align the ECDE curriculum with current trends and approaches to ensure child-focused services; develop service standard guidelines for all ECDE levels; develop a framework for assessment of ECDE; develop and implement a scheme of service for pre-primary teachers; build the capacity of ECDE programme officers, teachers and other caregivers; build capacity of Education Standards Quality Assurance Officers for effective supervision of ECDE curriculum implementation; strengthen classroom support, mentoring, coaching and supervision systems; streamline and coordinate training of ECDE teachers and personnel; ensure ECDE teacher education includes Kenya Sign Language and other technology formats appropriate and relevant for children with special needs; approve local and/or foreign curriculum for ECDE; ensure all ECDE teachers are registered; review the current language policy in ECDE; ensure seamless transition of ECDE learners to primary schools; develop national standards for ECDE; and strengthen and expand DICECE centers for ECDE in-service teacher training, capacity enhancement, continuing professional development and research.

6.5 Ministry of Health

Goal

The overall goal is to increase access to health care services by all children and mothers.

6.5.1 Access

Goal

To ensure that children access optimal health care services.

Policy Statement

The Ministry of Health and County Governments shall ensure that children access optimal health care services.

Policy Strategies

The Ministry of Health and County Governments shall: Ensure that expectant mothers access ante- and post-natal services as early as possible; encourage men to actively participate in maternal and childcare; ensure provision of quality ante- and post-natal services to mothers and fathers; promote access to and uptake of preventive interventions and management of leading childhood illnesses including, but not limited to, water hygiene and sanitation and use of long lasting insecticide treated nets; put measures in place to ensure that immunization, nutritional supplements, deworming and other health programmes are provided to children; enforce existing legislation and plan of action against cultural and religious beliefs and practices that hinder child immunizations, growth and development; enhance community sensitization on behavior change for adoption of healthy practices; promote exclusive breastfeeding for the first six months of a child's life and continued breastfeeding to two years; promote availability of and access to timely comprehensive services for care of children infected with or exposed to HIV and routine immunization and other new vaccines (such as H. influenzae, meningococcal, pneumococcal and rotavirus vaccines); put in place systems to ensure availability of and access to services for prevention and management of all forms of malnutrition at facility and community level; promote and strengthen implementation of integrated management of childhood infections from leading causes of child mortality including malaria, diarrhoea, pneumonia, malnutrition, HIV and meningitis; ensure integration of health and nutrition services; scale-up campaigns on ECD hygiene and sanitation: ensure supply of clean and safe water and proper sanitation; and provide and monitor implementation of guidelines for nutrition and feeding standards for children.

6.5.2 Quality and Relevance

Goal

To ensure children receive quality and appropriate health care services.

Policy Statement

The Government at both levels shall ensure that children receive quality and appropriate health care services.

Policy Strategies

National and County Governments shall ensure training of healthcare workers; promote prevention, early detection and treatment of non-communicable diseases and conditions among children including cancers, diabetes and hypertensive conditions and interventions for prevention and management of overweight and obesity in children and its complications; strengthen programmes for early detection and interventions for

children with disabilities; enact legislation to protect children from exposure to unhealthy foods, drinks and beverages; put in place systems and programs to promote and support appropriate infant and young child feeding practices; develop and disseminate guidelines on growth monitoring and promotion, micronutrient supplementation to children and mothers, appropriate infant and young child supplementary feeding both at home and at ECD centres and therapeutic foods for the vulnerable; promote, in partnership with the Ministry of Education, scale up of health promoting schools for provision of comprehensive and age-appropriate health services and support interventions that ensure collaboration and partnership with parents and communities, relevant departments, NGOs and agencies for promotion of safe, protective, supportive and healthy environment for children; mount WASH programs and health education and promotion in all ECD centres; and ensure adherence to health and safety standards in all ECD centres.

6.5.3 Equity and Inclusion

Goal

To ensure equity and inclusion in provision of health services for children aged 0-8 years.

Policy Statement

The Ministry of Health and County Governments shall ensure that provision of health services for children aged 0-8 years is equitable and inclusive.

Policy Strategies

The Ministry of Health and County Governments shall make deliberate efforts to educate men on importance of caring for their expectant wives and nurturing their children; develop contingency plans and capacity building programmes on disease, disaster risk reduction and preparedness; spearhead baby-friendly community initiatives including lactation rooms for breast-feeding working mothers; coordinate early identification and intervention for children with disabilities and other special needs; put measures in place to mitigate the impact of HIV/ AIDS and other emerging conditions; enforce maternity and paternity leave regulations; and provide child-friendly spaces and equipment for play activities.

6.6 Ministry of Labour and East African Affairs

Goal

The overall goal is to enhance access to quality care and protection services to all children.

6.6.1 Social Protection

Goal

The goal is to ensure that children access care and protection services.

Policy Statement

The Ministry of Labour and East African Affairs shall ensure all children have full access to care and protection services.

Policy Strategies

National Government, in collaboration with County Governments and other stakeholders, shall: Create awareness, advocate for and promote children's rights and welfare; promote protection and care of all children, including disadvantaged children and children with disabilities; collaborate with law enforcement agencies to ensure adequate care and protection of children; provide alternative family care and/or psychosocial support to children in need of care and protection; establish and/or strengthen referral and

community-based child protection mechanisms; provide all necessary assistance to the juridical process that requires supporting social and administrative arrangements for children; rehabilitate and reintegrate children in conflict with the law; facilitate networking and forming linkages; mobilize resource for social protection services; design and formulate policies and strategies on the planning, financing and coordination of children's programmes and activities; link children to other service providers; promote the right of children to fully participate in recreation and leisure play and other cultural activities appropriate to their age; and conduct research, monitoring and evaluation of social protection services in Kenya.

6.6.2 Equity and Inclusion

Goal

To ensure equity and inclusion in provision of services for child protection and care.

Policy Statement

The Government shall ensure provision of child care and protection services and promote principles of the best interests of the child and non-discrimination in all areas of the country.

Policy Strategies

The Government shall: establish, equip and staff child protection offices and centres in all the Counties and Sub-Counties; promote and provide social protection programmes for orphans and vulnerable children and children with disabilities; Conduct advocacy and sensitization campaigns for child protection and care; and ensure that the four pillars of child rights (survival, development, protection, and participation) are observed.

6.6.3 Quality and Relevance

Goal

The goal is to ensure that all children access quality care and protection services.

Policy Statement

National and County Governments shall ensure provision of quality care and social protection services both at home and in other institutions.

Policy Strategies

The National Government, in consultation with County Governments and other stakeholders, shall: Maintain up-to-date records and data on the management of children services in Kenya; ensure implementation of service standard guidelines; ensure continuous trainings and capacity building for child care and protection officers; ensure provision of age-appropriate care and protection; establish, equip and staff children offices with relevant facilities and qualified personnel in all the counties; ensure full implementation of Kenya's international and regional obligations relating to children and facilitate formulation of reports under such obligations; and establish baby care centres (lactation rooms) within work environments to provide for exclusive breastfeeding for working mothers.

6.7 Ministry of Devolution and Planning

Goal

To ensure ECD functions and activities are implemented and operationalized.

Policy Statement

The Ministry of Devolution and Planning will ensure the ECD function in the country's development blueprint - Kenya Vision 2030 is implemented and the devolved government structure in the area of ECD activities is operationalized.

Policy Strategies

The Ministry of Devolution and Planning will: collect and collate data related to ECD for planning and decision making purposes; advocate for sufficient budgetary allocation for ECD activities; facilitate mobilization of local and international resources to support ECD programmes; ensure provision of child-friendly and well-equipped community parks that are universally accessible and suited for all children; promote and inculcate the importance of play and leisure for the continued holistic development of the child; and ensure rehabilitation and reintegration of street families and provision of ECD services to children in those families.

6.8 Ministry of Interior and Coordination of National Government

The Ministry of Interior and Coordination of National Government will: ensure protection of all under-four children who accompany their mothers to prison by providing ECD centres; ensure refugee children access ECD services; and ensure birth registration for all children and issuance of birth certificates to secure identity for children and proof of age for school admission.

6.9 Ministry of Water and Irrigation

Ministry of Water and Irrigation shall be responsible for: provision of clean and safe drinking water and water for sanitation; build capacity in water management/conservation at community level; and carry out advocacy on clean and safe drinking water and water for sanitation.

6.10 Ministry of Finance and National Treasury

Goal

To ensure quality, access and equitable distribution of ECD services to all through increase in financial allocation.

Policy Statement

The GOK shall increase its financial allocation to support programmes for young children and families to ensure quality, access and equitable distribution of services to all.

Policy Strategies

The Ministry of Finance and County Government shall: allocate funds for ECD activities; release the funds to county governments in a timely manner to undertake ECD programmes; provide funds across Ministries for ECD and for supporting children with disabilities and other special needs; provide guidance in the creation of alternative sustainable funding strategies and streams for ECD services; and ensure accountability through the office of the Auditor General in relation to utilization of ECD funds.

6.11 Ministry of Public Service, Youth and Gender Affairs

Ministry of Public Service, Youth and Gender Affairs will: promote traditional cultural values and practices that bolster healthy growth and development of all children, including those with special needs; mobilize communities to support ECD service delivery; register ECD centres and ensure all children are treated equally irrespective of their gender/ability; link children to other service providers; build capacity for the

committees carrying out children's services; and support infrastructure for ECD and conduct advocacy on ECD.

6.12 County Governments

Goal

To ensure implementation and operationalization of all ECD programmes and services at the county level.

Policy Statement

County Governments shall support and implement all ECD programmes and services related to the devolved functions and support inclusion of all children, including those with special needs in ECD programmes and services within their jurisdiction.

Policy Strategies

County Government shall establish boards of management for pre-primary schools; use community units to ensure all children are enrolled in preschool; support barrier-free infrastructure for ECD and day-care centres including recreation facilities for children; rehabilitate/come up with infrastructure that are friendlier to children with special needs; partner with the National Government and other partners to create awareness on the importance of ECD programs (child health, education, protection and nutrition) and conduct ECD research, documentation and data management; sponsor pre-school teachers for training, including on special needs education; support recruitment of personnel in ECD (such as County Directors of ECD, CHW, care givers, preschool teachers) and remuneration of pre-school teachers based on the scheme of service provided by TSC; carry out advocacy on ECD; establish, register and regulate preschool and day care centres; and enhance smooth transition from home to pre-primary and from pre-primary to primary school.

6.13 Office of the President

Goal

To ensure provision of birth registration services for all children.

Policy Statement

The Office of the President shall ensure all children are provided with birth registration services for all children and issuance of birth certificates to secure identity for children and proof of age for school admission. It will also provide data on births and deaths of children in every county; create awareness on children with special needs and disabilities through county commissioners and enhance security countrywide.

Policy Strategies

Office of the President will create awareness for all on importance of giving birth in hospitals; sensitize informal service providers (traditional birth attendant, religious leaders and community focal persons) on importance of birth registration and encourage parents to acquire birth certificates for their children; register and issue birth certificates to all children, including those born at home (during post-natal clinic visits as part of maternal health care strategy); train registration agents on the importance of birth registration; collect and disseminate data, vital statistics and reports on all birth and death registration in Kenya.

6.14 Ministry of Justice and Constitutional Affairs (MOJ&CA)

Goal

To ensure security of children and safeguard of children's rights.

Policy Statement

Ministry of Justice and Constitutional Affairs shall ensure security of all children and safeguard their rights.

Policy Strategies

Ministry of Justice and Constitutional Affairs shall promote value of security for proper learning to take place and advocacy on importance of good infrastructure for learning process; map players and promote coordination with partners to enhance positive progress; create and strengthen protection of child rights and enhance awareness on rights of children with special needs; strengthen and promote a justice system that protects children against abuse, neglect and exploitation; empower the community to participate in protecting child rights and welfare and establish a child-friendly justice system for children in contact or in conflict with the law; and oversee reinforcement of the Persons with Disability Act (2003).

6.15 Ministry of Agriculture, Livestock and Fisheries

Goal

To ensure food security and utilization for all children.

Policy Statement

Ministry of Agriculture, Livestock and Fisheries shall ensure food security and utilization for the benefit of all children.

Policy Strategies

The Ministry shall strengthen agri- nutrition intervention programs; create awareness on right to good food and nutrition; provide technical advice to communities on proper crops and animal husbandry; build capacity on food and nutrition security; promote kitchen gardens for mixed farming at subsistence level; support teachers to establish school gardens; and conduct advocacy on food and nutrition security and utilization.

6.16 Ministry of Land, Housing and Urban Development (MOLH&UD) and Ministry of Information, Communication and Technology (MOIC&T)

MOLH&UD shall provide proper housing; provide construction plans and supervise construction of ECD and ECDE centers; help in design of appropriate and affordable equipment for young children; ensure quality of ECD and ECDE physical facilities and create access to ECD centres and health facilities. To achieve this, MOLH&UD shall provide guidelines on appropriate and standard housing and facilities; and promote use of ECD centres and health care facilities (with special consideration for HIV/AIDS cases) and creation of space for extracurricular activities including play for children's cognitive physical, social and moral development. MOIC&T shall ensure efficient and effective communication for behavior change and promote and encourage digital migration including the laptop project.

6.17 Universities and Research Institutions

Goal

To complement government efforts in provision of accessible, inclusive and quality and holistic ECD services through research.

Policy Statement

Universities and research institutions will complement government efforts in ensuring provision of accessible, inclusive and quality and holistic ECD services through research.

Policy Strategies

Universities and research institutions shall prioritize and undertake inter-disciplinary research on dynamics in child development to inform ECD policy and practice; disseminate research findings on ECDE to the widest extent possible of stakeholders using multi-media and multi-modal approaches; create linkages between universities, research institutions and ECD actors (state and non-state); devise creative, innovative and contextually relevant programmes that promote child development (such as stimulation facilities, model rooms for children in hospitals, model/teaching centres at the universities and model play/teaching learning materials); use evidence to enhance advocacy for ECD; provide consultancy and advisory services to ECD stakeholders; develop ECD curricula, materials and resources; and build the capacity ECD personnel.

6.18 NGOs, CSOs, Private Sector and CBOs

Goal

To enhance partnership and collaboration for effective ECD service delivery in Kenya.

Policy Statement

NGOs, CSOs, Private Sector and CBOs shall integrate ECD through inter-disciplinary and multi-sectoral partnerships, linkages and collaboration to enhance access and quality ECD services for all children.

Policy Strategies

NGOs, CSOs, Private Sector and CBOs shall provide services, finances, materials and technical support for ECD (in health and nutrition, education, habitation and rehabilitation, protection services); collaborate with universities, research institutions and government to research on ECD policy and practice issues and share findings with Government and other stakeholders; participate in monitoring and evaluation of ECD services; complement government efforts in mobilizing resources; carry out advocacy on ECD; create awareness for county legislation to promote greater investment in ECD; promote access to integrated ECD programmes; support implementation of ECD policy; support, develop, implement, harmonize and coordinate inter-sectoral training programmes at various levels and different delivery modes for all levels and types of service providers, particularly in health and education and for the advocacy of the rights of children, especially the vulnerable and marginalized and children with special needs; enhance capacity or support capacity development of ECD personnel; develop and oversee implementation of service standard guidelines relating to conditions and terms of service for various levels of service providers in ECD; continue to enhance/support collaborations and partnerships among ECD actors that advocate for the rights of children and that ensure that quality and accessible programmes in education, nutrition, health and child protection are equitably distributed to children aged 0-8 years especially the vulnerable and marginalized and children with special needs; and enhance mechanisms

for partnerships in the provision of ECD services while increasing its capacity to coordinate and oversee the implementation of the services delivered by partners to ensure quality, accessibility and equity in provisions of services for all children.

NGOs, universities, research institutions, development partners and philanthropists shall develop and support implementation of mechanisms to ensure that training at all levels for ECD service provision, including community empowerment, is accessible and training opportunities are equitably distributed, especially in marginalised areas. The stakeholders, in collaboration with county government, shall mobilize finances and materials to support ECD services and sponsor ECD centres providing health, nutrition, child protection and education. They shall support children with special needs access quality ECD services and support capacity development for ECD personnel. County government shall ensure that all children with special needs and those from disadvantaged backgrounds are included in ECD programs.

6.19 Faith Based Organizations

Faith Based Organizations shall: mobilize resources for the ECD sector and sponsor ECD centres (day care and ECDE centres); provide moral and spiritual guidance and early education for children; support health service for children and capacity building for ECD and ECDE programs; conduct advocacy on importance of ECD; and provide support to children with special needs (disabled, orphans and vulnerable children).

6.20 Bi- and Multi-lateral Development Partners and Philanthropists

Goal

To ensure mobilization of resources for ECD service delivery

Policy Statement

Bi- and multi-lateral development partners and philanthropists shall mobilize resources for the ECD sector and fund ECD service delivery programs.

Policy Strategies

Bi- and multi-lateral development partners and philanthropists shall mobilize resources to support ECD services; construct model ECD centres and equip them with appropriate facilities; ensure adequate and qualified personnel are deployed in ECD centres; fund raise to support children with special needs in ECD centres; provide psychosocial support to the most vulnerable children and support capacity building initiatives for various ECD service providers; carry out advocacy on ECD; provide technical support for ECD; build Capacity of ECD service providers as well as build and strengthen inter-disciplinary and multi-sectoral linkages and collaboration.

6.21 Governance, Coordination, Linkages and Accountability

Goal

To ensure establishment of functional effective and efficient structures, coordination and linkages between government, agencies and stakeholders and ensure accountability in provision of ECD services.

Policy Statement

The Government at both levels, in collaboration with other stakeholders, shall ensure good governance, coordination, collaboration and accountability in provision of ECD services between state and non-state actors.

Policy Strategies

The National Government, in consultation with the County Governments and other stakeholders, shall ensure establishment of relevant structures of management of ECD services; develop mechanisms that ensure transparency and accountability in provision of ECD services; build capacity in the management of ECD resources by implementing agencies; establish and strengthen existing community-based child protection mechanisms; and develop a framework for coordination and networking in provision of ECD services.

6.22 Priority Programme Areas and Policy Strategies

As the Government and other stakeholders strive to accomplish the goal of increasing access to ECD services, enhancing quality of those services and ensuring the services are equitably distributed, challenges will arise that need to be addressed through the development of specific strategies. In most cases it will not be possible to address all of the challenges at once. There will be need then to prioritize them so that those that are most critical are addressed first. For young children, this suggests that the challenges that directly impact upon the holistic development of children and families will be given priority. When addressing prioritized challenges, the Government and stakeholders will have to determine the time schedule showing the delivery of various services to different target groups. Thus, it will be necessary to address the issue of how to phase in the prioritized services to ensure efficient use of the resources available. As circumstances improve, issues of phasing out will also need to be addressed. In upholding the rights of children from conception to 8 years and their holistic development, the following areas will be the main thrust of this IECD Policy Framework for now.

6.22.1 Provision of universal developmentally appropriate early learning opportunities for young children from birth

Learning starts in utero and the brain circuitry established in the first two years of life sets the long-term trajectories of language and cognitive functioning. However, learning does not only require cognitive stimulation but also social and emotional development. Childhood self-regulation has been shown to be a powerful predictor of adult health, wealth and public safety. Motor skills development is not only important for normal physical activity, but also a catalyst for development of listening, speaking, attention, emotional control, visual motor and visual thinking skills. These skills prime the brain for reading, writing and mathematics.

In order to ensure that every child has an opportunity to access age- and developmental stage-appropriate early learning opportunities from birth to 8 years, an appropriate Early Years Education Curriculum Framework will be implemented, funded and regulated to provide:

- ✚ Home-visits and/or health-facility-based programmes designed to stimulate knowledge, capacity and provision of early learning support for parents and other primary caregivers. This includes sensitizing pregnant women and mothers on importance of early learning from birth through responsive care and nurturance, language stimulation, play and structured activities in clinics, and through home visits during pregnancy and postnatal care;
- ✚ Early learning opportunities through child-care services which will be incorporated into the spectrum of early learning opportunities and supported through learn-playgroup-type programme infrastructure. This network of day-care providers will be harnessed to support scale-up of early learning opportunities through registration and per capita subsidization for registered child-care centres which meet basic norms and standards and participate in the proposed home visiting or children's playgroup support programme. This will be supported by a systemic training and support

programme for care-givers providing daily care for children aged birth to eight years in the temporary absence of parents at work or studying, covering the importance of early learning through responsive care and nurturance, language stimulation and structured activities using appropriate tools and materials. Already Kenya Institute of Curriculum Development has a curriculum for care-givers and house-helpers which will be a good beginning point. Organizations such as Aga Khan Foundation have model child stimulation programs that can be studied and scaled-up, if deemed viable.

- ✚ Community-based early learning play groups for mothers and children aged birth to eight years to provide parenting support and information on early learning and socialization and a stimulating play experience for children and to encourage parent engagement and empowerment;
- ✚ Community-based structured early learning play groups for children aged 2 to 8 years (with or without parental participation) aimed at fostering socialization and promoting early learning;
- ✚ Early learning and development programmes that encourage emotional and social development and preparation for schooling through play-based learning and exploration;
- ✚ Early childhood development programmes for six or more children aimed at the care, early learning and development of infants and young children through play-based learning, care and supportive services; and
- ✚ Increased parental demand for early learning opportunities for their children through public communication about the importance of early childhood development for health and human capital across the life course.

Early learning programmes will be designed to promote resourcefulness of children; and language and cognitive development. The National Early Years Education (EYE) Curriculum Framework for children developed by KICD will provide guidance for the design of early learning programmes based on the following six core competencies: collaboration and communication; critical thinking and problem solving; digital literacy, learning to learn, citizenship and self-efficacy, and creativity and imagination (see Annexure 3).

This means children will be guided to learn how to think critically, solve problems and form concepts; becoming more aware of themselves as individuals, developing a positive self- image and learning how to manage their own behaviour; increasing their ability to regulate their emotional expression, having a growing understanding of the feelings of others; demonstrating growing awareness of diversity and the need to respect and care for others; learning to communicate effectively and use language confidently; having emerging independence, a capacity for initiative, task persistence and attentiveness; learning about mathematical concepts; using language and cognitive development through storytelling, play, creativity and imagination, critical thinking and exploration; and (pre-) literacy and (pre-) numeracy skills and demonstrating physical and motor abilities and an understanding of a healthy lifestyle. The medium of instruction in early years education and development programmes will be, as far as is feasible and practical, in the home tongue of the child.

This priority area will include establishment of ECDE centres. Currently there are very few such centres in Kenya. Even those established, many of them do not meet the required standards. As a result, many children in Kenya miss opportunities offered by the ECDs. ECD centres shall thus be established at various community levels to increase access to ECD services by all children in Kenya.

National and County Governments shall develop standards for establishment of ECD centres in the country; review teacher training curricula so as to train adequate numbers of ECD teachers in the country; establish ECD centres at various community levels and a fully-fledged department in charge of Early

Childhood under the MoE. They will provide financial and technical support to Community Based ECD centres and strengthen capacity of DICECEs to oversee provision of ECDE services.

6.22.2 Inclusion and support for children with disabilities within all early childhood development programmes

Multi-sectoral ECD service standard guidelines will be developed to secure universal availability and equitable access to comprehensive age and developmental stage appropriate quality and inclusive ECD services for all children with developmental delays and/or disabilities. All infants and young children with developmental delays and/or disabilities will have an opportunity to access a comprehensive age appropriate range of inclusive early childhood development services that are of a sufficiently high quality and appropriate design to provide the specialist support they require and ensure they develop to their full potential.

A multi-sectoral ECD guideline rooted in prevention, early screening and intervention, appropriate support, and early learning and development opportunities will be availed to ensure appropriate quality inclusive ECD services for all children with disabilities.

The Government shall, inter alia:

- ✚ Ensure allocation of additional and adequate public funding to early childhood development programmes providing services for children with disabilities, including additional programme funding, post-provisioning and infrastructure funding to enable the development and delivery of appropriate quality services;
- ✚ Provide guidelines and direction for the development and design of all ECD services so as to achieve quality outcomes and ECD goals and targets for children with disabilities. Guidance will be provided regarding appropriate placement of children with developmental delays and/or disabilities, i.e. in mainstream or specialist support programmes and arrangements made to avail funds for the children regardless of whether they are in public or private ECD centres. Where specialist services are required, such as adapted early learning curricula, guidelines will provide clear direction on the development of appropriate inclusive early learning programmes for children with disabilities;
- ✚ Provide norms and standards for accessible and appropriate public infrastructure, applying universal design standards, for identified inclusive and/or specialised centres of early childhood development service delivery;
- ✚ Secure a sufficient number of qualified early childhood development practitioners to provide quality, inclusive and appropriate early childhood development services to children with disabilities and their families. This, in turn, will require the development of appropriate norms and standards governing minimum qualifications, staff–child ratios for different early childhood development services, and guidance on curriculum development for the training of practitioners;
- ✚ Provide for the development of management capacity across all government departments and at all relevant spheres of government to plan, develop, design, coordinate and monitor the implementation of early childhood development services for children with disabilities and the progress made towards realisation of the goal of universal access to comprehensive early childhood development for children with disabilities; and
- ✚ Include a series of indicators to be measured and disaggregated categories of data to be collected within national, provincial and local information collection and management processes to measure the extent, quality and impact of comprehensive early childhood development services made available for children with disabilities.

Early childhood development services must ensure provision of: Services for the prevention of developmental delays and/or disabilities, as well as early detection and remedial interventions; provision of community-based rehabilitation programmes and services for young children; appropriate parenting support for parents of infants and young children with disabilities; sufficient quality child care and inclusive early learning opportunities for all infants and young children with developmental delays and/or disabilities; and a strengthened programme of social security for all caregivers of infants and young children with disabilities that provides sufficient material support to enable them to meet the costs associated with their children's additional needs. These efforts will build on government ones in which funds to support children and persons with special needs are accessible to those registered as living with a disability. The development of multi-sectoral ECD protocols and guidelines for inclusion of children with disabilities in ECD programmes will be a necessary prerequisite.

6.22.3 Provision of Quality Early Childhood Development Services in Age and Developmental Stage Appropriate Combinations

The process of early childhood development is continuous. It starts when a woman becomes pregnant and continues until the young child starts school. The risk and protective factors within the environment of the pregnant woman, infant and young child impact differently on, and determine the pace of, the child's development at different stages in the continuum. Therefore the Government will have to ensure the provision of a unique age and developmental stage-appropriate combination of essential components of ECD differentiated by age group in order to maximise the protective and minimise the risk factors to which the mother and child are exposed at different stages.

As stated elsewhere, the antenatal and perinatal period (conception to birth) is a sensitive period for the development of the child and of the adult s/he will become. Environmental factors, such as the mother's health and nutritional status, environmental toxins and teratogens, and the use of legal and illegal drugs (such as alcohol) as well as maternal stress can be highly damaging to the development of the embryo, foetus and young child. The impact of these factors is both short and long term, predisposing a child to a higher risk of subsequent physical and mental health and development problems. The Ministry of Health has been at the forefront in addressing these issues and should continue doing so in collaboration with other key Ministries.

The period from birth to 2 years is a time of rapid cognitive, linguistic, social, emotional, motor and physical development. The development trajectory is impacted negatively, in the short and longer term, by factors such as poor nutrition, excessive stress in the family environment, unresponsive caregiving, and limited stimulation and opportunities for early learning. Low socioeconomic status is a key predictor of a high risk of the presence of adverse environmental factors. A multi sectoral approach by different stakeholders will be required to ensure all children are not negatively affected during this period.

The period between 2 and 8 years is a period in which increasingly complex social behaviours, emotional capacities, problem-solving abilities and early literacy and numeracy skills building on earlier developmental achievements occur. Developments in this age group are the essential building blocks for later learning and socialization and for a successful life. Risk factors at this age are similar to those of the previous stage; however, lack of access to quality early learning opportunities is particularly problematic at this stage. In the absence of appropriate and high-quality early learning opportunities, earlier disparities in language and socio-emotional development determined by socioeconomic status can become increasingly apparent at this stage and in the child's later learning life cycle. This is another area that requires a cross-sectoral approach to ECD service delivery.

The government to establish a strong coordination agency to avoid duplication and/or wastage; provide comprehensive and adequate capitation per child; develop a platform for knowledge management and sharing within the coordination structure; institute inclusive and comprehensive policy guidelines;

prioritize and target investment to where it is most needed; set up a coordination forum at the county level – including at the budgeting level; integrate service delivery policy implementation mechanism – policy must appreciate the need to have all the four pillars of children rights captured in terms of policy statement – planning take an inter-sectoral approach; task the coordinating body to develop an ECD integrated monitoring and evaluation framework; strengthen referral and linkages systems that provide services at ECD centres; ensure the IECD policy framework is aligned to the Constitution of Kenya (2010) and Kenya’s Vision 2030, which is the government’s blue print for development and other legal instruments.

6.22.4 Food Security and Nutrition

Proper feeding is a critical requirement for the development of a child. However, 33% of children in Kenya are stunted thus preventing them from attaining their full potential in life (UDHS, 2011). To this end, GoK shall ensure that all households and ECD centres are food secure and have proper nutrition for proper child growth and development. The objective will be to reduce prevalence of malnutrition levels among children and their caregivers and increase food security in all households. This will be accomplished through promotion of breast feeding at household and community level; mobilization of communities to ensure that they apply modern methods of farming, food production, and utilization; strengthening policy, legal, and institutional frameworks and capacity to effectively plan, implement, monitor, and evaluate nutrition programs; protecting households from the impact of shocks that affect their nutritional status; and creating awareness of and maintain national interest in and commitment to improving and supporting nutrition programs in the country.

6.22.5 Social Protection

Many children in Kenya continue facing abuses of various forms including domestic violence, defilement, ritual sacrifices, female genital mutilation, abduction and forced labour, among others. Government shall ensure that all children in Kenya are protected from all forms of violence by increasing level of protection and safety of all children in Kenya so that they live in a secure environment for effective growth and development.

The government shall ensure that law enforcement officers detect, and act upon all crimes against children; identify and make special programs to reach children in difficult circumstances; empower and equip law enforcement officers for protection of children; promote child-participation activities at both households and community levels; sensitize the community about the existing laws on children and enforcement them; ensure that local governments work with responsible departments to reduce incidences of street children; raise awareness on child labour and implement programs for their withdrawal, rehabilitation and re-integration in the community; and register every child at birth.

6.22.6 Primary Health Care, Sanitation and Environment

Primary health care is the pillar of Universal Health Care for which governments work towards achieving. Although 70% of households in Kenya are within a radius of 5 kilometers to a nearest health facility, disparities between income and social status hinder their access to the needed health services. Therefore, the Kenya National Minimum Health Care Package shall be implemented for the benefit of all children in Kenya. The objective will be to increase access to primary health care services by all children in Kenya.

The Government shall strengthen public health care systems such as sanitation and hygiene; equip and empower children hospitals in Kenya; sensitize communities and households about clean environment and sanitation; ensure universal immunization coverage for all children; and ensure access to safe and clean water in all areas of Kenya. These strategies will be over and above their already existing programmes targeting children and pregnant mothers from conception to three years of age and continuing on in their collaborative approaches with other key Ministries such as the Ministry of Education.

6.22.7 Socio-Economic Strengthening

About 22% of Kenyans are living below the poverty line. Approximately 2.43 million children have been orphaned and 51% of the children are either critically or moderately vulnerable. For this, social assistance schemes shall be extended to families especially the most vulnerable. The objective of this socio-economic program will be to strengthen the economic capacity of caregivers so as to provide for the needs of children.

The Government shall initiate and monitor economic empowerment, policy programmes for families and communities; disseminate the IECD policy framework and strategic plan from National to County Governments; support group-based saving schemes of caregivers; provide income support such as micro-finance for increasing households' incomes; provide vocation training of caregivers to improve their skills in entrepreneurship; and facilitate access to market information for caregivers to help them sell their products.

6.22.8 Communication and Advocacy

There is inadequate public awareness regarding early childhood years and their importance as a foundation for developing life skills, growth and development. Success of ECD programmes and attainment of ECD investments necessary to support their realization depend in large measure on the development and implementation of an integrated ECD communications and advocacy programme that provides public information for promoting the behaviour, attitude and practice changes necessary amongst parents, caregivers, practitioners, educators, and government and non-government role players, amongst others. A coordinated national communications strategy should be implemented as part of a national ECD branded programme.

Underpinning provision and successful achievement of objectives of ECD service delivery is ongoing media and public communication that: Reinforces the nature of – and critical window of opportunity offered by appropriate quality interventions in the early years of life for redressing inequality, improving health, education, social development, inclusion and economic growth; emphasizes the crucial positive role parents and families play in the development of infants and young children; and conveys important messages to support ECD, including: Nutrition and health care; safety and protection, including alternatives to corporal punishment; responsive and loving care; and early learning and development; foster parent-child interaction; and build understanding of roles of mothers and fathers in ECD, addressing the challenge of 'absent fathers' in the lives of their children; provide appropriate and accessible information and material that targets infants and young children through a variety of media platforms, especially public media platforms, that will stimulate their early learning; language, social and emotional development; imagination; curiosity; and critical thinking, from birth onwards; and provide policy-makers and managers with information for planning, management and innovation, and to ensure strong accountability for effective implementation.

The government should create vertical, horizontal and diagonal channels of communication with direct and indirect ECD service providers and project implementers. The goal will be to ensure development and implementation of coherent, sustained, well-resourced communications, public awareness and advocacy interventions targeted at all stakeholders and aiming to promote changes in behaviour, attitude and practice that are necessary to realise objectives of IECD policy framework. This will be accomplished through development of an IECD communication strategy and communication materials for community outreach approaches followed by dissemination of all the relevant materials on ECD. The development, implementation, coordination and oversight of the national multi-sectoral ECD communication strategy will be undertaken by the Ministry of Information Communication and Technology, in collaboration with the Inter-Ministerial Committee on Early Childhood Development. The latter will engage in an inclusive strategy development process which shall facilitate the participation of all government and non-government role players responsible for the provision of the full range of ECD to infants and young children and their families. There

should be synergy and consistency across media platforms, in messaging and in materials supporting the communications.

6.22.9 Sustainable Provision of Housing, Water, Sanitation, Refuse Removal and Energy Sources

The Government through relevant line Ministries will ensure that all children 0 – 8 years, especially historically vulnerable children living in poverty and in under-serviced rural and informal urban settlements and infants and young children living with disabilities, live in safe and adequate dwellings which have basic services, including clean and safe drinking water, safe sanitation facilities, refuse removal services, and a safe source of affordable energy.

The Government shall ensure that human settlement developments, including subsidised housing developments and schemes such as the ones being implemented in Kibra, target households with vulnerable groups including children, women, people with disabilities, youth as priority beneficiaries.

6.22.10 Strategic Government-Regulated Public-Private Partnerships in Delivery of Early Childhood Development Services and Programmes

ECD is multi-sectoral by nature. Effective implementation of ECD automatically requires partnerships and collaboration across various sectors and state and non-state actors. The Government recognises role that both for-profit and non-profit NGOs have played in the development of capacity, and implementation of ECD services. However, private provision of services has contributed to current inequities in availability of and access to ECD services. The establishment and spread of privately-provided services has not been guided by population-level needs and national priorities. This has left large gaps in the availability of centre and non-centre based ECD services and opportunities for learning programmes for the youngest children, children living in poverty and children with disabilities.

The Government currently advances equity in the provision of ECD services through population-based planning and provision of publicly-provided ECD programmes in under-serviced areas. The Government will develop and implement public ECD programmes in sufficient quantities to ensure that together with privately provided services, there are sufficient quality age and developmental, stage appropriate ECD services, especially parenting support, food and nutrition, and early learning and care services, to ensure that all young children have an opportunity to access the ECD services. Priority will be given to the development and delivery of those services in poor, under-serviced areas and for children with disabilities.

Government may choose to implement or deliver the ECD services directly, or in partnership with or contract a non-government or private organisation to deliver the services on its behalf. In the latter case, the relationship between Government and the contracted provider will be underpinned by principles of partnership, explicit expectations, secure contracting and performance requirements, quality control, and bilateral accountability mechanisms.

The government shall put in place a coordination mechanism to enable effective implementation of ECD and to enhance strategic partnership and collaboration for effective ECD service delivery in Kenya. It shall promote the Public Private Partnership in ECD delivery; coordinate and collaborate with development partners, civil society and private sector; enhance multi-sectoral collaboration for ECD at all levels; and identify and map out partners for ECDs and their roles at all levels.

6.22.11 Development of a National Early Childhood Development Quality Control and Improvement System

The Government will ensure the universal quality and safety of all ECD services through a process of registration of all early childhood development programmes, both public and private (for-profit and non-

profit), and the establishment and monitoring of appropriate quality and safety standards required in all registered programmes. The monitoring system will be linked to a quality improvement process based on a programme of self-assessment, in-service support and accreditation. A process for the registration of all ECD programmes shall be established and safety and quality norms and standards developed, to which all early childhood development programmes will have to adhere to. The current system does not make provision for the registration and control of safety and quality of services provided by private sector; at present, the norms and standards do not clearly differentiate between different types of ECD programmes. The new guidelines will address the inconsistency.

National and County Governments will strengthen current registration and monitoring system to make provision for accreditation and registration to ensure all service providers offer safe, quality ECD services; develop differentiated norms and standards which are appropriate to different programmes and services; and increase management, oversight and support capacity, where necessary, within relevant departments and spheres of government to ensure implementation of the national early childhood development quality control and improvement system.

6.22.12 Human, Financial and Physical Resources for ECD Service Delivery

The ECD sector is faced with a shortage of trained personnel to handle provision of holistic ECD services. The Government, in collaboration with its partners, shall support, develop, implement, harmonize and coordinate inter-sectoral training programmes at various levels and different delivery modes for all levels and types of service providers, particularly in health and education and for the advocacy of the rights of children, especially the vulnerable and marginalized, including children with special needs; develop and implement mechanisms to ensure that training at all levels for early childhood development service provision, including community empowerment, is accessible and training opportunities are equitably distributed, especially in the marginalised areas; develop or strengthen pedagogies to ensure that they are “user friendly”, culturally sensitive, relevant, comprehensive and inter-sectoral.

The Government with its partners shall develop and implement mechanisms to identify and strengthen existing recruitment procedures, ensuring transparency, access and equity at all levels; develop and oversee the implementation of service standard guidelines relating to conditions and terms of service for various levels of service providers in ECD; and develop, implement and oversee effective mechanisms for performance based contracts of service providers at various levels of service delivery for children to ensure efficient use of resources. The Government shall ensure that persons with special needs who have relevant qualifications and education shall be given first priority while hiring staff in special needs institutions.

ECD activities are inadequately financed yet the returns on its investment are high, more especially for poor and disadvantaged families. More public funding resources will have to be devoted to provision of quality ECD services in the country. The objective will be to mobilize adequate financial resources for sustainable implementation of ECD activities in the country.

To accomplish this, the Government will develop a financial sustainability plan; establish necessary funding norms and mechanisms to support a universally available comprehensive ECD programmes and services, particularly the identified essential components thereof, and ensure equitable access for children living in poverty and children with disabilities; advocate for increased budgetary allocation to the ECD function; provide sufficient public funds to county governments for the development and maintenance of the public infrastructure necessary to deliver early childhood development services as well as the management infrastructure within the relevant departments to ensure the public provisioning of early childhood development programmes and services; partner with both local and international funding agencies to allocate funding to the ECD function; and put in place mechanism for efficient, transparent and value for money accountability. To ensure that the cost of services does not exclude children living in poverty,

Government will prioritise funding the delivery of the essential components of the comprehensive early childhood development programmes and services to children living in poverty; institute ECD-specific data management mechanisms for children 0-8 years to inform planning and budgeting; embrace a multi-sectoral approach for data generation and use of electronic devices to capture real time data from all ECD centres in Kenya; provide ECD budget guidelines that are annually reviewed in collaboration with County and National treasury; implement guidelines on the criteria for allocation of public vs private resources; and establish regular reporting mechanisms of state and non-state actors financing ECD programmes, especially in regards to financial expenditure and value for money.

The ECD sub-sector is also characterized by poor/inadequate infrastructure and sub-standard sanitation facilities. The Government, in collaboration with its partners, shall develop mechanisms, including service standard guidelines and procedures, to enhance the timely and equitable sourcing, supply, distribution and maintenance of equipment, other materials, physical facilities and transportation required for the delivery of quality services for all children, particularly in health and education and especially for the marginalised and vulnerable and for children with disabilities and those requiring special needs education; develop and implement training programmes to enhance the skill development in sourcing, supply, distribution and maintenance of equipment, other materials, physical facilities and transportation required for the delivery of quality services for all children, particularly in health and education and especially for the marginalised and vulnerable and children with disabilities; develop clearly defined systems to ensure accountability and transparency in sourcing, supply, distribution and maintenance of equipment, other materials, physical facilities and transportation required for the delivery of quality services for all children, particularly in health and education.

6.22.13 Review and Alignment of Sector-Specific Policies and Laws with Integrated Early Childhood Development Policy Framework and Institutional Arrangement

Appropriate legislation and its enforcement provide an enabling environment for operationalization of a policy and is essential, in this case, for an effective ECD service delivery system. In Kenya, we have more than adequate sector-specific ECD policies. This IECD policy framework thus is related less to policy gaps but rather to service gaps and inter-agency priority setting, co-ordination, integration and accountability. That said, the Government must popularize this IECD policy framework for coordinating inter-disciplinary and multi-sectoral ECD service delivery. In addition the Government will be expected to, from time to time, review and/or develop relevant Acts and regulations governing ECD services in Kenya and to ensure their enforcement.

To accomplish this the Government shall identify emerging ECD issues that require new legislation and policies, and develop new legislation as appropriate and in a timely manner; strengthen coordination of policy development in ECD related sectors to ensure mainstreaming of ECD issues; strengthen relevant institutions including National Council for Children Services to develop and enforce ECD and related legislations; and support development and enforcement of by-laws and regulations at county government level that can directly impact delivery of ECD services.

More importantly, this document provides an overarching and unifying framework for the development, delivery and design of all ECD services in Kenya. Sectoral specific policies, laws, by-laws and strategies will need to be aligned or synchronized with it. Lastly, implementation of this IECD policy framework shall be in line with the broader implementation framework of government of Kenya. The Office of the President or Office of the First Lady shall take a lead role in coordinating all other responsible ministries and have an inbuilt accountability (evaluation) mechanism. The coordination function should be anchored in the official Executive Order on the Organization of Government. A national inter-Ministerial committee shall be instituted with independent ECD Technical Working Groups for, coordination committees at policy, implementation and technical levels. Inter-sectoral County Government structures

shall be utilized to implement this IECD policy framework. Direct linkages should exist between National and County coordination mechanisms.

6.22.14 Investment in Research, Monitoring and Evaluation Systems

There is a dearth of quality research, monitoring and evaluation of ECD service delivery in Kenya, much less on integrated approaches to ECD service delivery. The Government, in conjunction with its partners, shall: develop and implement mechanisms, including training, to promote quality research, monitoring, evaluation and documentation of activities to enhance the quality of life and service delivery for all children, especially the vulnerable and marginalized, including children with special needs; and develop mechanisms for harmonizing and coordinating research, monitoring, evaluation and documentation of activities as well as their dissemination for the enhancement of quality service provision for all children, especially in education and health as well as for advocacy of the rights of children.

The Government and its partners must develop and strengthen quality assurance standards and guidelines as well as monitoring and evaluation structures that would feed into national and county planning structures. Indicators for measuring effects, impact and development need to be set up, as well as reporting mechanisms and systems for dissemination.

In conclusion, within this policy framework challenges to the goals and their corresponding strategies have been identified in reference to each of these issues: prioritizing, phasing, optimizing and partnering.

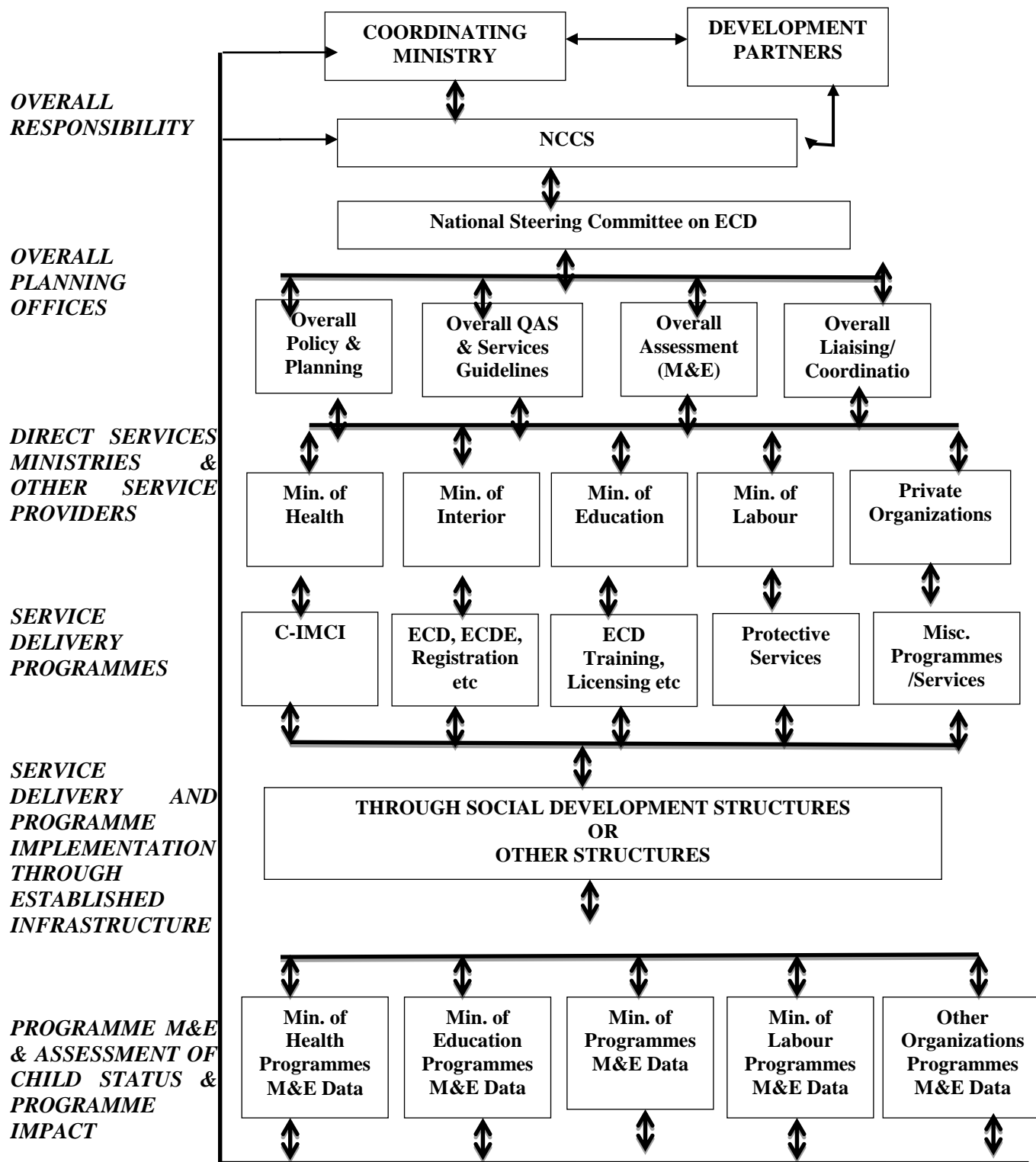
6.23 Proposed System for Direct Service Delivery

A proposed structure for coordination of services directly provided to young children is presented on the following page. Unlike in the present system, this proposed structure requires a coordinating ministry to oversee the planning and provision of these services by numerous stakeholders. It is proposed that the National Council for Children's Services be tasked with the coordinating responsibility. NCCS, a semi-autonomous government agency (SAGA), was established and inaugurated in 2002 as a body corporate with perpetual succession and a common seal under Section 30 of the Children Act, 2001.

NCCS' vision is to be a vibrant agency in the realization and protection of the rights and welfare of children for national prosperity. Its mission is to formulate policies, develop plans, monitor, coordinate and mobilize resources for the implementation, realization and safeguarding of the rights and welfare of the child. Its mandate is to exercise general supervision and control over the planning, financing and coordination of child rights and welfare activities and to advise the Government on all aspects thereof.

The Council's objectives include to: provide enabling policy and conducive legislative framework; promote and participate in enforcement of existing legislations and policies on children; mobilize resources for delivery of child rights and welfare activities; establish and operationalize coordination mechanism on service delivery to children; enhance research on children issues and create conducive environment for sharing research; advocate for child rights and welfare; enhance monitoring and evaluation of children activities and programmes; coordinate the implementation of the national child protection framework; and mainstream children issues in Vision 2030. In order to achieve the objectives, NCCS' activities are grouped into four thematic areas namely: Policy development and legal issues; resource mobilization management and organizational development; planning, research, monitoring and evaluation; and advocacy, media participation and partnerships. For NCCS to be effective, their capacity must be built and a dynamic and influential national leader passionate about ECD appointed to head the Council through a competitive hiring process.

PROPOSED SYSTEM FOR COORDINATED DIRECT SERVICE PROVISION IN THE EARLY CHILDHOOD DEVELOPMENT POLICY FRAMEWORK



7.0 MONITORING AND EVALUATION FRAMEWORK OF IECD POLICY

7.1 Monitoring and Evaluation

A Monitoring and evaluation framework is a management function that inculcates accountability and clarity of roles and responsibilities of members of an organization. It facilitates effective routine managerial and coordination control, comparison of alternatives and informs the organization on effectiveness and efficiency in implementation of programmes, plans and activities and strategic assessment of outcomes and impact. It ensures appropriate advice and feedback is available to all stakeholders. The Framework provides material from which lessons can be learned and policy analysis developed. In addition, it ensures that scarce resources are prudently allocated and used to meet stated objectives.

7.2 Monitoring and Evaluation Mechanisms of the IECD Policy Framework

Monitoring and evaluation mechanisms of ECD service delivery are important for effective and efficient implementation of the IECD policy framework in terms of decision making and programme viabilities; adherence to set standards and facilitation of improvement of ECD interventions from lessons learnt and best practices.

Currently, an integrated monitoring and evaluation framework in ECD service delivery is non-existent. This throws accountability and clarity of roles by various stakeholders into confusion. National and County Governments, in collaboration with key stakeholders, must therefore adapt and build on this M & E framework and structures for ECD; create awareness on the M & E framework through training and sensitization meetings for ECD staff and stakeholders; and disseminate M & E reports for review and use by other ECD stakeholders.

Currently also there is no reliable, inter-disciplinary multi-sectoral comprehensive, integrative and systematic data on ECD and related infrastructure. Furthermore, there is a lack of an integrated policy on ECD data and inadequate and un-updated information on existing ECDs. The available information is scattered, inaccurate, unsafely stored and costly to update and retrieve.

To ensure accurate creation, storage and retrieval of data, the Government will: Develop, implement and review policy on ECD data; prepare and update information on existing ECDs; establish a centralized depository information system; and establish a five-year periodic inspection system for all categories of ECDs.

7.3 Monitoring of ECD Service Delivery

Monitoring will be at the operational level within each implementing agency to facilitate management and control and, at the strategic level, to facilitate and inform reforms and the next phase of ECD programme development and management.

7.3.1 Operational level

At the operational level implementing agencies will be required to provide appropriate, timely and sufficient information about the activities carried out under each output, and which information will serve several purposes: as a management tool, as a databank to inform decisions at the operational level; to keep stakeholders informed and to underpin strategic-level monitoring.

The Government, in conjunction with its partners, shall develop and implement mechanisms including training to promote quality research, monitoring, evaluation and documentation of activities to enhance the quality of life and service delivery for all children, especially the vulnerable and

marginalised, and children with special needs; Develop a monitoring, evaluation, and reporting framework of ECD programmes; Establish mechanism for monitoring and evaluation of ECD programmes; Establish a system to provide feedback to ECD stakeholders; Address gaps identified in the monitoring and evaluation processes.

Universities and research institutions shall promote and undertake inter-disciplinary and multi-sectoral research to come up with creative, innovate and contextually relevant ideas promoting child development. NGOs, FBOs, CBOs, private sector, universities and research institutions in collaboration with county/National government shall use evidence-based research to enhance implementation of policies and services.

7.3.2 Strategic Level

Strategic level monitoring will be the responsibility of the ECD coordination body, which will also facilitate the information dissemination and knowledge management role. The ECD coordination body will carry out the following strategic monitoring activities: Establish baseline information which can be used as a starting point for all ECD activities, both as a tool to facilitate targeting and as a fixed point from which trends in agreed key indicators for outputs can be tracked; Systematically collect a range of data at fixed intervals to document changes in the target population and attribute these to ECD activities (where appropriate); Undertake special analyses as necessary to explore changes in particular agreed key indicators; and Disseminate and publish monitoring information in appropriate formats to implementing agencies, programme structures, donors, and other key stakeholders to facilitate lesson learning and contribute to dialogue and the future design of ECD services and programmes.

7.4 Evaluation

Evaluation of IECD Policy implementation will attain the following: Establish achievement of outputs and impact at the objectives level and confirm that programme activities have been carried out effectively and to appropriate quality standards.

The evaluation will consist of evaluation of progress towards key milestones and conducted by an independent contractor competitively sourced. The IECD Policy Team will use the information generated through monitoring and evaluation activities and supplement this by undertaking special studies to assist in forming a view of progress and impact. Evaluation can be undertaken thrice: at baseline, during mid-term and at the end implementation period – preferably in five years.

8.0 CONCLUSION AND WAY FORWARD

The link between quality ECD and sustainable national development is undeniable. The Government of Kenya has made strides in provision of sector-specific legislation on ECD that is already aligned with Constitution, 2010 and Kenya's Vision 2030. The only remaining challenge is to address segmented fragmented ECD service delivery which has resulted in duplication of efforts and misuse of the often meagre resources. This IECD policy framework is thus timely as a roadmap to guide appropriate holistic inter-disciplinary and multi-sectoral ECD programmes, plans and activities and facilitate enactment of necessary laws and formulation of regulations for successful, targeted and effective delivery of ECD services.

The IECD policy framework identifies several issues among them problems and challenges in current ECD service delivery and goals, objectives and management strategies to be adopted, capacity building needs to be met, awareness creation and institutionalizing monitoring and evaluation among others. Policy statements and strategies are intended to address each of the above issues identifying stakeholders' roles and responsibilities.

The policy framework provides a co-ordination mechanism and delineates the role of parents, communities, various Government ministries and departments, development partners and other stakeholders in the provision of ECD services going forward. This is informed by the firm belief that collective action and coordinated solutions are necessary pre-requisites to better health and nutrition, improved educational efficiency and gender equity, greater employability and earnings, and better quality of life.

The policy framework emphasizes the importance of an implementation framework that must be shared at all levels of Government and between different ECD stakeholders. The policy must be anchored in law for it to be effective and achieve the intended purpose.

The IECD policy has at it forefront the right of the child to free and compulsory basic education, nutrition, shelter, health care, protected from abuse, neglect, harmful cultural practices, all forms of violence, inhuman treatment and punishment, and hazardous or exploitative labour, parental care and protection among other rights; and that a child's best interests are of paramount importance in every matter concerning the child.

Successful implementation of the IECD policy will significantly improve financing, access, quality, equity and efficient management of ECD services. More importantly, perhaps, it will surface child rights agenda as urgent and worth serious consideration in national planning processes in a bid to unlock, leverage, and catalyze public and private resources to benefit the Kenyan child. For this to happen ECD stakeholders need to develop annual ECD action plans

Finally, this document makes three messages starkly clear: Firstly, the urgent need for new inter-disciplinary and cross-sectoral approaches. On current trends only 70% of ECD children will access quality ECD services and programs. We need political good will, sectoral policies and multi-sectoral policy frameworks such as this one, and the resources to buck this trend.

Secondly, the 2030 Agenda for Sustainable Development calls for development of holistic and integrated responses to the many social, economic and environmental challenges we face. This means reaching out beyond traditional boundaries and creating effective, cross-sectoral partnerships. ECD stakeholders must act with a sense of heightened urgency, and with long-term commitment. Failure to do so will not only adversely affect ECD but will hamper progress towards each and every development goal: poverty reduction, hunger eradication, improved health, gender equality and women's empowerment, sustainable production and consumption, resilient cities, and more equal and inclusive societies.

Lastly, changing the way we think about ECD and its role in human wellbeing and global development is a necessary prerequisite. Now, more than ever, ECD is the foundational building block to foster the right type of skills, attitudes and behavior that will lead to sustainable and inclusive growth. If done right, ECD is the panacea to nurture an empowered, reflective, engaged and skilled citizenry capable of charting the way towards a safer, greener and fairer Kenya.

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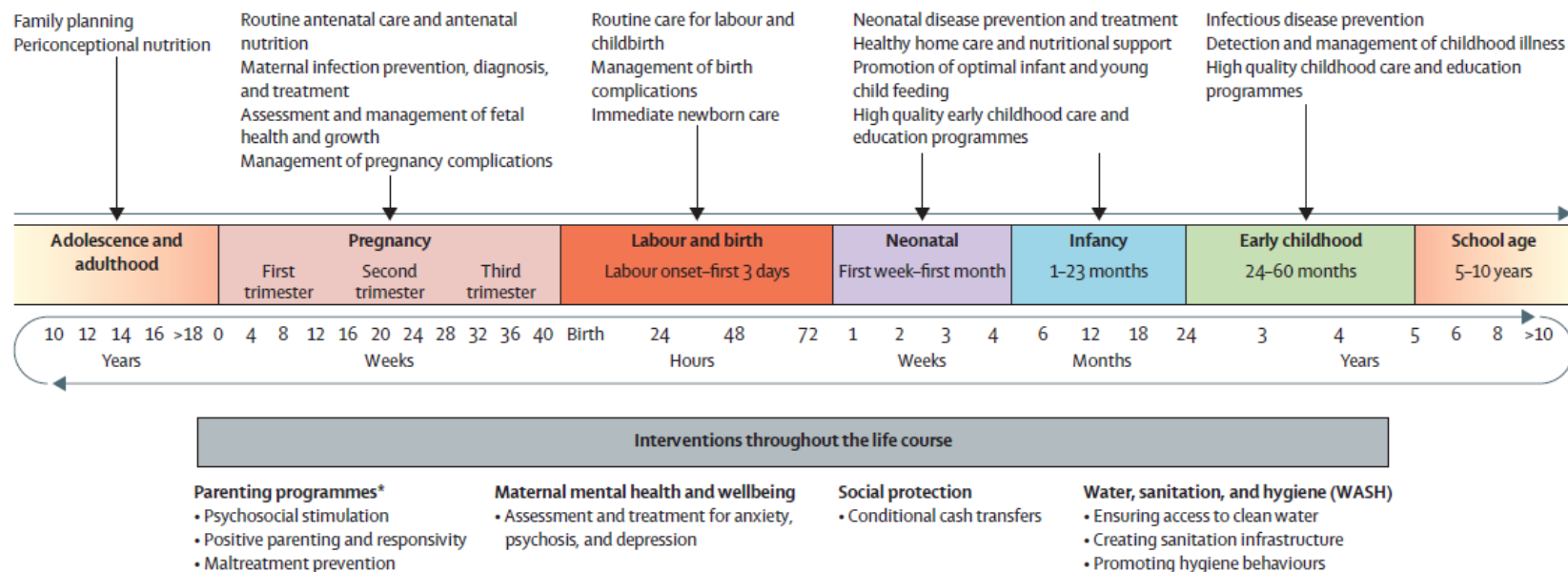
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11.0 ANNEXURES

ANNEXURE 1: INTERNATIONAL PROTOCOLS, CONVENTIONS, TREATIES POLICIES INFORMING IECD LEGAL CONTEXT

1. Universal Declaration on Human Rights (1948)
2. The Convention on the Rights of the Child (1989)
3. The Convention on Rights of Persons with Disabilities (2006)
4. African Charter on the Rights and Welfare of Children (1990)
5. World Conference on Early Childhood (2010)
6. Moscow Framework (2010)
7. The Children's Act (2001)
8. The Basic Education Act (2013)
9. Sustainable Development Goals (2015)
10. Kenya's Vision 2030
11. County Government Act (2012)
12. Public Finance Management Act (2012)
13. Sessional paper No. 2 (2015)
14. Sessional Paper No. 3 (2014)
15. National Plan of Action for Children for 2015-2022 (2014)
16. National Education Sector Plan for 2014/15-2017/18 (2013)
17. Kenya Health Policy of 2014-2030 (2013)
18. National School Health Policy (2009)
19. National Food and Nutrition Security Policy (2011)
20. Kenya National Nutrition Action Plan for 2012 – 2017 (2011)
21. Kenya Environmental Sanitation and Hygiene Policy for 2016 – 2030 (2015)
22. Persons with Disabilities Bill (2015)

ANNEXURE 2: LIFE CYCLE APPROACH TO ECD



Source: *The Lancet Series (2016)*.

Annexure 3: Basic Education Curriculum Framework Model



Source: KICD Basic Education Curriculum Framework Documents

ANNEXURE 3: STAKEHOLDER ANALYSIS

Table: ECD Stakeholder Roles and Responsibilities

Essential Component	Package	Responsible	Responsibility
Nutritional Support		Department of Agriculture	Food crop production.
		Department of Livestock	Production of livestock products (eggs, meat, milk)
		Department of Health	Nutritional education at health facility and at community level. Prevention of childhood undernutrition and obesity Medical treatment of malnutrition in young children. Nutritional supplementation and, complementation Sanitation promotion e.g. latrines to prevent worm infestation and predisposing children to malnutrition and hand-washing activities. Child deworming programmes. Vaccination. Screening for (opportunistic) diseases.
		State Department of Education	Nutritional education at school. Deworming and growth monitoring. Safe school and classroom environments and playgrounds.
		NGOs	Nutrition programmes. Food security programmes. Advocacy on child protection services.
Maternal and Child Health Services		Department of Health	Provision of preventive, promotive, curative and reproductive maternal and child health services Integrated Management of Childhood Illnesses (IMCI) Integration of care for child development (CCD) messages and interventions into relevant health activities Treatment of survivors of SGBV Prevention and management of childhood disabilities and chronic health conditions Screening and referral to relevant institutions Support provision of supportive devices
		NGOs	Maternal and child health programmes. Support CCD Services
Support for Primary Caregivers		Department of Children Services	Parental education on parenting skills and positive discipline.
		NGOs	Parental education on parenting skills, positive discipline.
Stimulation for Development and Early Learning		Parents Primary caregivers	Actively encourage child play with caregivers, play with toys and play with other children for cognitive development. Provision of play materials that stimulate all senses and a conducive environment for play.
		MOH MOE	Support integration of care for childhood development(CCD) interventions and messages including identification of common developmental challenges and delays
		Child care centers	Create a conducive environment that encourage child play. Actively encourage child play with caregivers, toys and play with other children for cognitive development. Provide stimulating play materials Early childhood education.
		Department of civil registration	Registration of children and issuance of birth certificates to determine age and parentage i.e secure identity for children.
		Kindergartens (department of education)	Actively encourage child play with caregivers/teachers, play with child toys and play with other children for cognitive development. Provide a conducive and stimulating play environment.
Social Services		Department of Civil Registration	Birth registration
		Department of Social Services	Household livelihoods and economic strengthening e.g. through cash transfer programmes targeting poor households with vulnerable children.
Child Protection		Department of Children Services	Child protection services e.g. child rescue. Monitoring cases of neglect and/or provision of parental support.
		Department of Justice	Prevention and mitigation of child abuse, neglect, and exploitation. Law enforcement against offenders.
		Department of Administration (chiefs, assistant chiefs and elders)	Child protection services e.g. case identification and mitigation.
		NGOs	Child protection services
Early Childhood Education		County Department of Education	Early childhood education (pre-school education) programmes.
Research in early childhood and education		Universities/Research Institutions	Conduct research on matters affecting children, families and learning institutions to inform implementation of early childhood programmes and provision of services. Disseminate research findings on ECD. Use evidence to influence ECD policy.

	MOE	Conduct needs assessment on ECDE. Monitor and evaluate implementation of programmes and services in ECDE. Release ECD funds to county governments in a timely manner.
	NGOs	Monitoring and evaluation of programmes implemented on early childhood development education.