



REPUBLIC OF KENYA

NATIONAL EARLY CHILDHOOD
DEVELOPMENT POLICY
FRAMEWORK
2006

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ABBREVIATIONS/ACRONYMS

AGC	-	Attorney General's Chamber
CBOs	-	Community Based Organizations
CBS	-	Central Bureau of Statistics
CORPS	-	Community's Own Resource Persons
CRC	-	Convention on Rights of the Child
CSN	-	Children with Special Needs
DBE	-	Director Basic Education
DCS	-	Director Children's Services
DEO	-	District Education Officer
DFRD	-	District Focus for Rural Development
DFT	-	District Facilitation Team
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 Studies
DTE	-	Director Technical Education
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 Creation
FBOs	-	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
ICT	-	Information, Communication and Technology
IEC	-	Information Education and Communication

IMCI	-	Integrated Management of Childhood Illnesses
ITN	-	Insecticide Treated Nets
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 of Information System
MOA	-	Ministry of Agriculture
MOE	-	Ministry of Education
MOF	-	Ministry of Finance
MOGCS&SS-	-	Ministry of Gender, Culture, Sports and Social Services
MOH	-	Ministry of Health
MOHA	-	Ministry of Home Affairs
MOI&C	-	Ministry of Information and Communication
MOJ	-	Ministry of Justice and Constitutional Affairs
MOL	-	Ministry of Labour
MOLG	-	Ministry of Local Government
MOPND	-	Ministry of Planning and National Development
MORPW	-	Ministry of Roads, Housing and Public Works
MOW	-	Ministry of Works
MTCs	-	Medical Training Colleges
NACECE	-	National Centre for Early Childhood Education
NFE	-	Non-Formal Education
NGOs	-	Non-Government al 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
TSC	-	Teachers Service Commission

UCI	-	Universal Child Immunization
UNESCO	-	United Nations Educational, Scientific and Cultural Organization
UNICEF	-	United Nations Children's Fund
UPE	-	Universal Primary Education
US \$	-	United States of America Dollar (Currency)

FOREWORD

The Government of the Republic of Kenya recognizes the importance of Early Childhood Development, as one of the most important levers for accelerating the attainment of Education For All (EFA) and the Millennium Development Goals (MDGs).

The EFA goal number one obligated states' Governments to expand and enhance comprehensive Early Childhood Development programmes which is essential to the achievement of the basic education goals. Similarly, the World Fit for Children Conference in 2002 called for every child to have a good start to life through promoting quality nurturing, care and safe environment. There has been tremendous effort by the Government of Kenya (GOK) and collaborating partners to improve the welfare of the Kenyan child. However, these efforts have been fragmented and with little impact. In realization that an effective ECD programme enhances a country's social economic growth and political stability, the Government, through the 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 Policy Framework provides a co-ordination mechanism and explicitly defines the role of parents, communities, various Government ministries and departments, development partners and other stakeholders in the provision of ECD services. The service standard guideline has been developed as a separate document aimed at operationalising this ECD policy framework.

Development of this policy framework has taken into cognizance the critical role of investing in young children in order to achieve the Millennium Development Goal of Poverty Reduction, universal school enrolment, reduction of child mortality and morbidity, maternal mortality and creation of gender equality. To achieve this the policy framework emphasizes child survival, growth and development. This is also in line with the African Union (AU) declaration to strengthen and support families in their responsibility as primary caregivers of their children to ensure children's survival, growth and development.

It is my wish that implementation of this policy will ensure enhanced financing, access, quality, equity and efficient management of ECD services. This will put the development of infants and young children as an urgent priority in the development agenda of our country, Kenya.

Thank you,

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The National ECD Policy Framework was a product of the experiences, practice and wisdom of various ECD stakeholders at district, provincial and national level.

Participants in stakeholders' meetings included representatives of various Government ministries, NGOs, CBOs, FBOs, development partners, ECD teachers and parents. The Ministry of Education, in liaison with other key ministries, institutions and development partners, appointed an intersectoral technical committee on ECD policy to and service standard guidelines.

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1.0 INTRODUCTION

1.1 Background of ECD Policy

(a) This document depicts an overarching comprehensive framework that will encompass sector policies for early childhood services and programs in Kenya for children from conception to eight years. It delineates the Early Childhood Development (ECD) policy system and provides a frame of reference for key sectors involved in the provision of services for infants and children. This comprehensive policy will form the springboard from which other sector policies may be strengthened, developed or reviewed, particularly in areas of health and nutrition, education, water and sanitation and social services. These sector policies are crucial in providing standards and guidelines for ensuring provision of quality services for all children in their earliest years.

(b) The development of this policy document is necessary because the existing sectoral guidelines relating to services for infants and children are not supported by a clear overarching early childhood policy framework. Without the comprehensive policy framework, the provision of these services and programs has tended to take a segmented approach within fragmented sectoral initiatives. Numerous service providers in programs for infants and children have been developing and implemented initiatives and interventions without sufficient collaboration and coordination. This has tended to result in duplication of resources and services, gaps in service delivery and at times even unhealthy competition adversely affecting the provision of quality services for holistic development of the child.

1.2 Declining status of child development in Kenya

After independence in 1963 Kenya made significant gains in the health and nutrition status of young children. Infant and child mortality, morbidity and immunization rates all improved, particularly up to the mid-1990s. For example, in 1962 the under-five mortality rate was 211 per 1000 live births. This declined significantly in the following years, reaching 150 per 1000 live births in 1979 and 105 per 1000 live births in 1989. Unfortunately from the mid-1990s these gains appear to have been lost: since then there has been an increase in the under-five mortality rate back up to 115 deaths per 1000 live births in 2003. Infant mortality in 2003 stood at 77 deaths per 1000 live births. This means that one in every nine children dies before his or her fifth birthday, and in some districts the rate is one in five children (KDHS 2003). In addition, research evidence documents that parents and other caregivers are not stimulating and caring for their young children as they used to do in traditional societies (Whiting and Whiting, 1969; Swadener *et al* 2002; Wambiri, 2006; Ngugi 2006; Koech, 2006). The decline in quality parental care may be one of the factors contributing to rising under-five mortality rates, as well as growing concerns about the healthy psychosocial development of children.

1.3 Importance of the early years of development

The World Conference on Education for All (EFA) that took place in Jomtien, Thailand, in March 1990, articulated the significance of the early years as the foundation for the life of an individual. These deliberations have been corroborated by recent research on brain development (especially Shore Rima, 1997; Mustard, 1998; O'Donnell, 1999; Stephens, 1999), which emphasizes that the first six years of life are extremely important because:

- (a) The environmental experiences during this period are significant in influencing one's life. The experiences of this period are known to either enhance or inhibit realization of one's potential in life.
- (b) This is also the fastest period of growth and development in all aspects.
- (c) The development of the brain is most rapid in the early years. By the second year of life the brain of the child is 70% of an adult brain. By six years of age it reaches 90% of its adult weight and size. In addition, by the end of six years the brain of the child has developed maximum connections, more than an individual will require in a lifetime. All that is left is to make these connections permanent through providing early stimulation and quality care.
- (d) All the "critical windows of opportunity" are open during this period. These are the periods when children are able to learn and acquire certain knowledge, skills and attitudes very quickly with minimal effort. Parents, other caregivers and teachers need to make use of this period in order to maximize children's holistic development and, therefore, their potential in life.
- (e) This is the period when the brain is most malleable and also highly impressionable. Environmental influences, especially care, nurture and stimulation, have the greatest impact on the brain.
- (f) This is the period when it is very easy to mould the character of children by inculcating social norms, values and habits as well as regulation and control of emotions.
- (g) This is a vital period for ensuring proper physiological growth and a crucial period for significant health and nutrition interventions to put the child on the right track for life.

1.4 Benefits of investing in the early years

Because of the proven importance of the early years, Kenya would reap substantial benefits with increased investment in programs for infants and children. Some of the benefits of such investment include:

- (a) Early identification and intervention. At least 17% of children throughout the world have special needs because of disabilities, and a larger proportion is vulnerable because of discrimination and marginalization. Opportunities for early identification and intervention of vulnerable children, especially those with special needs, ensure that these children maximise their potential and contribute according to their talents.

- (b) Enhanced enrolment in primary schools on equal grounds. Free primary education has increased the potential for all children to attend school. However, all children need to be equally “ready to learn” and to hence maximize their opportunities within the FPE; therefore, the aim is to have 100% participation in ECDE to ensure an adequate foundation for education. Presently, there is low access to pre-schools (40% nationally and in some districts less than 20%) necessitating increased support for this age sector.
- (c) Increase productivity. Parents will be supported adequately so that they are able to raise children who are healthy and who will grow up to be productive and to contribute effectively to their families, communities and the nation. In addition, normally functioning children will be able to appreciate those with disabilities and treat them as equals, thus enhancing the status and potential of children with special needs.
- (d) Cost savings for both the families and the nation. Increased investments in this sub-sector will support parents so that they are able to provide quality care for their children. Quality care will translate into children being healthier. They will have fewer incidences of disease. They will also have better academic performance and fewer school dropouts and repetition as a result of having been exposed to stimulating learning experiences both at home and in the early childhood development (ECD) centres. The money saved by families and the Government in health care and education services could be used in development programs. (Schwinhart and Weirlart, 1980).
- (e) Reduction of poverty. Quality early childhood development experiences contribute to more productive human resources because children who are exposed to such experiences have better success in school and hence they grow up to get better paying jobs when they enter the labour market. Such adults have higher living standards.
- (f) Reduction of social inequalities. Quality early childhood development programs help children with special needs and those from poor families to maximise their potential, minimize the progression of disabilities and get out of the cycle of poverty. When children with special needs and those from disadvantaged backgrounds are exposed to stimulating early childhood development experiences, their placement, retention and academic performance are enhanced. This means that they are more likely to enter at the right time and complete school successfully, get better paying jobs and therefore live higher quality lives.
- (g) Improved chances for the girl child. Girls who enrol in early childhood development centres are more likely to proceed to primary school and higher levels of formal education. This is because their parents have been sensitised on the importance of formal education for both boys and girls through parental and community education programs.
- (h) Improved moral values in the community. Increased investment during this period will support parents so that they are able to inculcate values and morals in their children. The window of moral and values training is open during the early years. Such children

tend to grow up to be disciplined, well-adjusted, socially and morally upright youth and adults.

- (i) Improved family welfare. Parents and communities acquire more knowledge, skills and positive attitudes on various issues especially those related to the causes and prevention of disabilities, and the needs and rights of children as well as families. This helps to improve the welfare of children and families as well as develop positive attitudes on various issues, especially those related to learners with special needs and their roles within the family. Parental and community education training carried out within the early childhood development programs contributes to community development.
- (j) Increased opportunities for parental and community empowerment. Early childhood development programs offer very good opportunities for mobilising and empowering parents and local communities. In addition, parental and community mobilization programs provide good opportunities for creating awareness on other development issues, for example those relating to various methods of improving living standards.

2.0 Rationale for the comprehensive policy framework

- (a) The Kenya Government has demonstrated commitment to the well being of young children by signing various global policy frameworks. These include the 1989 United Nations Convention on the Rights of the Child (CRC), the 1990 African Charter on the Rights and Welfare of the Child and also the 2000 Millennium Development Goals (MDGs). In addition, Kenya also participated and endorsed the deliberations of 1990 Jomtien World Conference on EFA and the 2000 World Education Forum (Dakar, Senegal). The Jomtien and Dakar conferences underscored the importance of ECD programs in improving the holistic development of children. The Government has further translated all of these international initiatives into national targets to be implemented at regional, district and community levels across sectors.
- (b) In particular, the Government has demonstrated concern for improving the well-being of young children by enacting the 2001 Children Act which has managed to amalgamate all the laws of children into one document. The Act is now a legal instrument that not only protects children but also advocates for them.
- (c) In an attempt to improve the living standards of Kenyan communities and by extension their ability to care for young children, the Government has put in place other initiatives including the Poverty Eradication Strategy Paper (PESP 2004) and the Economic Recovery Strategy for Wealth and Employment Creation (ERSWEC).
- (d) The needs of children are complex and diverse, and involve catering for all areas of development, including physical, mental, social, emotional, moral and spiritual. For children to realise their full potential in life they require quality healthcare, nutrition, early stimulation, protection, care and training services. No one partner can adequately provide all these services effectively to safeguard rights and meet the needs of young children. Consequently, the

Government of Kenya (GOK) has emphasized the importance of partnership in safeguarding rights and the provision of the particularly important given services to meet the holistic needs of young children (Sessional Paper, 1988; MOH, 2005). The partners involved in the provision of services for young children include parents, local communities, Government ministries, NGOs, FBOs, civil society, charitable organizations, CBOs, private sector, bilateral and multilateral development partners. The need for developing and establishing a comprehensive ECD policy has risen due to the declining status of infants and children in health, nutrition, welfare and care and the segmented provision of services across different sectors by diverse stakeholders (KDHS, 2003; Wambiri, 2006; Ngugi 2006).

3.0 Importance of a comprehensive policy framework

- (a) To regulate the provision of services for infants and children, there are a number of sector-based policies targeting this age group. There are also many areas which are either functioning without any policy or where the policy is not stated but assumed. Although these sector-based policies play a crucial role in guiding service provision for infants and children, it is essential to have a comprehensive policy framework to provide broad guidelines for the coordination and harmonization of quality services across sectors.
- (b) There is need to develop a policy framework to guide the activities of the various partners in the provision of services for young children. A policy framework is the most important instrument for advocacy, for ensuring provision of quality services and for harnessing resources and other support for young children. When legalized, a policy framework becomes the legal instrument that all those providing services for young children must adhere to. In addition, the policy framework guides the Government in its commitment of resources to programmes for young children. A policy framework is therefore extremely important for addressing the total well-being of young children.
- (c) Currently, various partners provide services for young children. Every one of these partners has its own policies to guide its activities. Consequently, there exist many policies all targeting young children which are scattered across sectors. There has been little coordination of all these different policies. Consequently, there has been duplication, poor utilization and gaps in the provision of resources, hence compromising the provision of services for young children. There is need, therefore, to amalgamate and harmonize all policy statements to ensure better coordination in the provision of services and better utilization of resources.
- (d) A policy framework is also important because currently there are gaps in the existing policy guidelines. There is no central organization mandated to register ECDE centres, although current registration

practice allows the centres to be registered by the Ministry of Education and the Department of Social Services. It is also apparent that most of the ECD centres in public primary schools are not registered. The District Education Board (DEB) regulates the activities undertaken in the ECD centres. Information on the status of the ECDE centres registration has not been captured in the EMIS system. There is no data on management of ECD centres. However, from the monitoring reports, it is clear that most of the centres do not have their own management structures in place; instead they rely on primary schools management committees for their day-to-day activity support. Yet in most instances, primary school committees cannot be held accountable due to non-prioritization of ECD activities. It is clear, therefore, that there are various services operating either without policy guidelines or where policy is assumed. In addition, there are various marginalised groups of young children not having access to these services. Furthermore, the resources for the services are not distributed equitably to reach all children. Providing services without policy guidelines tends to compromise the coordination and provision of services, utilization of resources and access and equity in the service delivery. Therefore, there is need to develop a comprehensive policy framework to cover all services targeting young children. At the same time an inter-sectoral and supportive monitoring structure needs to be operationalised to assure adherence.

4.0 Principles of the Early Childhood Development (ECD) Policy Framework

The ECD Policy Framework is based on principles that are universally accepted as forming the cornerstone of quality early childhood development services and programs, as follows:

- (a) The policy ensures that the holistic needs of young children are met to maximise the realisation of their full potential.
- (b) The policy must safeguard the rights and welfare of the child as per the Children Act of 2001.
- (c) The policy must be a partnership of all Government ministries and other partners offering services and programs for infants and children.
- (d) The policy must be child-centred, recognising that children are voiceless, but they are also active participants and learners in shaping the events that influence their lives.
- (e) The policy must recognise and appreciate parents and families as the primary caregivers and health providers of their children, and hence they need to be empowered and supported to ensure they are effective in their roles.
- (f) The policy must support and strengthen the community-based management of early childhood services for sustainable development.
- (g) The policy must address the issues of vulnerable and marginalised children, especially children with special needs, and provide affirmative action for them.

- (h) The policy must ensure non-discrimination of children and families on the basis of gender, race, colour, religion, economic status, disability and health status.
- (i) The policy must recognise that life begins at conception and mental development, just like physical growth, starts before birth and continues throughout life.

4.1 Target groups

- (a) The comprehensive ECD Policy Framework targets all children, including the vulnerable and marginalized, 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 the same holistic needs, which consist of nutrition, health, nurture, protection, stimulation and training, the emphasis and focus of providing for these needs varies depending upon the age categories. In addition, special attention must be focused on the provision for the needs and rights of the vulnerable and marginalized young children currently in ASAL districts, including children with special needs.
- (b) In order to provide services for children, the comprehensive Early Childhood Development Policy Framework must also target the primary caregivers of these children. These include parents and those who provide care for children in their absence, such as grandparents, other relatives and care providers in children's homes.
- (c) Communities also need to be targeted and empowered to support families and alternative caregivers to provide for the holistic needs of young children, and to safeguard their rights.

5.0 Roles and responsibilities of partners in the provision of early childhood development services

There are numerous partners working in collaboration with the GOK in the provision of early childhood development services who are expected to be guided by and use the comprehensive policy framework as a foundation for improved service delivery for infants and children. Management of early childhood development services and programs through various Government Ministries should be done in an integrated approach.

Currently, the following partners provide different roles and responsibilities:

5.1 Parents and other caregivers

- (a) Primary care, health and nutrition providers.
- (b) Primary security and protection providers.
- (c) Primary role of socializing children and inculcating life principles and spiritual and moral values for character development.
- (d) Provide enabling environment for the child's growth and development.

- (e) Provide early stimulation for the future development of the child.
- (f) Meet the survival needs of the child from conception to 8 years.
- (g) Ensure healthy growth of the child in terms of adequate and proper nutrition, immunization and growth monitoring.
- (h) Ensure provision of primary health care (PHC) for promotive and preventive health.
- (i) Ensure birth registration.
- (j) Ensure early identification of disabilities, assessment and intervention.
- (k) Safeguard children's rights.
- (l) Provide learning and play materials.
- (m) Link children to services.

5.2 The Community

- (a) Support parents' efforts in providing for the holistic needs of children.
- (b) Augment parents' efforts in providing for the needs of children.
- (c) Safeguard children's rights.
- (d) Mobilize resources to enhance children's holistic development and to safeguard their rights.
- (e) Provide support services to the child.
- (f) Provide protective environment for safeguarding the rights of the child.
- (g) Set social norms that guide parents in socializing and inculcating spiritual and moral values and life principles.
- (h) Support Community Own Resource Persons (CORPs) and other child care service providers through employment, material and emotional support.
- (i) Provide physical facilities.
- (j) Address the needs of the disadvantaged children within the community.
- (k) Advocate for services for young children.
- (l) Link children to other service providers.
- (m) Initiate and manage community-based services for young children (for example, Bamako Initiatives, ECDE centres, orphanages, rehabilitation centres).
- (n) Support parents and other caregivers in meeting children's health, care and nutritional needs.
- (o) Address the needs of the disabled and disadvantaged children within the community.
- (p) Provide alternative and complementary approaches in care, health and nutrition.

5.3 Ministry of Education (MOE)

- (a) Provides policy guidelines on capacity building of early childhood development and education (ECDE) personnel.
- (b) Develops curriculum programs.
- (c) Supervises ECDE programs.
- (d) Registers ECDE centers.
- (e) Undertakes early identification of disabilities and assessment.
- (f) Provides assessment personnel and assessment centres.

- (g) Carries out advocacy.
- (h) Facilitates networking and forming linkages.
- (i) Co-ordinates national ECDE policy.
- (j) Trains and certifies ECDE teachers and trainers.
- (k) Maintains standards and quality assurance.

5.4 Ministry of Health (MOH)

Promotes ECD through the following services: -

- (a) Maternal and child health care.
- (b) Capacity-building at all levels.
- (c) Community mobilization on health issues.
- (d) Carries out advocacy.
- (e) Integrated Management of Childhood Illnesses (IMCI).
- (f) Information, Education and Communication (IEC).
- (g) Sanitation and food safety.
- (h) Hygiene education.

5.5 Ministry of Home Affairs (MOHA)

- (a) Provides legal services.
- (b) Promotes protection and care of children.
- (c) Creates awareness on children's rights and their welfare.
- (d) Promotes protection and care of disadvantaged and disabled children.
- (e) Documents and maintains data on disadvantaged and disabled children for planning purposes.
- (f) Carries out advocacy.
- (g) Provides alternative care approaches.
- (h) Facilitates networking and forming linkages.

5.6 Ministry of Water (MOW)

- (a) Provision of clean and safe drinking water and water for sanitation.
- (b) Builds capacity in water management/conservation at community level.
- (c) Carries out advocacy.

5.7 Ministry of Planning and National Development (MOPND)

- (a) Ensures sufficient budgetary allocation for ECD.
- (b) Facilitates the mobilization of local and international resources to support ECD programs.
- (c) Integrates and mainstreams the ECD program into development planning at all levels.
- (d) Maintains the necessary data on ECD for planning purposes.

5.8 Ministry of Finance (MOF)

- (a) Allocates funds for ECD activities.
- (b) Provides funds across the ministries for ECD programs.
- (c) Provides funds for support of children with disabilities.
- (d) Provides guidance in the creation of alternative funding strategies.

5.9 Ministry of Gender, Culture, Sports and Social Services
(MOGCS&SS)

- (a) Promotes traditional cultural values and practices that promote healthy growth and development of all children, including those with special needs.
- (b) Mobilizes communities.
- (c) Registers ECD & ECDE centres for development purposes.
- (d) Ensure all children are treated equally irrespective of their gender/disability.
- (e) Links children to other service providers.
- (f) Builds capacity for the committees carrying out children's services.
- (g) Supports infrastructure for ECD and ECDE.
- (h) Carries out advocacy.

5.10 Ministry of Local Government (MOLG)

- (a) Supports all ECDE programs and services within their jurisdiction.
- (b) Supports the inclusion of all children, including those with special needs in their ECDE programmes and services within their jurisdiction.
- (c) Sponsors pre-school teachers for training, including on special needs.
- (d) Pays pre-school teachers within their jurisdiction, including special needs education pre-school teachers.
- (e) Supports barrier free infrastructure for ECD and ECDE.
- (f) Provides land for recreation and ECD and ECDE centers.
- (g) Provides recreation facilities.
- (h) Carries out advocacy.

5.11 Office of the President (OP)

- (a) Provides certification.
- (b) Creates awareness on disabilities through provincial administration.

5.12 State Law Office and Ministry of Justice and Constitutional Affairs

Provides the following support services:

- (a) Security.
- (b) Advocacy.
- (c) Co-ordination of linkages.
- (d) Birth registration.
- (e) Certification of birth.
- (f) Advocacy.
- (g) Liaise with MOHA for children's rights and implementation of Children's Act (2001).
- (h) Enactment of the Persons with Disability Act (2003).

5.13 Ministry of Agriculture (MOA)

- (a) Ensures food security and utilization.
- (b) Provides technical advice to communities on proper crops and animal husbandry.
- (c) Builds capacity.
- (d) Carries out advocacy.

5.14 Ministry of Roads and Public Works, Ministry of Housing and Ministry of Information and Communications

- (a) Provide proper housing.
- (b) Ensure efficient communication.
- (c) Create access to ECD centers and health facilities.
- (d) Provide construction plans and supervises construction of ECD and ECDE centres.
- (e) Help in the design of appropriate and affordable equipment for young children.
- (f) Ensure quality of ECD and ECDE physical facilities.

5.15 Universities and research institutions

- (a) Promote and undertake research on the dynamics in children and in ECD and ECDE.
- (b) Offer higher training for ECD and ECDE including personnel for special needs education for ECDE.
- (c) Provide consultancy and advisory services to stakeholders.

5.16 NGOs, private sector and CBOs

- (a) Provide services for ECD (e.g. health/education, habilitation and rehabilitation services).
- (b) Provide finances and materials.
- (c) Provide technical support.
- (d) Carry out research on issues of importance to implementation of policy and share findings with the Government and other stakeholders.
- (e) Participate in strengthening quality assurance.
- (f) Enhance capacity of ECD and ECDE teachers in special needs education.
- (g) Complement Government efforts in mobilizing resources.
- (h) Carry out advocacy.

5.17 Faith Based Organizations

- (a) Sponsor ECD and ECDE centers.
- (b) Provide moral and spiritual guidance.
- (c) Support health service for children.
- (d) Provide early education for children.
- (e) Support capacity building for ECD and ECDE programs.
- (f) Carry out advocacy.
- (g) Mobilize resources.
- (h) Provide support to children with special needs (disabled, orphans etc).

5.18 Bi-lateral and multilateral development partners

- (a) Mobilize resources.
- (b) Carry out advocacy.
- (c) Provide funding for ECD and ECDE.
- (d) Provide technical support.
- (e) Build Capacity.
- (f) Build and strengthen linkages and collaboration.

6.0 Implementation of ECD policy framework

- (a) A multi-sectoral and interdisciplinary approach will be used in the implementation of this comprehensive policy framework. This is necessitated by the fact that there are many stakeholders involved in service delivery for young children. This approach will enhance the provision of quality services to meet children's holistic needs and to safeguard the rights of all young children. From the comprehensive policy framework, a service standard guideline shall be developed.
- (b) 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, a 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 the partners.
- (c) 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 comprehensive ECD policy framework and sector policies are needed in order to lobby support for increased resources for programs for young children.
- (d) Due to limited resources it is necessary to prioritize the services that are most critical to a child's holistic development provide. In addition, there is need to prioritize points of service delivery to ensure that the most marginalised 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 the services for other target and age groups as resources increase or become available.
- (e) 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 a comprehensive policy framework, will ensure

effective and equitable access to quality early childhood development services by all children as well as help to maximize resources.

7.0 CONTEXT

7.1 Kenya political and administrative systems

- (a) Location: The Republic of Kenya straddles the Equator in East Africa. It has an area of 582,646 sq km, of which 13,396 sq. km is water and 569,250 sq. km is land. It is bordered by Tanzania to the south, Uganda to the west, Sudan and Ethiopia to the north and Somalia to the east. The southeast coastline on the Indian Ocean has several natural harbors giving Kenya an economic advantage.
- (b) Land productivity and population distribution: In terms of rainfall distribution, land use and productivity, Kenya is divided into four major regions: 1) high potential; 2) medium potential; 3) low potential; and 4) semi-arid and arid regions. Population density is highly skewed with about 80% of the population concentrated in the 17% of the land area comprising the high, medium and low potential regions. Thus, only 20% of the population is sparsely scattered in the semi-arid or arid region which makes up 83% of the land area. For example, the population density is as high as 230 persons in the high potential areas and as low as 3 persons per sq. km in the semi-arid or arid areas (Poverty Reduction Strategy Paper for Period 2001-2004, Vol.1, 2001).
- (c) In the densely populated areas social services are overstretched, while in semi-arid and arid areas where population densities are extremely low and sparsely distributed it is very difficult to provide the same services. The problem of service provision in the latter areas is compounded by the fact that the inhabitants are nomadic pastoralists.
- (d) Decentralization policy: Adopted in 1982, the decentralization policy is implemented in Kenya through the District Focus for Rural Development (DFRD). The District Commissioners (DCs) are responsible for implementing all Government development programs and handling the related funding from the district to the grassroots level. The Development Committees, set up at the district, division and location levels, not only implement programs identified by the Government but also spearhead similar programs and recommend them to the Government for financial and technical support.
- (e) Economic development: During the post-independence era, the average economic growth rate in Kenya declined from 6.6% in 1974-79 to 4% in 1980-89 and 2.4% in 1990-2000. Since 1980 this decline in economic performance has been accompanied by declining investment levels. In addition, the economy has been devastated in recent years by declining world market prices. The Kenyan economy shrank by 0.3% in 2000, the first year of negative growth since

independence (Poverty Reduction Strategy Paper for the Period 2001-2004. Vol. 1. 2001). However, between 2001 and 2002, GDP grew by 1%, and currently, the rate of growth is estimated at 5%.

- (f) Kenya showed a GDP gross national income per capita of \$1,010 in 2002, which is below the average of low-income countries and that of sub-Saharan Africa. According to the Economic Survey (2004), the GDP per capita income showed insignificant growth, from \$271 in 1999 to \$376 in 2003.
- (g) Poverty level: The Poverty Reduction Strategy Paper (PRSP) for the Period 2001-2004 defines poverty as the inability to feed self and family, lack of proper housing, poor health and inability to educate children and pay medical bills. The 1997 Welfare Monitoring Survey set absolute poverty at Kshs 1,239 (US\$15) per month, or 50 US cents a day, in rural areas and Kshs 2,648 (US\$33) per month, or US\$1 a day, in urban areas. According to this definition, 15 million Kenyans were poor in 1997 compared with 3.7 million in 1972-73 and 11.5 million in 1994. An estimated 56% of the Kenyan population (of which 8.6 million are children) now live below the poverty line. The Government adopted poverty lines of Kshs. 2,648 (US\$33.1) in urban areas and Kshs. 1,238 (US\$15.5) in rural areas per adult per month.¹
- (h) The PRSP states that three-quarters of the poor live in rural areas. Nearly half of Nairobi's poor live in urban slums. Table 1.1 shows disaggregated poverty data by province and towns. The causes of poverty include low agricultural productivity, insecurity, unemployment, low wages, bad governance, shortage of land, inadequate and poor infrastructure, HIV/AIDS, gender imbalance and the high cost of social services including education and health. Recent reforms such as economic liberalization, market competition, private and public sector reform and labor retrenchment have worsened the situation.

Table 1.1: Regional differentials in the incidence of poverty

	% of overall poverty		
	1992	1994	1997
Rural areas			
Central	36	32	31
Coast	43	56	62
Eastern	42	58	58
Nyanza	47	42	63
Rift Valley	51	43	50
Western	55	54	59
North Eastern	-	58	-
Total Rural	48	47	53

¹ Central Bureau of Statistics, 2004. Economic Survey. Nairobi: Ministry of Planning and National Development, Kenya.

Urban Areas			
Nairobi	26	26	50
Mombasa	39	33	38
Kisumu	-	48	64
Nakuru	-	30	40
Other towns	-	29	43
Total urban	29	29	49
Total Kenya	45	40	52

Reference: Interim Poverty Reduction Strategy Paper 2000-2003. (2000).

- (i) Female labor force: Women's participation in the labor market has increased as more women acquire higher education. The number of wage-earning women rose from 503,400 in 2002 to 511,000 in 2003; however, only 25% of women are engaged in formal employment compared with some 40% for men². The growing involvement of women in paid employment has increased the demand for ECDE services.
- (j) Population size: Kenya's population was 30.2 million in 2000, comprising 14.7 million (49%) males and 15.5 million (51%) females. [See Table 1.2.] Children under 15 years of age made up 44% of the population and 52% were aged 15 to 64 years, and those from birth to the age for entering primary school (0+-5+) constituted approximately 20% of the population³

Table 1.2: Trends in population and fertility rate

		1993	1999	2000
Population (millions)	Male	12.9	14.3	14.7
	Female	13.1	15.1	15.5
Fertility rate (children per mother)		5.4	4.7	3.99

Reference: Central Bureau of Statistics. (2001).

- (k) The average life expectancy in Kenya has declined significantly in recent years. In 2004 it was said to be 45 years of age, far below the world average of 65 years. Life expectancy for men in Kenya is 44 years while for women it is 46 years. However, according to the Kenya Demographic and Health Survey (KDHS) in 2003, the mortality of younger women between ages 15-34 years is higher than that of men, most likely due to the HIV/AIDS pandemic.

² Central Bureau of Statistics, 2004. Economic Survey. Nairobi: Ministry of Planning and National Development, Kenya.

³ Central Bureau of Statistics, 2001, 2004. Economic Survey. Nairobi: Ministry of Planning and National Development, Kenya.

7.2 Education system

- (a) Early childhood development and education (ECDE): Under Presidential Circular Number One of 1980, the pre-school education program was transferred from the then Ministry of Culture and Social Services to the MOE. However, pre-school education is not compulsory; hence attendance in pre-school is not a prerequisite for joining Class 1 (i.e. the first grade of primary school). Pre-school education caters to children between the ages of 3.0 - 5.11 years.
- (b) In the area of ECDE, since approximately 1990 35% of children aged 3.0 to 5.11 (just under 6 years) currently have been accessing ECDE services⁴. In this area Kenya is fourth in Africa with only Mauritius, Namibia, and Ghana having a higher proportion of children receiving ECDE services. There is a recent decline in enrolments however with the introduction of FPE, since parents have to pay for ECDE.⁵
- (c) Primary education: Under the Children Act 2001, education is the right of every child. Primary school education has been free, but not compulsory, since 2003. In 1985, Kenya embraced the 8-4-4 system of formal education, that is, 8 years of primary school, 4 years of secondary school and 4 years of university. The age of entry into primary school is 6.0 years.
- (d) A non-formal system caters for disadvantaged children in arid and semi-arid regions and the urban slums. Prior to 2003, non-formal education was not funded by the Ministry of Education (MOE). NGOs, religious bodies and local communities were the main references of support. Non-formal schools offer literacy and vocational skills to young children and youths. Since 2003, however, the MOE has provided financial support to these institutions as part of the free primary education (FPE) program.
- (e) In 2003 Kenya re-introduced the Free Primary Education to attain its goal of universal primary education (UPE). Prior to 2003, enrollment in primary school had declined significantly from 95% in 1989 to 76% in 1999 and 69.9% in 2001. The main contributing factor to this decline was poverty which meant that most parents could not afford the high fees charged in the primary schools⁶. However, after the introduction of FPE the enrolment rose by 17.7% which was from 6.131 million children in 2002 to 7.208 million children in 2003.⁷
- (f) Girl child's education: The relative enrolment rates of girls in both primary and secondary schools have improved over the last

⁴ Global Monitoring Education for All Report, 2002.

⁵ Ministry of Education, Statistics, 2003

⁶ Global Monitoring Education For All Report. 2005.Paris. UNESCO Publishing.

⁷ Ministry of Education, Statistics, 2003

decade⁸. At the secondary school level, girls' enrolment rose from 39.4% in 1990 to 43.1% in 1998, with Nairobi recording the highest (46%) and North Eastern Province the lowest (3.4%)⁹. While there is near gender parity at the primary school level, there are glaring disparities at the higher institutions of learning (EFA Global Monitoring Report, 2004).

- (g) The low enrolment of girls is primarily due to increasing levels of poverty, cultural attitudes, diminishing value of girls' education, gender-insensitive sanitary practices, insecurity due to the migratory lifestyles of nomadic communities, and traditional practices such as early marriages. Furthermore, in Kenya, women and girls tend to bear the responsibility of carrying out house chores including collecting firewood and water. However, with more girls in schools, the average age of marriage has gone up (NACECE. 2002. NACECE Report of 2002 Activities. KIE).
- (h) Impact of girls' education: According to the KDHS 2003, there is a close correlation between women's education and the age at which women get married. Women with at least some secondary education get married more than five years later than those with no education (22.7 years versus 17.3 years). Education also influences the age at which women have their first children, with educated women starting families much later than their uneducated counterparts. More than half of educated women use modern family planning methods, compared with only 20% of women with no education. Almost 30% of women with no education do not attend antenatal clinics, compared with only 2% of those with some secondary education. In addition, 71% of children whose mothers had some secondary education were fully immunized as opposed to only 34% of the children whose mothers had no formal education.

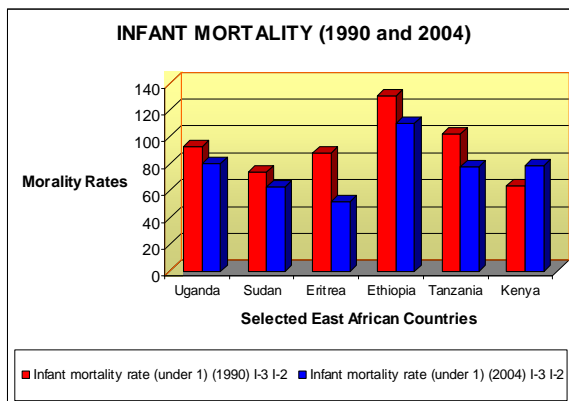
7.3 Current health and nutrition status of children

- (a) Under-five and infant mortality rates have risen significantly since the 1990's unlike in other East African countries. By the year 2004 under-five mortality was 115 deaths per 1,000 live births and the infant mortality was 77 deaths per 1,000 live births. This situation is visualized in Figures 1.1 and 1.2 below.
- (b) As the figures suggest the situation is serious. Figure 2.3 depicts Kenya's mortality rates for infants and under-fives. Presently Kenya's mortality rate is approaching those of the least developed countries of the world.

⁸ Mid-Term Review Report, 2001. Government of Kenya and UNICEF; Elimu Yetu Coalition, 2003. Gender and Education: The Challenge of Educating Girls in Kenya

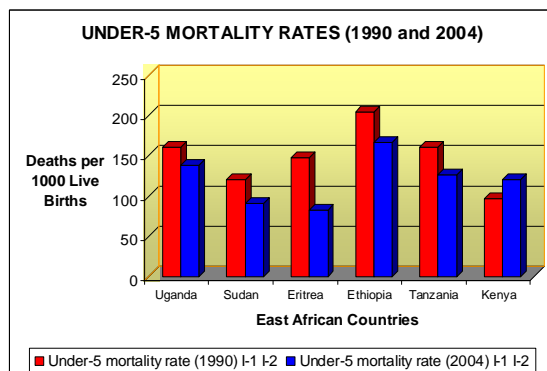
⁹ Elimu Yetu Coalition. Ibid.

Figure 1.1 Infant mortality rates in East African countries, 1990 and 2004



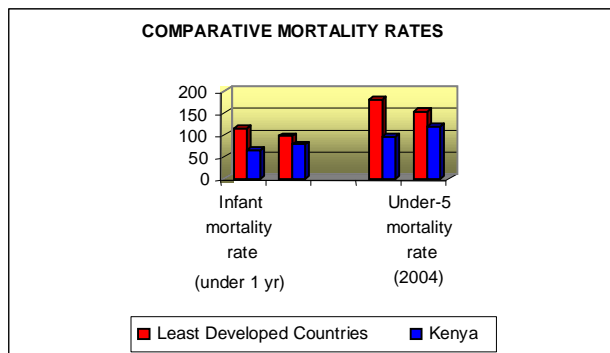
[Reference: www.unicef.org/sowc06/statistics.php]

Figure 1.2 Under-5 mortality rates in East African countries, 1990 and 2004



[Reference: www.unicef.org/sowc06/statistics.php]

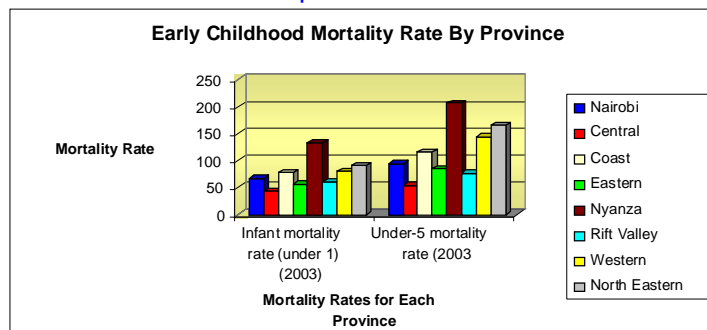
Figure 1.3 Comparative mortality rates: Least developed countries and Kenya, 1990 and 2004



[Reference: www.unicef.org/sowc06/statistics.php]

- (c) The problem of infant and child mortality is not distributed equally across the provinces. As Figure 1.4 below shows, in 2003 Nyanza Province had the highest infant and under-five mortality rates yet it had the highest increase in medical facilities and services.

Figure 1.4 Comparative early childhood development mortality rate by province



[Reference: Kenya Demographic Health Survey, 2003]

- (d) The four major childhood diseases responsible for the high childhood mortality rate are malaria, acute lower respiratory infections, diarrhoea, dehydration and measles. HIV/AIDS is also a major contributor to early child mortality. Other contributing factors include poor hygienic conditions, lack of access to safe drinking water, lack of exclusive breastfeeding, inadequate cleaning of bottle teats, and over-diluted-milks (KDHS, 2003).

- (e) As of 1999, 40% of Kenyan children below 5 years of age were iron deficient. About 73% of Kenyan children under 5 years of age also suffered from anaemia¹⁰. The time spent by mothers away from their babies due to wage or self-employment, collecting water and looking for food, limits the time they spend caring for their children, hence an increase in children's vulnerability to disease and malnutrition.

- (f) Stunting occurs especially in the drought-prone areas of Kenya's arid and semi-arid region. In 2001, 35% of children were considered to be moderately stunted compared to 33% in 1998. About 15% were severely stunted in 1998. About 30% of the children under five are too stunted, meaning they have chronic malnutrition. Almost 6% are wasted which is a sign of severe malnutrition. Overall, one in five children is under weight. Malnutrition is higher in rural areas and among families of lower economic status. There are, however, regional disparities, with a 41% stunting rate in the Eastern Province, 38% in the Western Province, 37.5% in the Rift Valley and 29%, the lowest, in the Central Province (Multiple Indicator Cluster Survey 2001, KDHS, 2003).

- (g) Immunization coverage has made the most significant gains over the years. In 1989 for example, the coverage was only 51%. By 1990 this

¹⁰ National Survey on Iron, Vitamin A and Zinc 1999.

had risen to 71.2% which was very close to the Universal Child Immunization (UCI) target of 75%. Unfortunately there has been a significant decline since 1998, from 65% to 60% in 2003. The percentage of children receiving no vaccinations at all has also increased from 3% in 1998 to 6% in 2003 (KDHS, 2003). There are large disparities across provinces: Central Province leads with 79% of children being fully immunized, followed by Coast Province with 66%, while North Eastern Province has the lowest coverage of 9% of the children being fully immunized, and 46% not immunized at all (KDHS, 2003).

7.4 HIV and AIDS pandemic

The HIV/AIDS pandemic has been on the rise, with a large a number of the infected population (80 to 90%) being between 15 to 49 years. This is a national disaster as this age cohort forms the backbone of the country's economy in terms of economic productivity and child bearing. Of those infected, 10% are children aged 5 years and below (GOK/UNICEF 1997). Of the children infected, 1/3rd die before they celebrate their first birthday, the other 1/3rd between 1 to 3 years of age and the rest between 3-15 years of age (HIV/AIDS in Kenya, 2002). There were over 1.1 million AIDS orphans in Kenya in 2001. Of all orphans in Kenya, 80% are AIDS orphans. These were projected to rise to 1.2 million in 2005 (GOK/UNICEF 1997).

7.5 Child labour

Nationally, 1.3 million children (aged 5 to 17) were engaged in child labour in 1998/9 - mostly in commercial and subsistence agriculture, fishing and domestic services. The majority of working children are aged between 10 to 14 years; with the highest proportions found in the Coast, Eastern and Rift Valley Provinces (19-19.8%). This figure has declined with the introduction of free primary education.

7.6 Government policy supporting early childhood development service delivery

(a) Policy of Partnership

The Government has encouraged the policy of partnership in the provision of services for infants and children. This partnership policy has facilitated the participation of numerous partners who provide diverse services and programs for children that would not otherwise have been available.

(b) Decentralization policy

In 1982, the Government adopted a decentralization policy, which was implemented through the strategy of District Focus for Rural Development (DFRD). This policy shifted the responsibility for development from the provinces to district level. As a result, the District Commissioners (DC's) were vested with the responsibility for implementing all Government development programs and handling the related funding from the district to the grassroots level. The Development Committees that have been set up at

the district, division and location levels to spearhead development programs at their respective levels. The role of the central Government in these committees is to support these programs by providing both financial and technical support.

In addition to supporting these development programs, the central Government provides direct services for children and families through various sectoral programs under the umbrella of the Development Committees. Examples of these sectoral programs include education, health and security.

- (c) Furthermore, under the policy of partnership and the District Focus for Rural Development, the Government encourages other stakeholders to provide resources and services to support programs for children and families.

7.7 Early childhood development systems for direct and indirect service delivery

- (a) As was mentioned earlier, numerous stakeholders have various roles and responsibilities for the provision of services for children and families. These stakeholders comprise a complex system of direct and indirect services.
- (b) Four ministries provide direct and indirect services: Ministry of Education, Ministry of Health, Ministry of Local Government and the Ministry of Home Affairs. Other ministries, including Ministry of Gender, Culture, Sports, and Social Services, Ministry of Labour, Ministry of Agriculture and Ministry of Water enhance the quality of life for communities and thus positively contribute to children's health and total well-being. The Ministries of Finance, Planning and National Development, as well as the Office of the President and the Attorney General's Chambers also offer support services to other Ministries in order to ensure that they carry out their mandates effectively. Donors, NGOs, CBOs and other members of civil society, including universities, provide indirect support. Presently the Ministries follow sectoral lines and coordination, while present, is not maximized. Graphic depictions of these early childhood development systems follow:

Figure 1.5 Early childhood development Delivery System for Direct Services for All Children

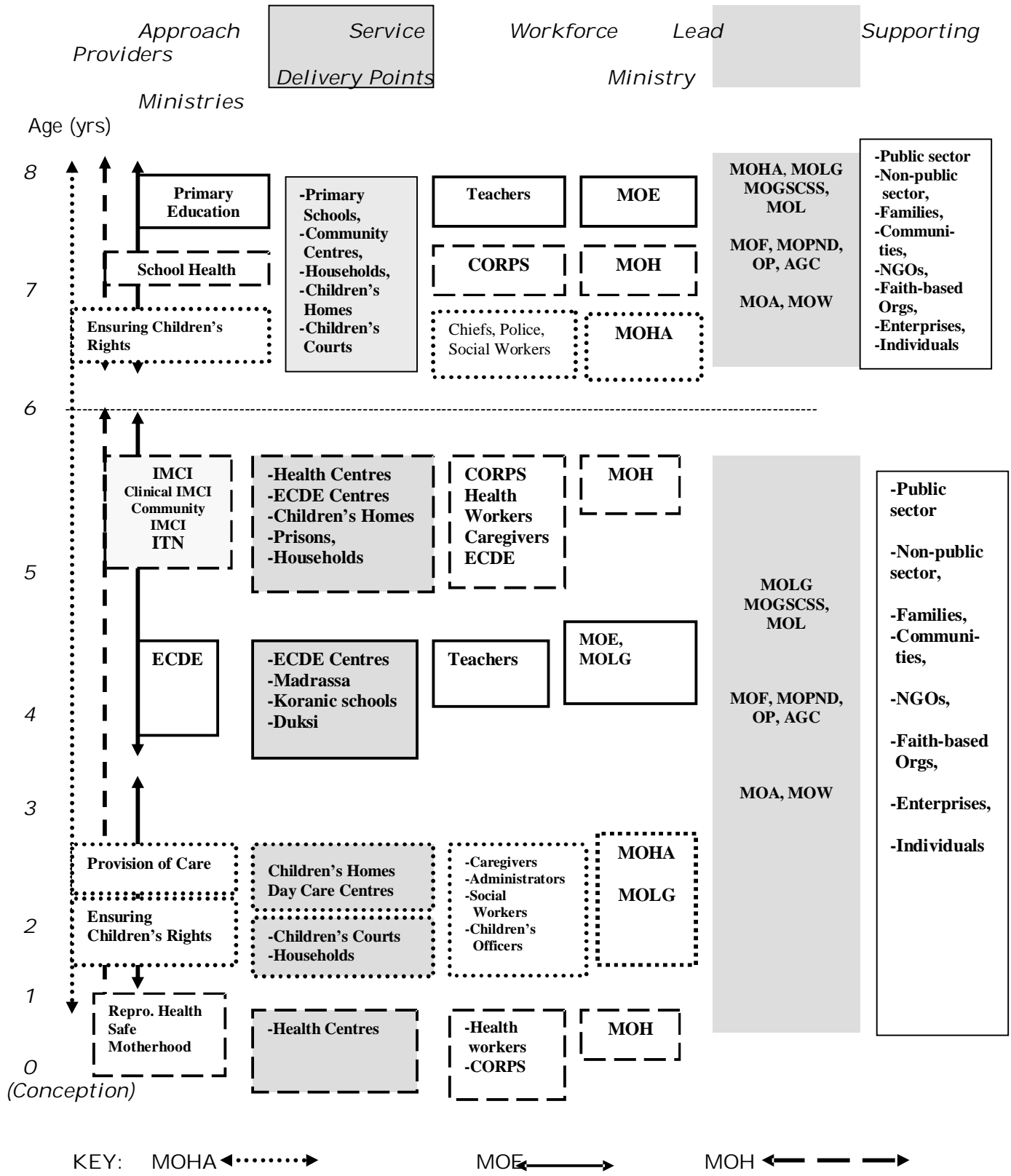
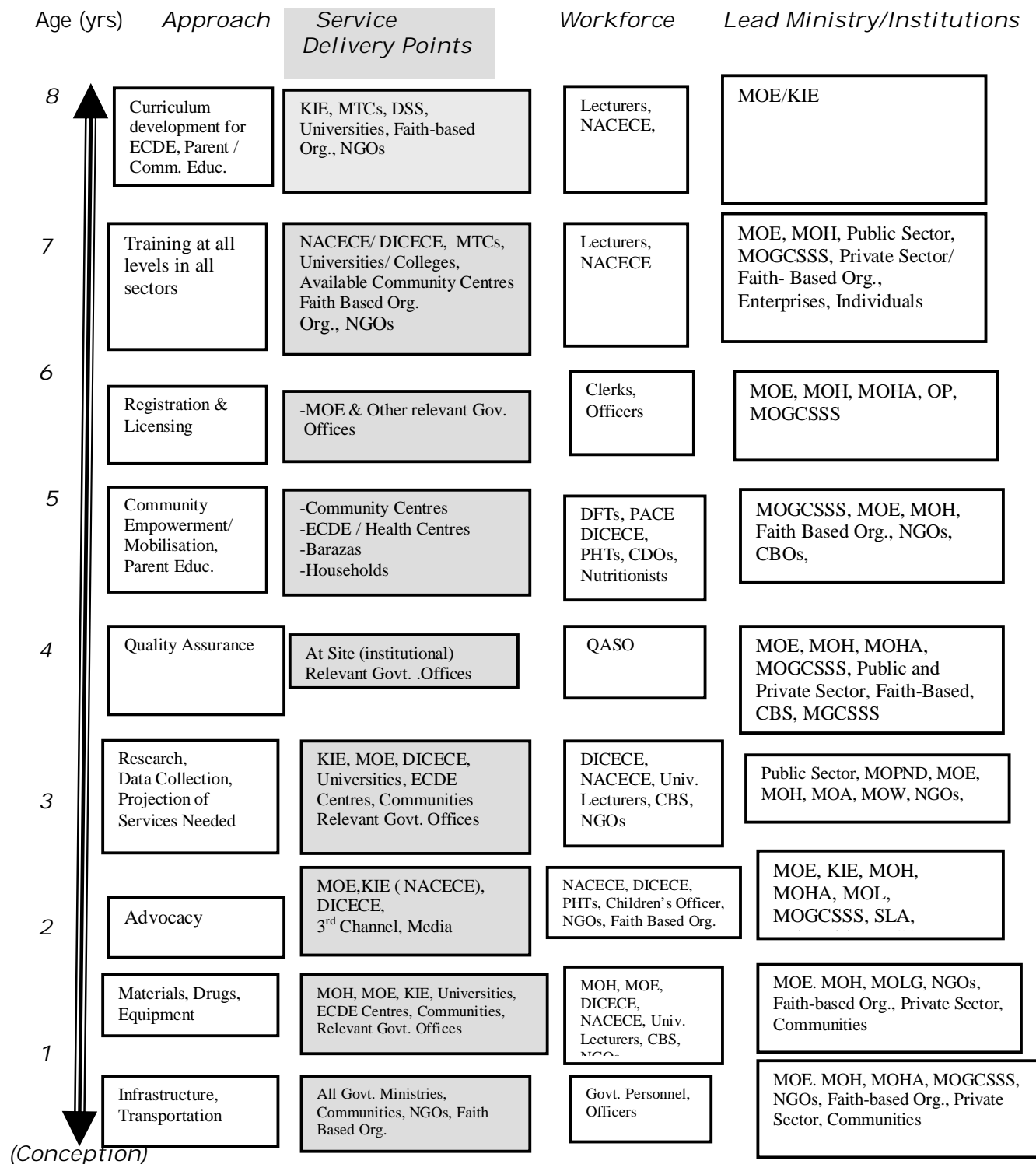


Figure 1.6 Early childhood development Delivery System for Indirect Services for All Children



7.8 Subsystems

Within the systems that provide and support the Early childhood development services there are subsystems that must be enumerated. Within the implementation of the sector policies for the provision of early childhood development service, these subsystems require resources and must be guided by quality standards and guidelines. Various partners use different categorizations of these subsystems as reflected in their policy statements and strategic plans¹¹. These have been consolidated and amalgamated within this comprehensive Early Childhood Development Policy Framework.

Table 1.3 Selected sectoral subsystems and comprehensive policy subsystems

SUBSYSTEMS				COMPREHENSIVE ECD POLICY FRAMEWORK
SECTORAL SUBSYSTEMS				
Ministry of Education	Ministry of Gender, Sports Culture & Social Services	Ministry of Health	Ministry of Home Affairs	
Registration	Registration			Human Resources (Development/ Training, Recruitment & Management, Performance Based Contracts)
Training	Training	Human Resource Management & Development	Human Resource Management & Development	
Pedagogy	Pedagogy			
Staffing	Staffing			
Quality Assurance and Standards	Quality Assurance and Standards	Standards and Quality Assurance	Standards and Quality Assurance	Standards and Quality Assurance
Monitoring and Evaluation	Monitoring and Evaluation	Monitoring & Evaluation	Monitoring & Evaluation	Research, Monitoring, Evaluation & Documentation
Research and Documentation			Research & documentation	
Financing	Financing	Financial Management	Financial Management	Financial Management (Sourcing, Allocation and Accounting)
Administration	Administration	Health Planning		Resource Planning (Projections, Strategic Plans, Work Plans)
Infrastructure		Interface between Services and Community		Interface (Relationships, Process and Infrastructure) between partners, community and services
		Commodity Supply and Management		Sourcing, Supply, Distribution and Management of Equipment, Other Materials, Physical Facilities, and Transportation
		Investment and Maintenance (infrastructure, equipment, transport)		
Communication (ICT)		Communication Systems/ICT		Communication (Channels, Modes, Third Channel)/ICT

Reference: Ministry of Health. The Second National Health Sector Strategic Plan of Kenya NHSSP II 2005-10. Reversing the trends. *Draft* (May 2005); Ministry of Education Policy Framework on ECD: A Discussion Paper (April 2005).

¹¹ Ministry of Health. The Second National Health Sector Strategic Plan of Kenya NHSSP II 2005-10 Reversing the trends. *Draft*. May 2005; Ministry of Education Policy Framework on ECD: A Discussion Paper. April 2005

8.0 EARLY CHILDHOOD DEVELOPMENT POLICY FRAMEWORK

8.1 Vision statement

- (a) All children realizing their full potential in life.

8.2 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 children.

8.3 Goal

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

8.4 Objectives

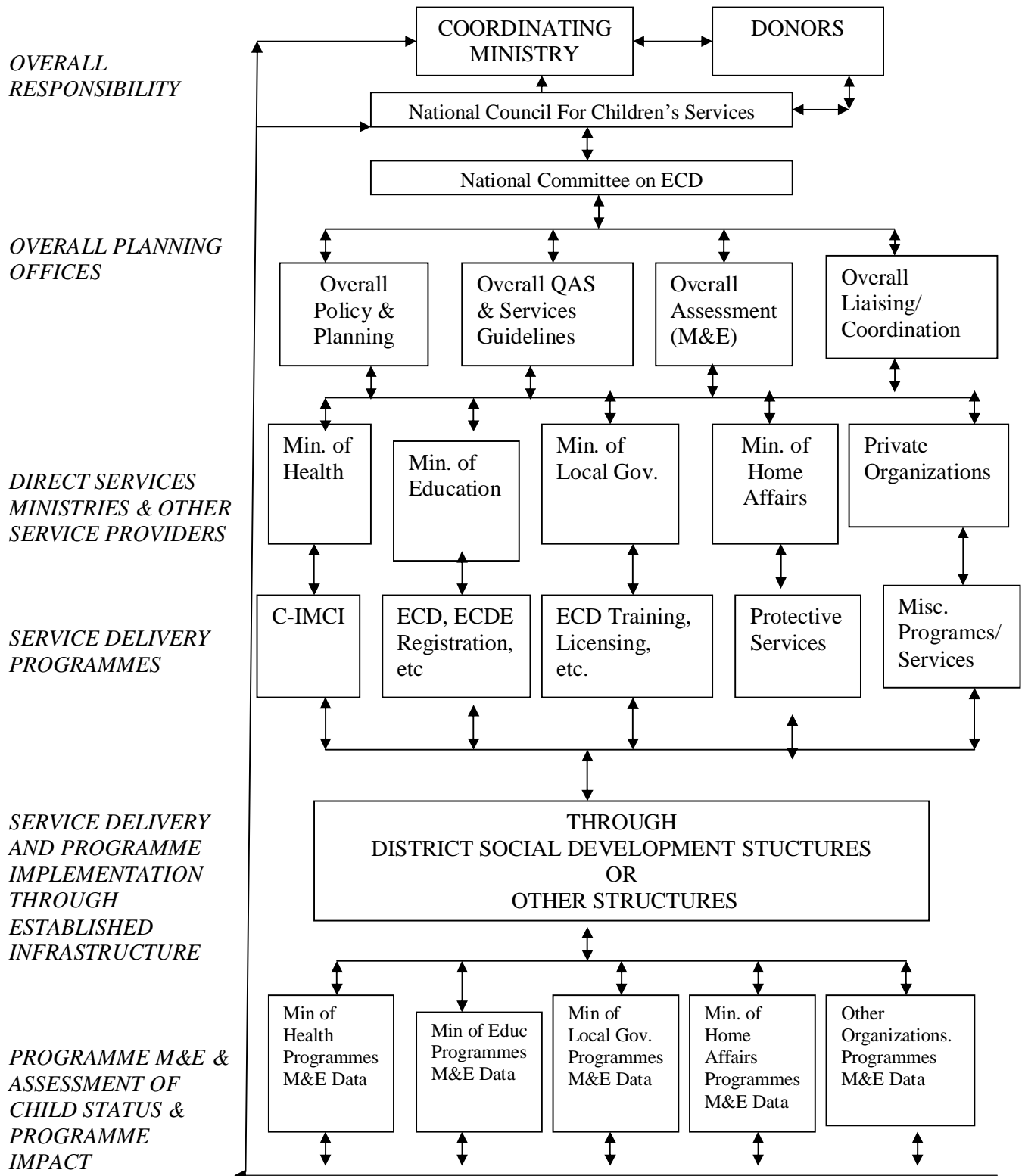
In general this policy shall enhance the quality, accessibility and equitable distribution of services for children through more efficient partnerships and capacity building. More specifically, the objectives of the policy include:

- (a) To ensure that quality services for infants and children are accessible and affordable to all children, including the vulnerable, disabled and marginalized.
- (b) To promote and strengthen partnerships and collaboration among all stakeholders involved in provision of services and programs for children.
- (c) To mobilize resources to provide quality services to all young children.
- (d) To provide standards and quality assurance guidelines (benchmarks) to enhance quality and efficiency.

8.5 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 would put in place a committee to harmonize the sectoral perspectives and the contributions of donors.

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



9.0 Challenges and strategies

- (a) As the Government and other stakeholders strive to accomplish the goals of increasing access to services, enhancing quality of services and ensuring 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 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.
- (b) When addressing the 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.
- (c) The Government and stakeholders must understand and build on the context of the communities as well as strengthen the complex systems of programs involved in service delivery for children and families. In so doing, they will make service delivery more responsive, relevant and effective, thus optimizing the use of resources. As already stated, the needs of children are diverse and therefore no single partner is able to offer quality services in isolation. Thus, there is a need for partnering. In this regard it is necessary to develop mechanisms for ensuring effective partnerships.
- (d) No policy framework would be complete without a monitoring system. 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 the planning structures. Indicators for measuring effects, impact and development need to be set up, as well as reporting mechanisms and systems for dissemination.
- (e) 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.

9.1 Policy Statements

Listed below are the specific challenges and policy statements for the Early Childhood Development Policy Framework arranged by subsystems referred to in Table 1.3 on page 25.

- 9.1.1 Challenges in human resources (development/training, recruitment, management and performance based contracts)
- (a) Insufficient skilled manpower, especially on issues related to young children and families due to lack of adequate training of personnel in different sectors.
 - (b) Lack of quality service standard guidelines for training programmes, which impact negatively on provision of quality training.
 - (c) Lack of coordination of training, especially in curriculum content and pedagogy, which compromises the quality of the training and results in resource duplication and wastage.
 - (d) Underdevelopment and wastage of human potential due to lack of access to training opportunities as well as insufficient and inequitable distribution of training resources.
 - (e) Lack of funding.

9.1.2 *Policy Statements for human resources (development/training, recruitment, management and performance based contracts)*

- (a) *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.*
- (b) *The Government with its partners shall 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.*
- (c) *The Government, in collaboration with its partners, shall develop or strengthen pedagogies to ensure that they are “user friendly”, culturally sensitive, relevant, comprehensive and inter-sectoral.*
- (d) *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.*
- (e) *The Government with its partners shall develop and oversee the implementation of service standard guidelines relating to conditions and terms of service for various levels of service providers in Early Childhood Development.*

- (f) *The Government, in collaboration with its partners shall 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.*
- (g) *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.*

9.2.1 Challenges in standards and quality assurance

- (a) Lack of clearly defined and “user friendly” service standard guidelines, resulting in reduced quality of services, inadequate coordination of service provision, and therefore inequitable distribution and access to services.
- (b) Lack of a co-ordinating body.
- (c) Lack of a lead ministry on ECD issues.

9.2.2 Policy statement for standards and quality assurance

- (a) *The Government in collaboration with its partners shall develop, implement and monitor the use of clearly defined “User-Friendly” standards and quality guidelines that cover all aspects of programmes for children in different sectors and contexts and serve to advocate for the rights of children. The Standard Service Guidelines (SSG) shall be reviewed when need arises.*
- (b) *The Government shall ensure that organizations and partners in the provision of indirect services for children, particularly in health and education, have quality assurance standards and guidelines comparable to the minimum standards that the Government has set for direct delivery of services to children.*
- (c) *The National Council for Children’s Services within MOHA shall appoint a National Committee on ECD to co-ordinate ECD activities.*
- (d) *Ministry of Education shall be the overall lead ministry.*

9.3.1 Challenges in research, monitoring and evaluation

- (a) Insufficient quality research, monitoring and evaluation on children and family issues for advocacy and also to adequately guide policy formation and programme planning.
- (b) Insufficient resources, including funding and skilled personnel, compromising the quality of the research and monitoring activities, especially for the vulnerable and marginalized, including children with special needs.

- (c) Lack of coordination and dissemination of research findings resulting in policy formulation and programme planning not sufficiently supported by empirical data.

9.3.2 *Policy statements for research, monitoring and evaluation*

- (a) *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, including children with special needs.*
- (b) *The Government and its partners shall develop mechanisms for harmonising 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.*

9.4.1 Challenges in financial management (sourcing, allocation and accounting)

- (a) Lack of adequate finances for the provision of direct and indirect services for children and families which negatively impacts on quality and breadth of services provided and the number of beneficiaries, especially for the vulnerable and marginalised communities, including children with special needs.
- (b) Insufficient "user friendly" financial systems required for transparency and accountability, resulting in inadequate accessing of available finances, poor management of financial resources and improper accounting procedures.

9.4.2 *Policy statements for financial management (sourcing, allocation and accounting)*

- (a) *The Ministry of Education, in collaboration with the Ministry of Planning and National Development, shall conduct a baseline survey to determine requirements for integrating 4-5 year olds into basic education by 2010.*
- (b) *Any other key ministries shall be required to conduct a baseline survey before implementing aspects of ECD policy under their dockets.*
- (c) *The GOK, in collaboration with its partners, shall develop mechanisms, including training programmes and user-friendly financial systems, which will ensure transparency and accountability in sourcing, allocation and accounting for finances of programmes and services for children.*
- (d) *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 young*

children, especially the vulnerable and marginalized, including children with special needs.

- (e) *The GOK shall ensure that the phasing in and accessibility to financial management training is equitable and timely to enhance quality service delivery for all children, especially the marginalised and vulnerable, including children with special needs.*

9.5.1 Challenges in resource planning (projections, strategic plans, work plans)

- (a) Inadequate planning among service delivery programmes due to lack of skilled personnel, and insufficient financial resources compromising the quality of services provided to children and families, particularly in the vulnerable and marginalised communities, including children with special needs.
- (b) Lack of coordinated planning among partners resulting in duplication of programmes and poor utilisation of resources and gaps in services, especially for the vulnerable and marginalised communities, including children with special needs.
- (c) Inadequate “user friendly” service standard guidelines for quality programme planning and implementation
- (d) Insufficient “user friendly” MIS systems to support documentation, analysis and dissemination of research, monitoring and evaluation data for programme planning.

9.5.2 *Policy statements for resource planning (projections, strategic plans, work plans)*

- (a) *The Government in collaboration with its partners, shall develop mechanisms that ensure resource planning is conducted as per standards and quality guidelines, develop culturally sensitive and “user-friendly” resource planning training programmes and develop activities and programmes that promote a culture of industry, transparency and accountability.*
- (b) *The Government, in collaboration with its partners, shall develop mechanisms that ensure monitoring and evaluation data relating to the status of children, particularly the vulnerable and marginalised including children with special needs, is the basis of resource planning to ensure the provision of quality services for children in an equitable manner, especially in education and health.*
- (c) *The Government, in collaboration with its partners, shall develop mechanisms to improve its efficiency in resource planning through the development, application and training in modernized documentation methods and systematic review of projections, strategic plans and work plans in light of the dissemination of research and monitoring of the status of children, especially the vulnerable and marginalized, including children with special needs.*

- (d) *The Government shall continue to review and enhance its budgetary allocation to programmes, mechanisms and partnerships that advocate for the rights of children and that ensure that quality and accessible programmes in education and health are equitably distributed to infants and young children, especially the vulnerable and marginalised, including children with special needs.*

9.6.1 Challenges in interface among partners, communities and services (relationships, process and infrastructure)

- (a) Insufficient coordination and partnering with communities due to lack of appreciation of communities' role in their own development and as agents of change, leading to underdevelopment of communities, lack of community ownership and sustainability of community-based programmes.
- (b) Top down planning processes that do not adequately involve the communities in the process of community-based programme development.
- (c) Lack of sufficient coordination among partners implementing community-based programmes, resulting in duplication of services, conflicts and inadequate utilization of resources.
- (d) Weaknesses in the infrastructure, including excessive bureaucracy, which militates against efficient delivery of quality services, especially among the vulnerable and marginalised

9.6.2 *Policy statements for interface between partners, communities and services (relationships, process and infrastructure)*

- (a) *The Government, in collaboration with its partners, shall develop and implement mechanisms to enhance effective interactions among stakeholders in early childhood development service provision at all levels to empower communities in their roles as service providers and to facilitate the coordination of communities and service providers for more accessible quality service provision in a timely and equitable manner for all children, especially the marginalised and vulnerable in health and education, including children with special needs.*
- (b) *The Government shall enhance mechanisms for partnerships in the provision of early childhood development 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, especially in health and education and particularly for the marginalised and vulnerable, including children with special needs.*

- (c) *The Government shall set up mechanisms to streamline systems for efficient delivery of services and to ensure the coordination of the same.*

9.7.1 Challenges in equipment, other materials, physical facilities and transportation (sourcing, supply, distribution and management)

- (a) 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 the delivery of quality services for all children, particularly in health and education and especially for the marginalised and vulnerable communities, including children with disabilities.
- (b) Lack of skilled personnel for identifying, sourcing, supplying, 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 communities including children with special needs.

9.7.2 *Policy statement for equipment, other materials, physical facilities and transportation (sourcing, supply, distribution and management)*

- (a) *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.*
- (b) *The Government, in collaboration with its partners, shall support, 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.*
- (c) *The Government shall 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.*

9.8.1 Challenges in communication (channels, modes, third channel)/ICT

- (a) Lack of appropriate and efficient channels and modes of communication resulting in communication barriers, misunderstandings, ineffective transfer of information and lack of necessary knowledge and skills.
- (b) Insufficient knowledge and access to modern modes of communication and ICT leading to underutilisation of available information, underdevelopment of communities and hampering service delivery systems for children and families, especially in health and education among the vulnerable and marginalised communities and children with special needs.

9.8.2 *Policy statements for communication (channels, modes, third channel) /ICT*

- (a) *The Government shall, in collaboration with its partners, develop and implement mechanisms for an effective communication process at all levels, including channels and lines of communication, to enhance interaction among organisations, programmes, service providers, and communities in the provision of services for all children, including children with disabilities, especially in health and education.*
- (b) *The Government shall, in collaboration with its partners, support, develop and implement services that support modernised forms of communication, including ICT, at all levels in equitable phases to enhance the efficiency and quality of service provision for children, especially in health and education, including children with special needs.*
- (c) *The Government shall, in collaboration with its partners, support, develop and implement training programmes in ICT and other modernised forms of communication at all levels in order to enhance the efficiency of provision of quality services for young children, especially in health and education in the vulnerable and marginalised communities, including children requiring special needs education.*

9.9.1 Challenges in partnering and advocacy

- (a) Lack of efficient mechanisms for coordination among partners resulting in inadequate dissemination of information, duplication of services and programmes, insufficient utilisation of resources and reduced quality of services and service delivery.
- (b) Lack of clearly defined roles of partners, militating against quality provision of services for children and families, especially in the vulnerable and marginalised communities.
- (c) Lack of adequate channels of communication for partnering and advocacy, especially on issues related to young children

and families, resulting in reduced partnering and inadequate advocacy for children's rights and needs.

9.9.2 *Policy statements for partnering and advocacy*

- (a) *The Government shall develop mechanisms, within which the lead Ministry and the National Council for Children's Services shall work together, to enhance its capacity for leadership, partnering and coordination of services provided for children and families by both the Government and other partners.*
- (b) *The Government, in collaboration with its partners, shall clearly define the roles of different partners at all levels, including families and communities, to enhance the coordination and provision of quality services and the equitable distribution and access of the same, especially in education and health, particularly for the vulnerable and marginalised communities and children with special needs.*
- (c) *The Government shall put in place and use diverse systems and mechanisms to support the communication processes and modes of communication for advocacy for the rights of children and to enhance the quality of their lives, particularly for the vulnerable and marginalized, including children with special needs.*

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