



Zizi Afrique  
Foundation

# The Report on Political Economy Analysis of Early Childhood Development in Kenya

Case Study Counties: Mombasa, Samburu and Siaya





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## Executive Summary

Kenya scored better than the African average on early childhood development outcomes. While 66 per cent of children are reported to be at risk of poor development outcomes in Africa, 83 per cent, 77 per cent, and 74 per cent of children aged 24-35 months, 36-47 months, and 48-59 months in Kenya respectively are reported to be developmentally on track in health, learning, and psychosocial well-being<sup>1</sup>. The positive progress is attributed to a reduction in the under-five mortality rate from 52/1,000 live births in 2014 to 41/1,000 live births in 2022, a reduction of under-five stunting from 26 per cent in 2014 to 18 per cent in 2022, and improved access to pre-primary education with attendance rate standing at approximately 85 per cent in 2022.

### Finding on key drivers and barriers to ECD service delivery in Kenya

Notable factors driving positive child development outcomes: The provision of health and education services has been driven by:

- i) devolution of key services to the counties,
- ii) development and implementation of various ECD policies and programmes,
- iii) inclusion of ECD in County Integrated Development Plans (CIDPs),
- iv) increased advocacy efforts by non-state actors towards scaling-up of Nurturing Care Framework (NCF), and
- v) increased demand and supply of Primary Health Care (PHC) through community health promoters.

### *A large proportion of children is still at risk of poor development:*

Despite notable progress, approximately 23 per cent of children aged 24 to 59 months are still at risk of not realising their developmental potential due to challenges in quality and equity. Specifically, the percentage of children at risk increases with age. While 17 per cent of children aged 24–35 months are at risk, 23 per cent of those aged 36–47 months, and 26 per cent of those aged 48–59 months, are at risk of poor development respectively.

### *Systemic and programmatic barriers interact to impede the delivery of essential ECD services:*

Access to quality, inclusive, and equitable ECD services is hindered by legal, policy, institutional, and programmatic barriers such as:

- 1) Inadequate political goodwill around allocative decisions towards public financing for essential nurturing care services;
  - 2) Lack of a harmonised policy to guide counties in planning and budgeting for nurturing care services;
  - 3) Weak multisectoral coordination of actors and services; and
  - 4) Inadequate granular data for children aged 0-3 years disaggregated to lower levels.
- Political goodwill: Limited political will is manifested in various forms, including delays in decision-making around fast-tracking policy preferences for ECD-related programmes. This is evidenced by inadequate budgetary allocations and expenditure to pursue ECD programme goals.
  - Delay in adopting the Integrated ECD Policy: The delay in finalising the IECD policy affects counties in contextualising the framework to guide provision of nurturing care, especially operationalisation of care for children aged 0-3 years as envisaged by the Forth Schedule of the 2010 Constitution. The lack of an IECD affects counties in prioritising budgets and programmes for children aged 0-3 years beyond the traditional focus on immunisation and health.
  - Weak institutional framework affecting multisectoral collaboration: Although the revised Children's Act (2021) gives the National Council for Children Services (NCCS) the mandate to

<sup>1</sup> Kenya Demographic Health Survey, 2022

coordinate the provision of children's services, inadequate financing and staffing, as well as policy challenges, are cited as key hindrances to the execution of the NCCS's mandate with regard to the coordination of ECD actors and services.

- Data and evidence: The lack of adequate granular data for children aged 0-3 years disaggregated to lower levels continues to affect evidence-based policy formulation, planning, resource allocation and overall decision-making for better service delivery to this group
- Triple Threat interacts with other risks factors: The Triple Threat, which includes new HIV infections among adolescents and young people, adolescent pregnancies, and sexual and gender-based violence, interacts with other risk factors — such as household economic constraints — to affect child survival and development outcomes. For example, the high prevalence of adolescent pregnancies (ages 10-19) remains a major barrier to Nurturing Care for children aged 0-3 years because the majority of children of adolescent girls do not receive adequate responsive caregiving.

Findings on actors (formal and informal), their decision-making power, interest, and preferences The ECD subsector in Kenya benefits from the contribution of both State and non-State actors, which play distinct and complementary roles in the delivery of nurturing care services:

While state actors, such as members of executive and legislative bodies, have a direct mandate to ensure that children enjoy their rights, non-State actors — such as international donors, national and local NGOs, religious organisations, the media, and private sector players — complement State agencies and contribute significantly in the delivery of ECD services at national and county levels.

#### *ECD is affected by political considerations:*

Members of Parliament and county assemblies are often motivated to allocate more resources to programmes perceived to have more political capital in terms of votes. Thus, ECD services, including childcare services for children aged 0-3 years, are considered less attractive compared to bursaries for secondary and tertiary students, as well as the construction of roads and markets. Therefore, deliberate advocacy strategies that target Members of Parliament to secure their political commitments towards improved investment in ECD — especially in programmes targeting children in their earliest years (0-3) — are essential.

#### *Exercise of both hard and soft power:*

There are two categories of actors in the power dynamics around the delivery of nurturing care services; those who hold hard power and those with soft power. The development and implementation of national and county development plans is key to advocacy efforts aimed at including the ECD agenda in short- and long-term development plans. For example, the advocacy approaches targeting the actors who hold hard power — such as the President and Governors — would be strategically different from those targeting actors with soft power, such as First Ladies or Gentlemen, families, and personal assistants or secretaries to powerful individuals.

#### *Minimal participation of key private actors:*

Although the robust involvement of the private sector is vital for inclusive and sustained economic growth, there is minimal participation of key private sector actors in the provision of nurturing care services in Kenya, calling for more efforts to build and share a business case for investment in ECD interventions targeting children aged 0-3 years.

### **Conclusion and Call to Action**

This Political Economy Analysis shows that Kenya has made progress in improving Early Childhood Development outcomes as evidenced by the reduction of under-five mortality and stunting rates, as well as improvements in access to pre-primary education, which currently stands at 85 per cent. Despite this significant progress in the ECD subsector, access to ECD services is still hindered by quality and equity challenges, with operationalisation of childcare

services for children aged 0-3 years not being at par with pre-primary education for children aged 4-5 years. This contradicts the spirit of Schedule Four of the 2010 Constitution, which devolved both pre-primary education and childcare to county governments.

In addition to pre-primary education, healthcare, nutrition, as well as safety and security components of nurturing care continue to receive more attention compared to access to opportunities for early stimulation and responsive caregiving. This situation leaves 17, 23, and 26 per cent of children aged 24-35 months, 36-47 months, and 48-59 months in Kenya, respectively, at risk of not realising their full developmental potential in health, learning, and psychosocial well-being<sup>2</sup>. This is due to policy, institutional, and programmatic barriers, including delays in the adoption and implementation of the IECD policy, inadequate public budgeting and expenditure on ECD services – especially those targeting children aged 0-3 years – weak multisectoral coordination mechanisms, evidence and data gaps that hinder planning. The challenge is compounded by workforce capacity challenges.

Achieving the target of ensuring that all children, especially those below three years and who are in vulnerable households and marginalised communities, are on track to realise their full developmental potential in health, learning, and psychosocial well-being will require State actors (both national and county governments), as well as non-State actors (development partners, CSOs, and private sector) to double their efforts. Both national and county governments will need to demonstrate political goodwill through enactment (and implementation) of relevant legal, policy and institutional frameworks that address the key barriers to service delivery. This, in turn, will require concerted action within and across both State and non-State actors, through the adoption of strategic, results-oriented, and coordinated approaches to ECD service delivery.

Key strategic decisions that should be considered include adoption and implementation of the IECD policy, as well as investing in the collection and consolidation of disaggregated data for children aged 0-3 years down to the local level. This will build the evidence base to inform ECD planning and budgeting, including building a political case for investing in ECD – especially the first 1,000 days. It will also strengthen the monitoring and evaluation of service delivery outcomes across all components of nurturing care, with a special focus on holistic childcare services for children aged 0-3 years.

In this, ZAF sees three strategic outcomes to pursue as its contribution to the ecosystem:

1. An ECD (0-5 years) evidence observatory established: data collated, evidence generated and shared to inform caregiving and parenting practices and policies;
2. Contextualised research approaches are implemented to generate and supply evidence for policy and practice;
3. ECD Data/evidence made available to inform policy and practice.



## *List of Abbreviations and Acronyms*

BPS	Budget Policy Statement
CBOs	Community-Based Organisations
CECEC	County Early Childhood Education Committee
CFSP	County Fiscal Strategy Paper
CIDP	County Integrated Development Programme
COG	Council of Governors
CRA	Commission on Revenue Allocation
CSOs	Civil Society Organisations
DCS	Department of Children Services
ECD	Early Childhood Development
ECDE	Early Childhood Development and Education
FBOs	Faith-Based Organisations
HCI	Human Capital Index
IECD	Integrated Early Childhood Development
IGRI	Inter-Governmental Relations Institutions
IGRTC	Inter-Governmental Relations Technical Committee
IYCF	Infant and Young Child Feeding
KDHS	Kenya Demographic Health Survey
KSEIP	Kenya Social Economic Inclusion Programme
MAD	Minimum Acceptable Diet
MoH	Ministry of Health
MoL & SP	Ministry of Labour and Social Protection
NACEC	National Early Childhood Education Committee
NCCS	National Council for Children Services
NCF	Nurturing Care Framework
NCGCS	National and County Government Coordinating Summit
NGOs	Non-Governmental Organisations
NICHE	Nutrition Improvement for Children through Cash and Health Education
OCOB	Office of the Controller of Budget
PEA	Political Economy Analysis
PFM	Public Finance Management
PHC	Primary Health Care
QDS	Qualitative Data Synthesis
SSI	Smart Start Initiative
SSS	Smart Start Siaya
WB	World Bank
WHO	World Health Organisation
ZAF	Zizi Afrique Foundation



## 1 Introduction and Analytical Framework

### 1.1 Global and Regional Perspective

**Importance of the early years of development:** The earliest years of a child's life, especially the first 1,000 days, are foundational to human development and later life outcomes in terms of emotional, cognitive and physical development. This is the period when the brain develops most rapidly, and the foundation is laid for future development, wellbeing, and productivity. Thus, investing in the early years — which includes good healthcare, adequate nutrition, responsive caregiving, opportunities for early learning, and safety and protection — is a key strategy for realising better human capital development outcomes<sup>3</sup>.

**Africa is taking steps to implement the NCF:** Available evidence shows that many countries in Africa have policies and programmes that address various aspects of nurturing care services. For example, in the health sector, the development and implementation of policies and programmes targeting health, education, and social protection sectors have contributed to the continued reduction of child poverty in the region. This progress is marked by reductions in maternal and child mortality rates, and improvements in child malnutrition reduction outcomes<sup>4</sup>.

Despite the above efforts, the subsector remains underdeveloped. Globally, close to 250 million children, especially in poor countries, are at risk of not achieving their full developmental potential. Approximately 53 per cent and 40 per cent of under-five deaths and stunting levels globally<sup>5</sup> are reported to occur in Africa. In sub-Saharan Africa, approximately 66 per cent<sup>6</sup> of

3 Heckman, J. (2017); Britto *et al.*, (2017); UNICEF (2019); WHO (2020); World Bank (2020).

4 UNICEF (2021). Quantifying Heckman: Are Governments in Eastern and Southern Africa Maximizing Returns on Investments in Early Childhood Development?

5 UNICEF, WHO, World Bank Group joint malnutrition estimates, 2019 edition.

6 Black, M. M., Walker, S. P., Fernald, L., Andersen, C. T., DiGirolamo, A. M., Lu, C., McCoy, D. C., Fink, G., Shawar, Y. R., Shiffman, J., Devercelli, A. E., Wodon, Q. T., Vargas-Barón, E., Grantham-McGregor, S., & Lancet Early Childhood Development Series Steering Committee (2017). Early childhood development coming of age: Science through the life course. *Lancet* (London, England), 389(10064), 77–90. [https://doi.org/10.1016/S0140-6736\(16\)31389-7](https://doi.org/10.1016/S0140-6736(16)31389-7).

children under-five are at risk of not reaching their full developmental potential due to a myriad of intersecting factors, such as poverty, malnutrition, child abuse and neglect, and inadequate early stimulation.<sup>7</sup> Some of these factors can lead to early mortality<sup>8</sup>. The region continues to experience high levels of child mortality and malnutrition as well as low access to early learning and stimulation services. Poor development on key ECD indicators compounds and over time affects the accumulation of human capital globally. Available evidence indicates that sub-Saharan Africa region lags behind in key human capital indicators, with a child born in the region only able to achieve 40 per cent productivity as a future worker, assuming the child completes education and enjoys full health<sup>9</sup>.

**Adoption of the Nurturing Care Framework (NCF) for ECD marked a turning point in global efforts to improve growth experiences of children.** Launched in May 2018 at the 71st World Health Assembly, the NCF provides a roadmap for ensuring attainment of the Sustainable Development Goals and the ‘Survive, Thrive and Transform’ goals of the Global Strategy on Women’s, Children’s and Adolescents’ Health<sup>10</sup>. The framework builds on evidence of how children’s development unfolds and provides a roadmap to guide the provision of five interrelated and indivisible services; good health, adequate nutrition, safety and security, responsive caregiving, and opportunities for learning.

## 1.2 Situation in Kenya

**A considerable population in Kenya is young:** According to the National Census of 2019, Kenya had about 11 million individuals aged between zero and eight years. This represented 23 per cent of the total population, with 43.2 per cent aged between zero and three years (Kenya National Bureau of Statistics Census Report, 2019). This sits well within the discourse on the opportunities provided by the demographic dividend, which calls for investments in the growing youthful population.

**Urgent need to focus on children living on the margins:** The 2010 Constitution guarantees various rights to all citizens. Specifically, Article 53 guarantees the rights of every child. – These include, but are not limited to, free and compulsory basic education, nutrition, shelter, healthcare, protection from abuse, neglect, harmful cultural practices, and protection from all forms of discrimination. While Kenya has made some progress in addressing the growth and welfare of children – for instance stunting levels were reduced by eight per cent in 2022 from 26 per cent in 2014 (Figure 1), possession of birth certificates increased from 10 to 70 per cent, and at least 90 per cent of children under the age of five years are accessing pre-school education – the progress has been slow, and the gains are not evenly distributed. For instance, stunting levels continue to be high among marginalised communities, the poor, and in rural settings. Stunting levels in rural areas are almost double those of children in urban areas and almost three times higher among the poorest compared to children from wealthy households.

**Need for political economy analysis to accelerate progress:** The health and social sectors are political, with investments dictated by the political class and governments of the day. Globally, health, education, and social welfare sectors are central in every election. Kenya is no exception, with a lot of resources allocated to support the health and education sectors and with commitments by the political class to reform the necessary sectors to address persistent inefficiencies. Thus, realising meaningful change in these sectors and their subsectors, such as ECD, requires an understanding of the political economy. The ECD subsector in Kenya is multi-sectorial but undeveloped and lacks proper coordination for impact. A political economy analysis of the decision flows and power dynamics can help broker and accelerate progress in

7 UNICEF. A World Ready to Learn Global Report, 2018.

8 United Nations Inter-Agency Group for Child Mortality Estimation (UN IGME) 2020.

9 World Bank. Human Capital Report, 2020.

10 WHO, UNICEF, & World Bank Group. (2018). Nurturing care for early childhood development: A framework for helping children survive and thrive to transform health and human potential.



child development, particularly during the crucial periods of development – the first 0-3 years. The political economy analysis underscores the fact that while good technical expertise and sound policies are needed, multi-directional and iterative political action are imperative for implementation.

### 1.3 Goal and Objectives

Zizi Afrique Foundation (ZAF) conducted a Political Economy Analysis (PEA) of ECD in Kenya to understand how decisions are made in the subsector, the key drivers and barriers. The study focused beyond understanding formal power (institutions and their mandates) to include informal power, identifying influential personalities who make decisions, and understanding their interests and persuasions.

#### 1.3.1 Objectives

The study was guided by three overarching objectives:

1. To identify key levers to service delivery, particularly for children aged 0-3 years in Kenya.
2. To document strategic policy and programmatic interventions in Kenya and assess how they address child development, with a specific focus on the NCF.
3. To map out power dynamics involving key actors (both formal and informal) and their level of influence on the delivery of ECD services for children aged 0-3 years.

### 1.4 Analytical Framework

The Political Economy Analysis was anchored on the Co-IMPACT Systems Change Model. The model defines system change as “the means to realign the underlying policies, relationships, functions, incentives and motivations to higher, outcomes-focused and more inclusive equilibrium, to improve the lives of people, especially those in the margins”. The model posits that despite significant progress in recent decades, hundreds of millions of people still live precarious lives, as many systems operate sub-optimally and fail to deliver expected results at the people level (so called people-level outcomes). The model calls for the need to address structural inequalities that impede realisation of better development outcomes for the most vulnerable members of society. The key elements of the model adapted for the current PEA include [Box 1]:

*an all attentive ECDE session in Siaya*





## Box 1: Elements of Political Economy

### a) *Political economy analysis:*

Political economy and power analyses are critical for an in-depth understanding of the root problems in society, the bottlenecks to addressing them, and the identification of solutions to address priority areas. This element of systems change helps identify political and institutional constraints, as well as other socio-contextual factors that underlie the delivery of services – in this case, ECD services for children aged 0-3 years in Kenya.

### b) *Focus on key levers that drive change:*

The systems change model helps to identify gaps in key levers such as policies, laws, regulations, financial resources, and both formal and informal incentives that affect service delivery. This is achieved through the provision of services for children aged 0-3 years in Kenya, as well as existing efforts to adopt and scale up implementation of the Nurturing Care Framework.

### c) *Power analysis:*

Undertaking power analysis helps to understand key actors, their relationships, motivations, and extent of their power and influence on a particular issue, alongside their interests in achieving shared outcomes. It also helps to dig deeper to unearth impediments that exist in addressing societal issues, despite these actors wielding power and influence at various levels. Power analysis is also crucial in uncovering entities that may not appear to hold power but can influence decisions indirectly – for example, a driver to the president could be convinced to act on issues that may positively impact society.

### d) *Focusing on learning and adaptation:*

Generating and disseminating a body of rigorous evidence to serve as a resource for evidence-based advocacy strategies and approaches to accelerate better outcomes for children aged 0-3 years.

The four components, guided by the systems change model, informed the framing of questions that guided the exploration of the political economy for children aged 0-3 years in Kenya [Table 1].

*Table 1. Adapted PEA Framework*

PEA Component	Key Questions	Analysis Guide
Political Economy Analysis	What outcomes do we hope to see in people? What kind of system do we need to deliver such outcomes?	<ul style="list-style-type: none"> <li>• Analysis of people-level outcomes.</li> <li>• Analysis of system-level outcomes.</li> </ul>
Key ECD issue/ Barrier to service delivery for children aged 0-3 years.	If you had the power to make a meaningful change for children aged 0-3 years, what one major ECD issue would you prioritise and why? How is the issue or problem manifested?	<ul style="list-style-type: none"> <li>• Analysis of key issues and problems or barriers to the realisation of better child development outcomes.</li> <li>• An in-depth diagnosis or analysis of the problem to understand the root causes and to tease out key manifestations at national and sub-nationals contexts.</li> </ul>

Strategies and Interventions	<p>What are the existing policies and promising strategies that have led (or could lead) to positive outcomes for children?</p> <p>What are the major barriers to policy and programme implementation?</p>	<ul style="list-style-type: none"> <li>• Structural diagnosis by analysing the existing structures, policies and regulations, institutional frameworks, as well as informal rules of engagement</li> <li>• Synthesis of information on existing programmes and interventions.</li> </ul>
Power Mapping	<p>Who are the actors (individuals, organisations/ institutions) with power and influence in the delivery of services for children aged 0-3 years?</p> <p>What is their role (hook)?</p> <p>What incentives influence their behaviour in regard to the problem identified?</p>	<ul style="list-style-type: none"> <li>• Analysis of power, incentives, and behaviour around allocative and spending decision-making related to the delivery of nurturing care services for children aged 0-3 years.</li> <li>• Analyse the balance of power between actors, the barriers experienced by actors in the delivery of nurturing care services, as well as existing opportunities. Focus on concepts that provide insights into the actor's incentives.</li> </ul>

## 1.5 Data Collection

The political economy analysis of ECD in Kenya employed participatory action tools to understand levers of ECD, power and resource flows, and how accelerating change might look like.

- **Multi-stakeholder engagement** with strategic stakeholders working in the ECD space. The stakeholders were drawn from the national and at the county levels. Three such conversations were held, one at the national level and one each in the three counties of interest: Mombasa, Samburu, and Siaya. The discussions were guided by the Co-IMPACT System Change Approach.
- **Desk Review:** Consolidated existing evidence from proximate sectors such as health, education, social development, among others, to develop an overall understanding of data and knowledge on the status of development and care of children. The desk review traced ECD evidence locally, regionally, and globally, culminating into the synthesis and documentation of existing policies, frameworks, institutions, and key actors, as well as programme interventions and models of Nurturing Care Services for children aged 0-3 years in Kenya. Key outputs of the desk review included:
  - i) Directory of policies and frameworks supporting delivery of Nurturing Care Services for children in Kenya (with a special focus on selected counties).
  - ii) A list of key actors – institutions, organisations, and individuals – along with their roles and responsibilities and their influence on the provision of NC Services for children aged 0-3 years; and a map of power flow in the ECD ecosystem in Kenya.
  - iii) A report on existing service delivery models, gaps, and options to ensure the essentials for optimum development of young children aged 0-3 years.

**Stakeholder Engagement:** Four stakeholder engagement forums were held; one at the national level and one each in the three selected counties of Mombasa, Samburu, and Siaya [Table 2].

*Table 2. ECD Actors Engaged*

Engagement Level	# of State Actors	# of Non-State Actors	Total
National Level	11	14	25
Samburu County	22	7	29
Siaya County	29	12	41
Mombasa County	10	13	23
Total	72	46	118

### 1.6 Data Synthesis, Validation and Dissemination

Qualitative Data Synthesis (QDS) was mainly used to synthesise data by identifying common themes across desk reviews and stakeholder engagement results, which were then interpreted into explanations and narratives. Continued dialogue and advocacy engagements, including in-person and virtual knowledge exchange events were used to validate and disseminate the results.

### 1.7 Study Limitations

The study relied on desk reviews and stakeholder engagements at national level and in three case-study counties; Mombasa, Samburu, and Siaya. Various data indicators (inputs, outputs, and outcomes) were reviewed and analysed to provide insights into the political economy of ECD in Kenya in the context of nurturing care for children aged 0-3 years. A major caveat of this study was the scarcity of data on some of the indicators used, with a strong reliance on the Kenya Demographic Health Survey Report, 2022. Another key limitation of the study was the difficulty in tracking county funding flows across the five components of nurturing care for children aged 0-3 years. The annual state of devolution reports provided information on early learning (ECDE), health and nutrition components of nurturing care, while budgetary allocation and expenditure on social services programmes were consolidated. This meant that information on financing for services, such as promotion of responsive caregiving, safety and security for children, and opportunities for early stimulation, could not be provided. While the study examined the roles of State actors at the national level in supporting county governments to deliver on their devolved mandates, the focus was on provision of front-line services at county level, with special attention given to the three case-study counties. However, the findings of the study were validated and fine-tuned through follow-up consultations with State and non-State actors at both national and county levels.

### 1.8 Structure of the Report

The remainder of this PEA report is structured around three main sections: Chapter Two analyses the expected people-level and system-level outcomes, as well as the trends in service delivery, with a special focus on the drivers and barriers to the provision of nurturing care for children aged 0-3 years in Kenya. Chapter Three maps the actors, their power, and influence around allocative decisions. Finally, Chapter Four concludes with a summary of gaps, opportunities, and sets out key recommendations aimed at enhancing collective efforts at national and county levels to ensure that all children (aged 0-3 years) are on track developmentally in health, learning, and psychosocial well-being.





## 2 Trends in Service Delivery, Drivers and Barriers

### 2.1 Trends in and drivers of ECD service delivery in Kenya

#### Expected people and system-level outcomes

ECD actors at national and county levels expect change in the lives of children (0-3 years), institutionalised within a multisectoral service delivery system (Table 3).

*Table 3. Mapping of People-Level and System-Level Outcomes*

People-Level Outcomes	System-Level-Outcomes
<ul style="list-style-type: none"> <li>• Meaningful change in the lives of all children, manifested in survival and developmental levels.</li> <li>• Child developmentally on track in health, learning, and psychosocial well-being.</li> </ul>	<ul style="list-style-type: none"> <li>• The impact of the wider system, as a result of a functional service that ensures equity and inclusion.</li> <li>• Strengthening of governance structures to sustain the changes.</li> </ul>
<b>Key Indicators</b> <ol style="list-style-type: none"> <li>1. Lower mortality and morbidity, and stunting rates.</li> <li>2. A healthy and vibrant child who is active and explores the environment.</li> <li>3. A resilient child able to adapt to the new environment.</li> <li>4. Full cognitive, mental, social, and physical functioning.</li> </ol>	<b>Key Indicators</b> <ol style="list-style-type: none"> <li>1. Policy environment: Improved legal, policy and institutional frameworks, including standards and regulations, structures, budgets, financing, and accountability mechanisms guiding ECD service delivery.</li> <li>2. Workforce capacities: Strengthened capacities, including compensation, incentives, and motivations.</li> <li>3. Equity and inclusion: Elimination of gender-based violence and inclusion of children with disabilities.</li> </ol>



**Survival and development of the child are primary population outcomes.** ECD stakeholders at national and county levels indicated that the provision of quality nurturing care services in Kenya is expected to realise meaningful change in the lives of all children, manifested not only in a child's ability to survive but also in their thriving to reach their full developmental potential. An analysis of information from stakeholder engagements showed that major changes were expected across all domains of child development including:

- 1) Lower mortality and morbidity rates,
- 2) Lower stunting levels,
- 3) Healthy and vibrant children who are active and explore the environment;
- 4) Resilient children able to adapt to new environments; and
- 5) Holistic development of children characterised by cognitive, mental, social and physical functioning.

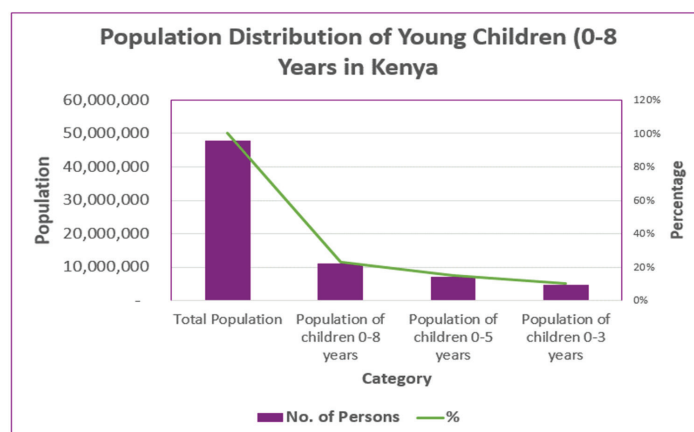
The stakeholders noted that for children to grow and develop optimally, they need adequate nutrition, good health, safety and security, as well as opportunities for early stimulation from conception to eight years (0-8 years), with a special focus on the first 1,000 days.

**System-level outcomes are linked to legal, policy, institutional, and administrative changes that promote the delivery of better services to children aged 0-3 years.**

From stakeholder engagements, strengthening of governance structures was emphasised, with positive aspects realised through positive changes:

- i) Policies, standards, and regulations;
- ii) Political commitments and follow-through to increase budgetary allocations for children aged 0-3 years;
- iii) Employment and capacity building of the ECD workforce, including compensation, incentives, and motivations to support the delivery of quality services;
- iv) Monitoring and evaluation of programme implementation to ensure that the expected outcomes are realised and changes identified and addressed.
- v) Elimination of negative social and cultural practices that impede realisation of better child development outcomes, such as gender-based violence,
- vi) Increased social protection services that include children and families from marginalised, and disadvantaged communities and families; and
- vii) Strengthened partnerships and collaboration involving both State and non-State actors.

**Population of young children in Kenya and progress in the ECD subsector:** Twenty-three per cent (11 million) of the population comprises children within the ECD age bracket of 0-8 years, with 7.2 million children under five years, representing 15 per cent of the population, and 4.75 million (10 per cent of the population) are children aged 0-3 years (Figure 1).



*Figure 1. Population Distribution of Young Children Aged 0-3 in Kenya*  
Source: Kenya National Bureau of Statistics' Census Report, 2019.

The fact that approximately 10 per cent of the Kenyan population constitutes children aged 0-3 underscores the need for the country to invest in ECD programmes targeting health, nutrition, responsive caregiving, opportunities for early learning, as well as child and social protection.

### Good progress has been made in the provision of NC Services:

A review of existing literature as well as stakeholder engagements at national and county levels showed that Kenya has made progress in the provision of Nurturing Care Services in the last decade, manifested in the reduction of the proportion of young children at risk of poor development.

The Kenya Demographic and Health Survey (2019) showed that 84 per cent of children aged 24-35 months are developmentally on track in health, learning, and psychosocial well-being. These improvements are reflected in the reduction of two child survival outcomes, namely under-five mortality and stunting rates, which are key to the realisation of better human capital outcomes, in addition to school attendance and education outcomes.

- Tremendous reduction in child mortality rate: Analysis of available data showed that under-five mortality has continued to decline steadily over the last three decades, from 115 to 41 deaths per 1,000 live births between 2003 and 2022. Similarly, infant mortality declined from 77 to 32 deaths per 1,000 live births over the same period (KDHS, 2022).
- Decreased childhood malnutrition: Available evidence indicates that the prevalence of childhood malnutrition has declined markedly since 1993, with the greatest decrease recorded between 2008–09 when it dropped by 35 per cent, and in 2022 by 18 per cent.

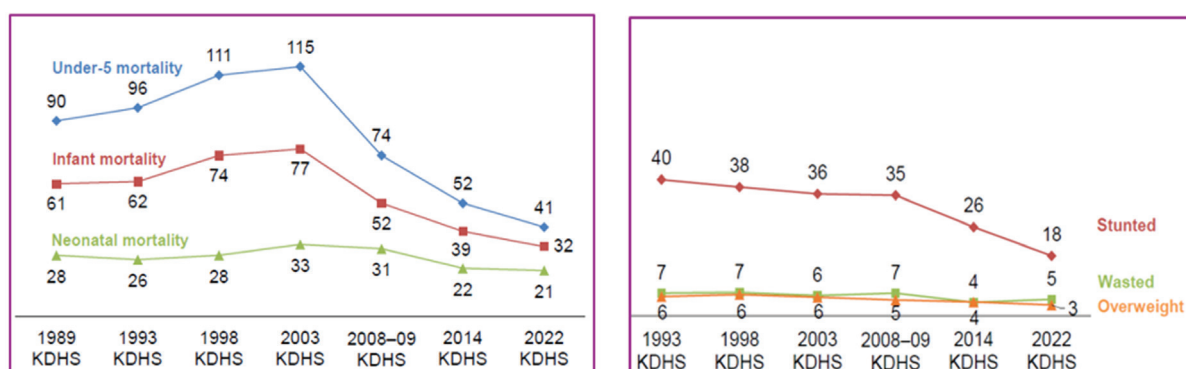


Figure 2. Trends in child mortality and malnutrition levels in Kenya (2003-2022).

Source: KDHS, 2022.

The decline in child mortality and stunting levels, as shown in Figure 1, can be attributed to increased advocacy campaigns aimed at increasing investment in the provision of health and nutritional services targeting pregnant women and young children. Examples of such campaigns include the integration of health promotion drives such as Breastfeeding Week, which advocates for early initiation of breastfeeding at birth, and promotion of exclusive breastfeeding up to six months. In 2022, 62 per cent of children were put to the breast within one hour of birth, while 60 per cent were exclusively breastfed, representing a 47 per cent increase from 13 per cent in 2003.

### Targeted national and county policy actions are bearing fruit:

Concerted efforts by both State and non-State actors continue to enhance access to Nurturing Care Services across the sectors of health, education, and social protection. This is manifested in the implementation of a number of sectoral interventions (Table 4).

Nurturing Care Components	Interventions
Good Healthcare	<ul style="list-style-type: none"> <li>▪ Maternal and antenatal care services provided in health centres.</li> <li>▪ Expanded immunisation programme for all children and regular campaigns on specific vaccines, such as Polio.</li> <li>▪ Treatment of common childhood illnesses across all facilities.</li> <li>▪ Adolescent-focused health services, including family planning services.</li> </ul>
Adequate Nutrition	<ul style="list-style-type: none"> <li>▪ Growth monitoring and promotion in the community and health-care centres and follow-ups through community health promoters and social workers, including referral systems.</li> <li>▪ Protein and energy supplements for women.</li> <li>▪ Infant and young child feeding (IYCF), including the promotion of exclusive breastfeeding in the first six months of a child's life.</li> <li>▪ Vitamin A, iodine, and iron supplementation.</li> </ul>
Early Learning Stimulation	<ul style="list-style-type: none"> <li>▪ Parental education on child development, especially during antenatal and postnatal care.</li> <li>▪ Digital learning platforms targeting young children.</li> <li>▪ Promotion of play and early stimulation at home.</li> <li>▪ Introduction of care for child development interventions in health centres, including testing such interventions across the country.</li> <li>▪ Advocacy for improved access to quality affordable childcare services.</li> <li>• Caregiver capacity building on early stimulation.</li> </ul>
Child Social Protection	<ul style="list-style-type: none"> <li>▪ Promotion of Child Rights/Prevention of Child Abuse and Neglect through community-based and judicial systems.</li> <li>▪ Enforcement of gender-based violence laws.</li> <li>▪ Expansion of social protection services to vulnerable households with children.</li> <li>▪ Promotion of birth registration.</li> <li>▪ Enforcement of labour laws providing for paid maternal and paternal leave.</li> <li>▪ School re-entry for adolescent mothers.</li> </ul>

*Table 4. Examples of Nurturing Care Programmes*

*Source: ZAF's ECD stakeholder engagements reports.*

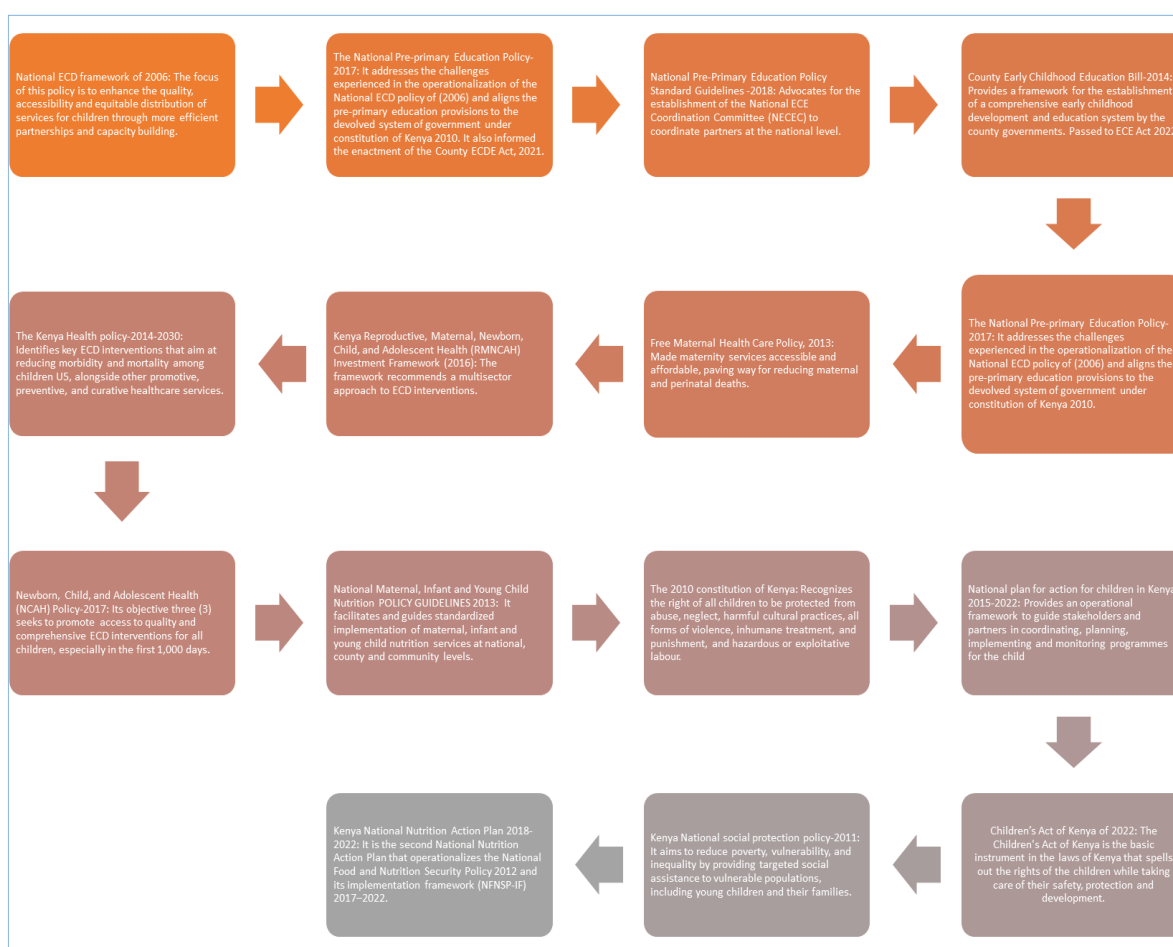
Improved policy environment supports implementation of nurturing care:

Kenya scores highly compared to her neighbours in the development of policies that guide ECD service delivery across key sectors of health, nutrition, education, child protection, and social protection (Figure 3).

In addition to the legal and policy frameworks, various sectors have developed standard guidelines that support the provision of quality ECD services. These guidelines include:

- 1) Standards of Practices for Child Protection Centres, 2010;
- 2) National Plan of Action for Children in Kenya (2015-2022);
- 3) County Child Protection System Guidelines (2013);
- 4) Guidelines for the Alternative Family Care of Children (2014).

In 2023, the government also developed the Commitment Plan (2023-2030) to end the “Triple Threat” of new HIV infections, mistimed pregnancies, and sexual and gender-based violence cases among adolescents and young people.



**Figure 3. Examples of ECD Related Policies**

The legal and policy frameworks summarised in Figure 3 support the delivery of ECD interventions in various ways across the country:

- Contextualisation of national policies and implementation of various programmes targeted at improving ECD outcomes in respective counties:
- Stakeholder engagements in selected counties – Mombasa, Samburu, and Siaya – revealed that various counties have made significant efforts to develop and implement key legal and policy frameworks to support ECD service delivery. For example, in Mombasa, the Mombasa Child Act, 2016 mandates the implementation of safer-cities programmes, which include nutritional interventions targeting young children in childcare facilities. In Siaya, the focus is on the Smart Start Siaya (SSS) initiative – a programme that advocates for a whole-of government, whole-of-system approach to the delivery of holistic ECD services.
- Meanwhile, Samburu focuses on promoting social protection interventions supporting child nutrition through support to household economic strengthening e.g. cash transfers, kitchen garden, as well as community campaigns through local radios and chiefs' barazas to challenge negative cultural practices such as early marriages.
- Models of ECD service delivery at national and county levels demonstrate best practices that could be considered in scaling up nurturing care across the country.

In addition to the well documented Smart Start Siaya (SSS) Initiative (Box 2), the Nutrition Improvement for Children through Cash and Health Education (NICHE) also demonstrates positive outcomes at people and system levels (Box 3).



## Box 2: Smart Start Siaya Model

In 2018, the Siaya County Government, under the leadership of the then Governor Cornel Rasanga, endorsed the need to scale up nurturing care across the county. He established a committee, chaired by a senior member of the Executive to coordinate all relevant sectors, including health, finance, social protection, education, agriculture, trade, civil society, and the private sector. Under the slogan “Nyathi En Mwandu, Miye Mise Motegno Chon”<sup>11</sup>, the county leadership ensured alignment of county priorities by embedding nurturing care in key county legislation, as well as sectoral plans and budgets. The implementation of SSS benefits from a strong multisectoral mechanism that brings key actors (State and non-State) together, facilitating knowledge exchange, leveraging resources and reducing duplication in service delivery, and enabling joint monitoring of progress. The model’s strong multisectoral coordination mechanism, which included consultations and inclusive decision-making, ensured the continuity of the programme through political transitions. More about the Smart Start Siaya Model can be accessed in the following link; [KENYA: Scaling up nurturing care \(nurturing-care.org\)](https://nurturing-care.org)

## Box 3: NICHE

NICHE is a World Bank and UNICEF-supported initiative under the Kenya Social Economic Inclusion Programme (KSEIP). It combines social protection, nutrition, and child protection programming to ensure multisectoral and integrated service delivery in the five counties of Kitui, Kilifi, Marsabit, Turkana, and West Pokot. The programme promotes investment in the scale-up of the existing nutrition-sensitive safety nets, and targets households with nutrition-sensitive cash transfers to improve well-being in nutrition, child protection and social protection. The following outcomes have been reported.

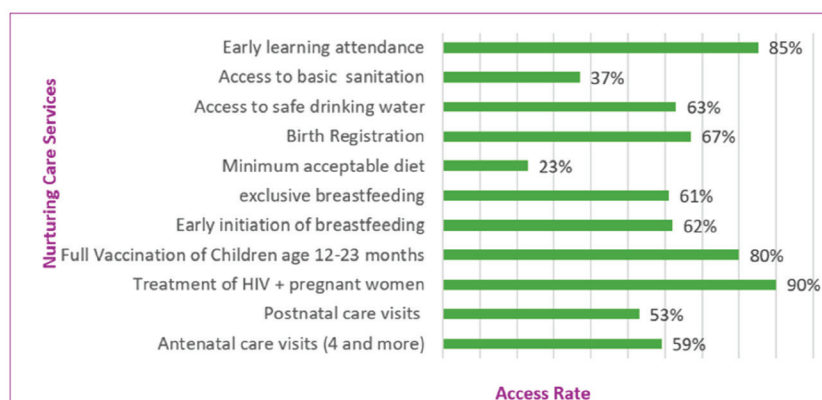
- Community Health Strategy in the five NICHE counties has been strengthened to deliver High Impact Nutrition Interventions for Cash Beneficiaries through adoption of the Baby Friendly Community Initiative (BFCI) strategy. This strategy aims to influence knowledge, attitudes, behaviours, and practices in health, child protection and nutrition within the beneficiary households.
- BFCI rollout at county level factors in guidance provided by Ministry of Health (MOH) on the continuity of essential community health services.
- Households receiving cash transfers and nutrition counselling services have demonstrated some improvement in nutritional status of pregnant and lactating women (PLW) as well as children.
- Monitoring and quality assurance systems have been put in place at county levels to monitor progress and improve service delivery.

## 2.2 Barriers to ECD Service Delivery in Kenya

### Urgent need to focus on young children living on the margins:

While Kenya has made some progress in addressing aspects of nurturing care for young children, the progress has been slow, and the gains are not evenly distributed, which affects the accumulation of human capital outcomes (Figure 4).

11 Give your child a strong foundation early.



**Figure 4. Milestones in access to essential nurturing care services**

Source: Countdown to 2030 (2023 Updates); KDHS, 2022 and 2014.

Figure 4 shows that while Kenya has made progress in the treatment of HIV+ pregnant women to reduce mother-to-child transmission (90 per cent), early learning attendance (85 per cent), and immunisation of children (12-23 months), a high proportion of children (22 per cent) are still exposed to risks that predispose them to not reaching their developmental potential. For example, the IYCF practices remain low, particularly post-six months, with seven in every 10 children aged between six and 23 months not fed according to the WHO standards on Minimum Acceptable Diet (MAD). Furthermore, exclusive breastfeeding stagnated between 2014, when 61 per cent of the children were exclusively breastfed, declining by one percentage point to 60 per cent in 2022 (KDHS, 2022).

#### **Human capital development remains at risk due to childhood malnutrition:**

The World Bank's Human Capital Index report (2020) estimated that 45 per cent of children in Kenya were unlikely to realise their full developmental potential by the age of 18 years. One of the notable challenges to the accumulation of human capital in the country is under-five stunting levels, which continue to be high among marginalised communities, the poor, and in rural settings. Stunting levels in rural settings are almost double those of children in urban areas and almost three times higher among the poorest compared to children from wealthy households.

#### **Triple Threat – which includes new HIV infections, pregnancies, and sexual and gender-based violence among adolescent girls – is a key barrier to better child development outcomes:**

The Triple Threat, especially high levels of adolescent pregnancies, interacts with other risk factors, such as household economic constraints, to affect positive child development outcomes across the country. Indeed, records from the Ministry of Health indicate that, over the past seven years (2016-2023), on average, around one in every five clients seeking antenatal services has been an adolescent aged 10-19 years<sup>12</sup>. The economic strain associated with teenage pregnancy in poor households is reported to compound the challenges of access to basic services, with negative consequences on the young child.

*Apart from the impact that adolescent pregnancies have on the girls' education, adolescent mothers face higher vulnerabilities to stigma, discrimination, mental health problems, and sexually transmitted infections, thus exposing the children to risks of premature births, low birth weight, perinatal deaths, disabilities, poor responsive caregiving, child abuse and neglect.*

#### **Systemic and programmatic barriers impeding better ECD outcomes:**

The ECD ecosystem is characterised by barriers to the delivery of quality Nurturing Care Services. Consultative forums held with stakeholders at both the national and county levels

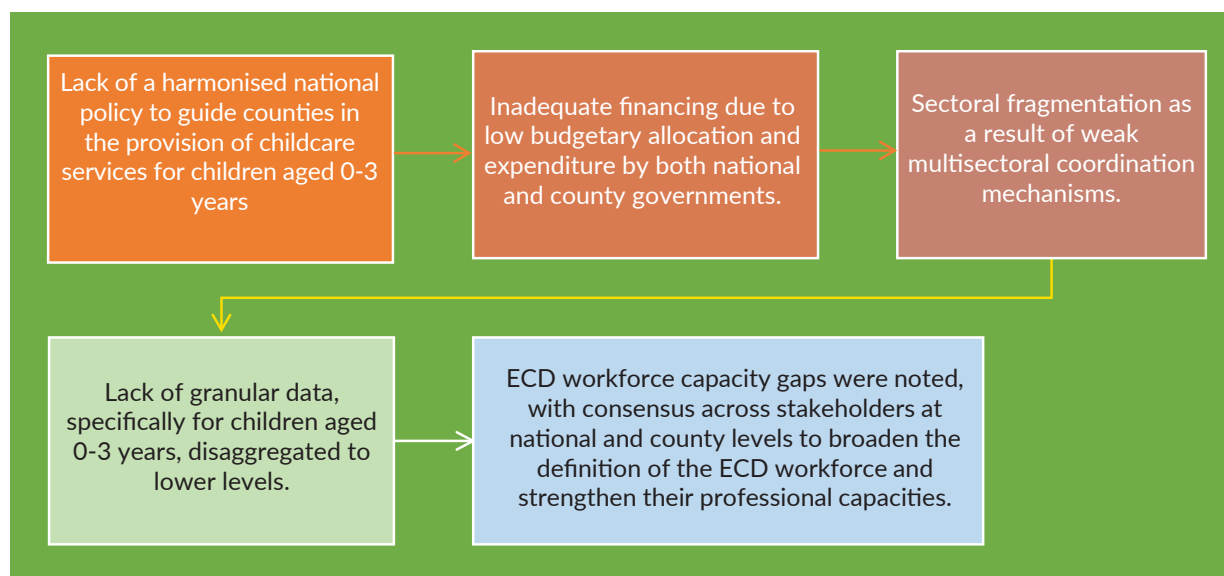
highlighted several issues, including inadequate political goodwill, limited resources, insufficient implementation of available policies, varied community dynamics, sociocultural factors, and a lack of data and evidence to inform policy and guide practice [Annex 1]. Additionally, Kenya faces a conundrum, with devolved functions responsible for children aged 0-3 years lacking adequate financing from the national government, as well as ring-fenced resources for nurturing care services.

#### Political goodwill affecting allocative decision on ECD budgets and expenditure:

Inadequate political goodwill manifests in various forms, including delays in decision-making regarding the fast-tracking of policy preferences, as well as resource allocation decisions related to ECD programme goals. Indeed, consultative forums held with key stakeholders at the national level and in the counties of Mombasa, Samburu, and Siaya revealed that the lack of ring-fenced funds for ECD programmes and projects leaves the subsector vulnerable to political manoeuvring. For instance, it was revealed that public participation forums, which are advocacy efforts targeting members of county assemblies, have sometimes led to the allocation of resources to support ECD programmes. However, expenditures on ECD interventions are reduced through supplementary adjustments favouring projects with strong political appeal and dividends, such as bursaries and road construction.

**Ineffective implementation of existing policies affecting service delivery in the ECD subsector in Kenya:** Although Kenya is considered a leader in improving the ECD policy environment, the implementation of existing policies is constrained by various barriers (Box 4).

#### Box 4: Overview of barriers to policy implementation



#### Delay in the adoption of the integrated ECD policy continues to affect scale-up of nurturing care in counties:

The lack of harmonised national policy to guide counties in the provision of childcare services for children aged 0-3 years is a contributing factor to the challenges of unbundling the establishment of childcare as a devolved function. The promulgation of the 2010 Constitution assigned the 47 county governments the role of supporting development of pre-primary education and childcare facilities. However, the County ECE Act, 2021 only focused on pre-primary education segment (services for children 4-5 years), thus leaving out childcare services (children below 3 years). The drafting of the Integrated Early Childhood Development (IECD) policy in 2017 envisaged the provision of a holistic, comprehensive, and integrated framework that encompassed sector policies for ECD services and programmes in Kenya for children from conception to eight years.

The draft IECD policy delineates the ECD policy system and adopts a life-cycle approach to provide a frame of reference for key stakeholders to meet the unique needs of children in each age range: prenatal and perinatal; 0-36 months, 3-6 years, and 6-8 years. However, its finalisation, approval, and launch have taken a long time, thus delaying childcare benefits that could be realised. Engagements with key stakeholders on reasons for the delay indicated the development of the policy was initially domiciled in the Ministry of Health. However, with the enactment of the revised Children's Act, 2021, the mandate was transferred to the Ministry of Labour and Social Protection, thus affecting the adoption timelines. Power struggles between ministries and agencies on where ECD should be domiciled, considering the multisectoral nature of ECD services, were also reported to have contributed to the delay in the adoption of the policy.

### **Fragmented and inadequate financing for ECD by both national and county governments.**

Financing for the various components of the NCF is fragmented and tied to line ministries that oversee them but do not communicate with one another. The fragmentation leads to increased costs of service delivery, sometimes with duplication, resulting in a lesser impact than it would have had with consolidation. For example, most of the maternal, neonatal, child and adolescent health services are handled by the Ministry/Department of Health at national and county levels. The National Health Policy outlines various innovative financing mechanisms such as the Linda Mama programme under the Social Health Authority (SHA) and the reproductive, maternal, newborn, child, and adolescent health investment framework (Global Financing Facility), as well as the elimination of user fees for primary health care in all public health care facilities and provision of various health payment schemes<sup>6</sup>. On the other hand, child nutrition budgets are allocated in both the Ministries/Departments of Health and Agriculture.

Stakeholder engagements at national and county levels revealed that while the National Government does not budget for ECD because most of the components are devolved to the county government, the counties continue to be constrained due to competing priorities, exacerbated by low allocation from the national government, poor own-source revenue, and delays in the disbursement of equitable shareable revenue. The Council of Governors estimates that over Ksh17 billion have been used to support ECD services over the last decade since the advent of Devolution (2013-2021). However, an in-depth analysis of public spending on ECD-related services in education, health, nutrition, and social protection sectors shows low investment in ECD programmes. Overall public spending on ECD programmes is approximately 0.1 per cent of GDP, against a recommended standard of one per cent. A review of existing literature showed that the spending is also characterised by regional disparities, with the highest per capita spending reported in Lamu County (Ksh8,855.82) and lowest in Kakamega (Ksh916.66)<sup>12</sup>.

At the county level, ECD has largely been understood in Kenya as falling within the education sector, with a central focus on pre-primary education (called Early Childhood Development and Education – ECDE). The three counties of focus have developed legal and policy frameworks to address various aspects of pre-primary and childcare, frameworks that provide context to the need for more and better investments in ECD. However, these policy frameworks do not provide guidelines on specified costing and financing for comprehensive services which include both pre-primary and childcare services. For example, according to the Samburu County ECDE Bill (2015), the Executive Committee Member for Education is expected to determine the amount of every grant for ECDE services, which may be changed from time to time, thus exposing ECD to funding challenges. In Mombasa, it was observed that though the Childcare Act, 2016 made efforts to streamline the provision of childcare services for children aged 0-3 years through the Mombasa Safer Cities model, its implementation faced several challenges, including inadequate budgetary allocation, lack of human resources dedicated to childcare facilities, lack of clear stan-

12 World Bank Report on Making Devolution Work for Service Delivery. <https://documents.worldbank.org/en/publication/documents-reports/documentdetail/520481645582955062/making-devolution-work-for-service-delivery-in-kenya>.



dards of operation, and inadequate quality assurance.

Finally, funding for ECD services in Siaya County was quite unique as different departments were mandated to allocate at least Ksh1 million every year to fund ECD services in the county. The Department of Education had the bigger share for funding ECD activities, with support from other departments. This funding model was incorporated in the County Integrated Development plan for the years 2018-2023. However, stakeholder engagements in Siaya County noted the county still faces the challenge of having a budgeting framework to guide and monitor the budget implementation.

### **Sectoral fragmentation as a result of weak multisectoral coordination mechanisms.**

Investment in and provision of ECD services is essentially multisectoral in nature and involves the actions of different sectoral agencies and departments of government with additional input from the development community and the private and civil society sectors. Given this multiplicity of actors, there is need for an effective multisectoral coordination mechanism to enhance synergistic cross-sectoral collaboration and minimise duplication of efforts and wastage of scarce resources. Such a mechanism would also lay a proper foundation for effective monitoring and evaluation for the consolidation of gains already made, and the improved scale-up of best practices so that we generate meaningful impact for young children and society.

A review of available evidence shows that early childhood development services across the country are hampered by weak multisectoral coordination mechanisms, with each sector working in silos in most of the counties. As a result, some services are better supported and more accessible than others, especially the ECE and health services, while progress in other services, such as childcare, has been uneven across sectors. The lack of multisectoral collaboration at the county level would, therefore, mean that resources to support early childhood development programmes exist but are not widely known or understood, which results in either missed opportunities or duplicative activities.

At the national level, the Children's Act, 2022 outlines the mandate of coordination to the National Council for Children Services (NCCS). However, the lack of a multisectoral coordination framework continues to affect the realisation of NCCS's mandate of strengthening coordination of ECD partners, sectors and services. The National Pre-primary Education Policy Standard Guidelines (2018) envisaged the establishment of the National Early Childhood Education Committee (NACEC) and County Early Childhood Education Committee (CECEC) as institutional frameworks to strengthen multisectoral coordination and collaboration in the delivery of pre-primary education services at national and county levels. Thus, the mandate of these structures was limited to coordination of education services for children aged 4-5 years.

At the county level, stakeholder engagements in Mombasa, Samburu, and Siaya counties revealed that though ECD cuts across different sectors and departments, the general approach in the delivery of ECD services is not comprehensive enough to address all components of nurturing care. It was noted that although various counties have instituted various mechanisms to strengthen multisectoral coordination of ECD services across sectors such as health, education, and social protection, a lot of focus on ECD has been given to pre-primary education targeting children aged four and five years, thus affecting provision of childcare services for children aged 0-3 years. It was noted that the delivery of childcare services for children aged 0-3 years is affected by unbundling of the childcare facility aspect of the devolved services. The majority of the stakeholders were of the view that the Council of Governors, and Inter-Governmental Relations Technical Committee (IGRTC), should work together to ensure that childcare agenda forms part of the discussion at the next National and County Government Coordinating Summit (NCGCS).

### **Lack of granular data for children aged 0-3 years, disaggregated to lower levels.**

Meaningful investment in ECD is grounded on accurate, credible, and current data that provides necessary information on all programmes, interventions and resources targeted at the early years in Kenya. Despite emphasis of data generation and use as key to scaling up the delivery of ECD services for children aged 0-3 years, the lack of adequate granular data for 0-3-year-olds,

disaggregated to lower levels, continues to affect evidence-based policy formulation, planning, resource allocation, understanding budgetary spending, as well as overall decision making for better service delivery to this group of children.

The shortage of data on service delivery outcomes, outputs, and inputs for this age group constrains the measurement of impact of various service delivery models across the country. Without regular and routine sector administrative data on service delivery, and periodic and consistent surveys, the management, decision-making, and accountability processes to make devolution work for service delivery will become even more challenging. Analyses show that currently, the collection, analysis, and presentation of ECD data is not centrally coordinated, and there is no central database where all this data can be found in one place, thus calling for concerted efforts to strengthen data management systems to capture and store relevant data on children aged 0-3 years at national and county levels.

Stakeholders at national and county levels acknowledged that strengthening and integration of existing information management systems would streamline the processes of ECD data collection, processing and analysis, documentation, and dissemination. They affirmed that data generated could be packaged in different forms (scorecards, easy-to-read versions, or dashboards), and could be made available to different users; policymakers, programme staff, childcare service providers, as well as the media, civil society, and legislators.

**ECD workforce capacity gaps were noted, with consensus across stakeholders at national and county levels to broaden the definition of the ECD workforce and strengthen their professional capacities.**

The quality of nurturing care services for children aged 0-3 years depends on a well-supported and empowered early childhood workforce. According to the International Labour Organisation Report (2013), strengthening the capacity of the ECD workforce through training and support, good recognition, and decent working conditions have a positive impact on child development outcomes.

Reviewed literature on the ECD workforce in Kenya revealed a common trend of greater focus on preschool teachers, with little attention given to other care providers such as home visitors, social workers, community health workers, among others, who provide broader services to young children and their families.

*Further analysis of available data also revealed that despite increased policy interest in the early years, gaps still exist in the capacity of the ECD workforce around*

- i) qualification requirements,
- ii) preparation and training,
- iii) recruitment, compensation, and monitoring.

**Reviewed data revealed that there are no national training and service standards for caregivers working with children under three years.** Thus, most of them have lower qualifications compared to those handling pre-primary and lower primary education levels. Engagements with stakeholders at national and county levels revealed that although home visitors, such as community health volunteers, increase uptake of nurturing care services at household levels, their training is more focused on delivery of primary healthcare services, with little emphasis on promoting responsive caregiving around early stimulation.

Lack of comprehensive data on the ECD workforce – including teachers, community health and child protection workers, childcare providers, as well as those who supervise and mentor frontline workers (such as trainers, coaches, and programme managers) – was noted as a challenge in planning for the ECD workforce in counties. There was consensus among stakeholders on the need to improve the status of the ECD workforce by first identifying them through the development of a repository of all ECD workforce members to inform, support and promote the development of policies and programmes that strengthen and support their capacities. The stakeholders called for the development and implementation of cost-effective and contextually

appropriate strategies to strengthen the capacity of all ECD workforce members, with a special focus on both professionals and paraprofessionals who work with young children and families.

**Climate vulnerabilities threaten to erase the gains made in the ECD subsector in Kenya:** Kenya is one of the countries categorised in Africa as a climate hotspot, putting millions of children at risk of not realising their full developmental potential. Drought and floods are reported as the main climate hazards in Kenya, disrupting household livelihoods and community support systems, thus negatively impacting the lives of children. Reviewed evidence showed that in 2018 alone, floods led to displacement of more than 230,000 people, including 150,000 children. On the other hand, between 2014 and 2018 droughts affected 23 counties, with approximately 3.4 million Kenyans, especially children, reported to have experienced severe food insecurity, and difficulty in accessing water, displacements, and exposure to disease outbreaks – malaria, cholera, bilharzia, and respiratory infections<sup>13</sup>. The effect of climate change in the delivery of nurturing care services was more conspicuous during stakeholder engagement in Samburu County, with the issue of extreme drought experienced over the past three years (2021-2024) being reported to have led to household food vulnerabilities affecting children's access to adequate nutrition. In Mombasa and Siaya counties, extreme weather conditions such as floods and high temperatures were reported to have led to increased cases of malaria and respiratory infections, as well as cholera outbreaks, mostly affecting children.

13 Huho, Julius M. (2015). Climate Change Knowledge Gap in Education System in Kenya. International Journal of Innovation and Research in Educational Sciences Volume 2, Issue 3, ISSN (Online): 2349-5219







### 3. Actors, Power, Interests and Influence

The ECD ecosystem in Kenya benefits from the efforts of various actors (State and non-State): The ECD ecosystem in Kenya has a rich portfolio of State and non-State actors spanning both levels of governments (national and county), and cutting across key nurturing care sectors of health, education, agriculture, child and social protection as well as water and sanitation. The actors hold power and influence that vary based on their areas of focus, motivation, and nature of governance.

#### 3.1 State Actors

State actors are mainly dominated by those who derive their mandate from the Constitution and subsidiary legislation: State actors with allocative decision-making power include, but are not limited to, the President, governors, the National Assembly and Senate, the Cabinet, Members of the County Executive, as well as County Assemblies. These individuals hold and exercise hard power (formal power) in performing their constitutional duties [Table 2].

*Table 5. State Actors and Their Hooks*

Hook	National Level Actors	County Level Actors
<b>Policy formulation</b>	President, Cabinet, Ministries/ Cabinet Secretaries, Principal Secretaries, Chief, Executive Officers of SAGAs, Directors of relevant departments.	Governor, County Executive Committee and Members, Directors of relevant departments, County Service Boards.
<b>Legislation</b>	National Assembly, Senate, State Law Office (Office of the Attorney General).	Speaker, Clerk, Departmental Chairs, Members of County Assembly.



<b>Budgetary allocation</b>	President, Cabinet, Ministries/ Cabinet Secretaries, Principal Secretaries, Chief Executive Officers of SAGAs, Directors of relevant departments.	Governor, County Executive Committee and Members, Directors of relevant departments, County Service Boards.
<b>Oversight and accountability</b>	Controller of Budget, Auditor General, National Assembly Oversight Committee, National Treasury, Presidential Service Delivery Unit.	Controller of Budget, Auditor General, County Assembly, Oversight Committee, Governors' Office, Department of Finance and Planning.
<b>Implementation</b>	Ministries responsible for Education, Health, Agriculture, Gender and Children Services, Labour and Social Protection National Government Agency Officers (NGAOs), Family and Children's Courts.	Departments responsible for Education, Agriculture, Social Services, Health, Trade and Investments, Chief Officers and Directors of relevant departments, Sub-County/ Ward Coordinators/ Supervisors, Centre Administrators.
<b>Research</b>	Budget Office; National Assembly, The National Treasury, Kenya Institute of Public Policy Analysis (KIPPRA), Kenya National Bureau of Statistics, National Council for Science Technology and Innovations, Public Universities.	Department of Finance and Planning, Clerk's Office; County Assembly Research Department, Monitoring and Evaluation Unit/ Governors' Service Delivery Units.
<b>Coordination</b>	Inter-Governmental Technical Relations Committee, National Council for Children Services (NCCS), The National and County Government Coordinating Summit.	Council of Governors, County Assembly Forum, County Technical ECD Working Group/ Committee.

**National and county treasury frame the rules and budget decisions:** The National Treasury/ county department responsible for finance and planning wield a lot of power and influence in allocative decisions through shaping the rules of the budgetary game, including the prioritisation, ownership, timing, and sequencing of programmes based on government's commitment. One of the instruments that the Treasury uses is the Budget Policy Statement (BPS)<sup>14</sup>. In preparing the BPS, the National Treasury undertakes wide consultations with key stakeholders, such as the Presidency, Cabinet, county governments, as well as the public through public participation. On the other hand, the County Treasury prepares the County Fiscal Strategy Paper (CFSP), which is aligned with the National BPS and sets out broad strategic priorities and policy goals to guide the county government in preparing its Budget for the coming financial year and the medium term. This fosters understanding of the county's public finance management and sharpens the discourse on economic and development issues in the county, including correspondence of the financial outlook in terms of revenues and expenditure allocation.

In developing the County Fiscal Strategy Paper, the County Treasury seeks, and takes into account, the views of the Commission on Revenue Allocation; the public; any interested persons

<sup>14</sup> The Budget Policy Statement is a document that sets out broad strategic priorities and policy goals and gives guidance to both national and county governments in preparing their budgets for the following financial year and over the medium term. It also provides broad parameters within which decisions are made.

or groups; and any other forum established by legislation. This means that an advocacy strategy for improved budgetary allocation for nurturing care services should target participation of key ECD actors in the preparation of BPS and CFSP at national and county levels respectively, a process that most ECD actors indicated they rarely give input to.

**Policy enforcement power of National Government Administration Officers (NGAOs):** The Presidential Executive Order No. 2 of 2023 on Organisation of Government of the Republic of Kenya established the Ministry of Interior and National Administration to include initiation, formulation, dissemination, and implementation of national government policies, plans and programmes. While NGAOs — such as police officers, chiefs, assistant chiefs, and village elders — were considered to have powers in the promotion and protection of children's rights, their interest in the promotion of other nurturing care services, such as childcare is low; thus calling for more advocacy and capacity building efforts targeting NGAOs to increase their interest and promote their participation in the delivery of nurturing care services across health, education, agriculture, child safety, and social protection.

**Intense negotiation and lobbying in the Executive and Legislature sometimes affect allocation for ECD services:** Power dynamics around prioritisation of ECD in national plans and budgets revealed intense negotiations and lobbying between and amongst political and technical actors in the legislature and executive. This power sometimes draws in non-State actors, such as business leaders, personal assistants, and spouses of influential politicians, with subtle interest around various causes. Round table discussions with key ECD stakeholders at national and county levels affirmed that relationship building, negotiations, lobbying by heads of various sectoral departments, often lead to improvement, maintenance, reduction or dropping altogether of certain proposals for ECD investments in the national/county budgets. It was noted in group discussions that sometimes the ECD budget is lost during negotiations where projects/programmes perceived as “politically visible” or having higher “political dividends”, such as bursaries for secondary and tertiary education as well as construction of roads and markets, are given first priority at the expense of proposals for improvement or maintenance of ECD investments.

- *Power mapping exercises at national and county levels revealed that actors with legislative powers, such as Members of Parliament, and members of the county assemblies, though involved in the formulation of laws and regulations, are also involved in budgeting and oversight around provision of Nurturing Care Services. However, it is not clear what drives these members when considering ECD programmes with other competing development programmes. For example, the power map showed that although most Members of Parliament, Members of County Assembly, women representatives, as well as Senators wield a lot of power with regards to legislation and budget appropriation, they have low interest in ECD, leading to low budgetary allocation of nurturing care programmes across the country. Most stakeholders affirmed that programmes perceived to have high political dividends, such as bursaries, roads, markets and infrastructural-related programmes, are given priority over ECD-related programmes — such as recruitment and capacity-building of ECD care providers.*

**Ten political spaces/opportunities to advance the ECD agenda in county allocative decisions:**

Since the majority of ECD-related services are devolved, consideration of ECD in the county plans and budgets is characterised by complex inter- and extra-departmental power play within the executive and legislative arms of governments. However, conversations with key stakeholders in the case-study counties of Mombasa, Samburu, and Siaya indicated that where the Governor's manifesto explicitly focuses on prioritising ECD as a flagship programme, advocacy for consideration of ECD in the county plans and budgets receives the necessary political backing. Stakeholders identified 10 political spaces/stages where lobbying for more and better investments in county plans and budgets is taking/could take place (Table 3).

*Table 6. 10 Political spaces for lobbying for ECD agenda in county budgets and plans*

Political space	Key actors targeted
Development of political party/ leaders manifestos: Lobby key actors to include ECD investments in campaign manifestos of key actors (political parties and political leaders).	Leaders of political parties, influential political leaders (aspirants for various political seats e.g. President, Governors, Members of Parliament/ Members of County Assembly).
Development of sector strategic plans: Lobby key actors to prioritise ECD investments in the county sector-specific strategic plans.	Governor, County Secretary, County Executive Members and Chief Officers of relevant county departments.
Development of County Integrated Development Plan (CIDP): Lobby key actors to incorporate ECD investments in the consolidated County Integrated Development Plan.	Governor, County Secretary, County Executive Members and Chief Officers of relevant county departments.
Development of County Outlook Paper: Lobby key actors to incorporate ECD in the County Review and County Outlook Paper, ensuring that the paper provides indicative allocations to the ECD subsector across nurturing care components.	County Treasury.
Development of County Resource Bidding: Lobby key actors to ensure that ECD budgets are included in the resource bidding and allocation by various county government departments (including lobbying for increased/maintained budgetary allocations).	Chief Officers of Relevant Departments.
Scrutiny of budget estimates by County Assemblies: Lobby key actors to ensure that ECD investments are well detailed in their review of county budget estimates, using costing and financing frameworks to support county assemblies in ensuring that proposed allocations and expenditures for ECD are comprehensive and adequate, considering all components of nurturing care, and ensuring equity, and inclusion of vulnerable children, including those with disabilities.	County Assembly Departmental Heads, Members of County Assembly Departmental Heads.
Mobilisation during public participation: Carry out community sensitisation on the importance of ECD and encourage public participation of nurturing care champions at the assembly to ensure that ECD is included in the approved budget.	Members of County Assembly, the public.
Development of county appropriation bill: Lobby key actors to ensure that the county appropriation bill includes specific budget items for ECD to ensure that specific programmes are included in county government requests to the Controller of Budget to draw funds from the consolidated county revenue fund to implement the budget.	National Treasury.

Budget Implementation and accountability: Strengthen participation of key actors to track budget implementation at the county level, including capacity building of key actors on social financial accountability lobbying, ensuring that ECD programmes are implemented by relevant departments and sections as per the approved budget.	Governor, County Secretary, County Executive Members and Chief Officers of relevant county departments and directors, sub-county and ward coordinators.
Development of supplementary budgets: Lobbying key actors at the executive and legislature to ensure that the ECD budget is not lost during supplementary budget formulation and approval.	Governor, County Secretary, County Executive Members and Chief Officers of relevant county departments and directors, county assembly.

Source: Public Finance Management Act, 2015.

**Nurturing Care champions advance ECD agenda in formal and informal spaces:** Power mapping revealed that there are nurturing care champions within the Executive and legislative bodies at national and county levels. The mapping showed that though often their voices are crowded out by political considerations for programmes perceived as having “political dividends”, their commitment to the cause of young children and their families drives them to go the extra mile to advance this cause. A case in point is the advocacy for the adoption of the Breastfeeding Mothers Bill by National Assembly (Box 5).

*Box 5: Champions for Adoption of Breastfeeding Mothers Bill, 2017.*

Hon. Zulekha Hassan, former Woman Representative for Kwale County in the Kenya National Assembly of Kenya (August 2019), and Hon. Sabina Chege, Nominated Member of the Kenya National Assembly (August 2024).

While being an active Member of Parliament, Hon. Hassan entered the chambers of the National Assembly in August 2019 with her baby to advocate for child-friendly policies in workplaces. This act coincided with the last day of World Breastfeeding Week, celebrated every August 1 to 7. Though she was thrown out of the chambers for breaking House rules, she indicated that her action was to advocate for the passage of Breastfeeding Mothers Bill, 2017, a law that required all workplaces, including Parliament, to set aside places for lactating mothers.

Similarly, in August 2024, Hon. Chege (Nominated MP) re-introduced the Bill ( Breastfeeding Mothers Bill, 2024) in the National Assembly, with the Bill proposing the following in advancing nurturing care aspects, including adequate nutrition, responsive caregiving, and opportunities for early stimulation:

1. Employers to provide private, sanitary lactation rooms equipped with essential amenities, such as electric outlets and refrigeration for milk storage.;
2. Nursing mothers be entitled to breaks of up to 40 minutes every four hours, with additional time available if recommended by a medical professional;
3. Public spaces, including restaurants and restrooms, to provide baby-changing facilities to support mothers caring for their infants in public; and
4. Caregivers be protected against discrimination based on pregnancy, childbirth, or breastfeeding.

**Exercise of informal power by subtle layer of actors:** Despite the hard power exercised by State actors at national and county levels, power mapping activities with key stakeholder revealed the existence of a subtle layer of actors. This layer does not hold much power but has influence over the decisions made by the key actors. They include personal assistants, secretaries, drivers,



spouses and family members of powerful government officers. The subtle actors have trust and special connections with key decision-makers, which gives them the leeway to open conversations that could lead to positive policy shifts in the delivery of ECD services for children aged 0-3 years.

For example, most of the stakeholders affirmed that the First Spouses play a vital role in harnessing political commitment and response to the broader children's agenda, thus being key to driving advocacy for more and better investments in Nurturing Care targeting children aged 0-3 years.

**Inter-governmental relations institutions have given little attention to the ECD agenda:** Within the State decision-making framework is the role of intergovernmental institutions, such as the National and County Government Coordinating Summit (NCGCS), the Intergovernmental Relations Technical Committee (IGRTC), and the Council of Governors (COG). It was observed that although these institutions may not play a direct role in decisions regarding prioritisation of ECD within the government Budget system, they are key institutions in fostering relationships between national and county governments, and thus could act as platforms for ECD policy advocacy and action. While the contribution of the Council of Governors in advocating for prioritisation of ECD in development agenda of county governments is well documented, information on the role of IGRTC and NCGCS in the advancement of the ECD agenda has not been explored in existing literature.

- Power mapping at national level pointed to the need to explore opportunities provided by the IGRTC platform to improve budgetary allocation for ECD by advocating for inclusion of ECD in the agenda of the National and County Government Coordinating Summit, as the last event held in December 2023 did not consider ECD as a substantive agenda.
- The power map also showed that IGRTC is considering drafting a Gazette notice on childcare to offer an advisory on the role of counties and national government in the provision of childcare services, thus providing opportunity for further stakeholder engagements, including involvement in the upcoming assessment of the performance of devolved functions, including ECD services.
- Commission on Revenue Allocation (CRA) and the Office of Controller of Budget (OCOB) are subtle layers of formal actors that could influence allocative decisions that favour ECD services for children aged 0-3 years: Power mapping showed that CRA and OCOB play advisory and oversight roles in allocative and spending decisions of national and county governments, thus offering a subtle push towards the prioritisation of ECD services in national and county budgets.
- Commission on Revenue Allocation (CRA): Established under Article 215 of the Constitution of Kenya, the CRA is entrusted with the crucial task of ensuring equitable distribution of resources among counties and promoting sustainable fiscal decentralisation.
- The Office of the Controller of Budget (OCOB): Established under Article 228 of the Constitution of Kenya, the core mandate of OCOB is to oversee the implementation of the budgets of the National and County Governments.

### 3.2 Non-State Actors

**Non-State actors complement State agencies and contribute significantly to the delivery of ECD services at national and county levels:** Power mapping at national and county levels showed that non-State actors involved in the ECD activities in Kenya include development partners, civil society organisations, media, and private sector players. Civil society organisations include international and national Non-Governmental Organisations (NGOs), Community-Based Organisations (CBOs), Faith-Based Organisations (FBOs), and grassroots champions/activators). These actors are considered partners by national and county governments, as they complement government's efforts to deliver on their mandate to achieve a broad and transformative agenda for young children and their families.

**Non-State actors contribute to system strengthening:** Power mapping showed that non-State actors contribute meaningfully to expanding access to quality ECD services to children in vulnerable and marginalised communities, providing input to defining the scope and quality of nurturing care services. The majority of the non-State actors were noted to collaborate with and support the government in developing legislation, policies, norms, and guidelines to inform and guide the delivery of nurturing care services. At the local levels, community-based organisations have close proximity to communities and frontline workers, ensuring that the voices and needs of marginalised children, including those who are often isolated and disconnected from public policy spaces, are included in decision-making.

#### *Box 6: Role of Non-State Actors*

1. Generates and shares evidence that reflects the reality on the ground, ensuring that policies and programmes are evidence-based.
2. Supports broad-based consultations between state and non-state actors, building consensus through transparency, reducing tensions during policy implementation.
3. Creates opportunities for public participation, ensuring that the needs and expectations of communities, frontline workers, as well as children, are included in decision-making.

**Participation of non-State actors favours investment in Human Capital Programmes:** Power mapping revealed that though the majority of non-State actors operate within set public policy frameworks by building a strong collaboration with state actors, they continue to advocate for more government policy commitments and budgetary investments in human capital programmes, which include prioritisation of ECD in national and county government plans and Budgets. Further stakeholder engagements affirmed that actors such as the World Bank, WHO and UNICEF have convening power and influence, especially within relevant ministries (i.e. health, education, agriculture and social protection at national). Annex 3 provides examples of non-State actors and their efforts in scaling up nurturing care services for children in Kenya.

**Private sector involvement remains a challenge:** Although the involvement of non-State actors was noted in setting the agenda, minimal participation of key private sector players in the provision of nurturing care services was observed, despite the fact that robust and vibrant private sector involvement is vital for inclusive and sustained economic growth. Gaps were noted in the engagement of business leaders (private sector) within the ecosystem. Stakeholder mapping indicated that most of the foundations and Corporate Social Responsibility (CSR) initiatives associated with major businesses and corporations in the country focus more on education scholarships for students in secondary schools and tertiary institutions, as well as hosting of health camps. This calls for more efforts to ensure that all actors, including the private sector, are involved in scaling up the delivery of nurturing care services across the country.

**Strengthened grassroots ECD advocacy holds the key to sustaining positive outcomes:** Power mapping revealed that Community-Based Organisations (CBOs) play a critical role in advancing the ECD agenda at local levels, as they have close proximity to communities and frontline workers, ensuring that the voices and needs of marginalised children, including those who are often isolated and disconnected from public policy spaces, are included in decision-making. However, it was noted that although CBOs play a key role, their voices are sometimes not heard due to capacity challenges, as well as inadequate recognition of their efforts, thus diminishing their power of holding local leaders accountable to children and their families. The stakeholders engaged reported that the power of community-based organisations in influencing political considerations for nurturing care by local leaders can only be impactful when they operate within set public policy frameworks by building strong collaborations with State actors at the local level, a capacity gap which was noted in the power mapping.

**Call for non-State actors to advocate for/support capitation grants/conditional grants to increase public investments in ECD:** Power mapping indicated that non-State actors, especially the World Bank and UNICEF, have been involved in providing grants to national and county governments for various human capital-related programmes targeting health, education, and social protection programmes. The stakeholders also noted that these non-State actors could consider providing conditional grants that specifically target the delivery of multisectoral ECD programmes, with a special focus on addressing key ECD service delivery gaps for children aged 0-3 years, such as the finalisation and launch of the IECD policy, improved public budgeting and spending on ECD services, and strengthening the NCCS to coordinate the delivery of ECD services.

### 3.3 Relationship between State and Non-State Actors

**Weak multisectoral coordination of actors still persists:** Power map showed that although there are platforms that provide opportunities for various actors to collaborate in the provision of services, multisectoral coordination challenges continue to affect delivery of nurturing care services at both national and county levels. For example, the ECD Network for Kenya has made efforts to build multisectoral collaboration with key actors (both State and non-State) to advance nurturing care for ECD in Kenya. Similarly, the Inter-Governmental Relations Institutions (IGRI), such as the Council of Governors, have been at the forefront in facilitating multisectoral collaboration to enhance coordination of ECD service delivery across the 47 counties. While the National Council for Children Services (NCCS) is mandated to coordinate all ECD actors, financial and institutional challenges persist, affecting its ability to discharge the mandate related to the coordination of ECD actors (both State and non-State actors) in the delivery of ECD services across the country.

**Existence of county-based models of strengthening multisectoral coordination of ECD service delivery:** Counties such as Siaya, Busia, and Nairobi have established multisectoral teams that bring together various actors to enhance delivery of ECD services across key sectors, including health, education, social protection, agriculture, urban planning, among others. These counties offer opportunities for knowledge exchange on better approaches to ensure a whole-of-government and whole-of-system approach to the delivery of ECD services for children aged 0-3 years.

**Prioritisation of ECD remains elusive in the agenda of the National and County Government Coordinating Summit (NCGCS):** Article 189 envisages strong cooperation between national and county governments at each level and requires that county governments cooperate in the performance of functions and exercise of powers. For that purpose, they may set up joint committees and joint authorities. The Council of Governors has been at the forefront of strengthening coordination among counties with regard to the operationalisation of pre-primary education. However, ECD, especially the unbundling of childcare for children aged 0-3 years, has not been given adequate attention in the agenda of the National and County Government Coordinating Summit (NCGCS).







## 4 Gaps, Opportunities, and Recommendations

### 4.1 Gaps and Opportunities

Though Kenya has registered tremendous progress in the provision of Nurturing Care Services, the delivery of ECD services for children aged 0-3 years is still marked by quality and equity challenges due to policy, institutional, and programmatic barriers: Available evidence shows that the country has made general improvements in ECD performance indicators over the last decade, as evidenced by the reduction of under-five mortality rates from 52/1,000 live births in 2014 to 41/1,000 live births in 2022; and the reduction of under-five stunting from 26% in 2014 to 18 per cent in 2024. This is attributed to implementation of various sectoral policies and interventions. As a result, Kenya is ranked highest compared to her neighbours in terms of improvement of policy environment for the advancement of nurturing care services. Despite the above policy action efforts, analysis revealed that a large proportion of children are at risk of not realising their developmental potential due to both systemic and programmatic barriers, including lack of political goodwill around public financing and weak multisectoral coordination of actors and services. An opportunity to contribute to a paradigm shift in adopting evidence-based policy advocacy could be considered by ensuring that the development of policies is coupled with a cost and financing study to build evidence on the level of investments needed to effectively implement the policies, and using this evidence to advocate for the need to ring-fence ECD budgets in national and county funding plans.

**Manifestation of socio-cultural barriers in form of the Triple Threat, which includes high levels of teenage pregnancies, continues to put many children at risk of poor development:** New HIV infections among adolescents and young people, adolescent pregnancies, and sexual and gender-based violence are identified as major issues affecting child development outcomes across the three counties. The prevalence of adolescent pregnancies (10-19) is notably high, with analysis of available data indicating that over the past seven years, on average, around one in every five clients seeking antenatal services has been an adolescent aged 10-19 years. The government commitment plan (2023-2030) to end the “Triple Threat”, including mistimed pregnancies, offers



an opportunity to contribute to collective action around school re-entry, as well as strengthening responsive caregiving practices. This includes addressing issues of stigma, discrimination, mental health challenges, and access to quality affordable childcare services.

**Weak institutional framework to support multisectoral coordination was cited as a key barrier to the delivery of nurturing care services:** Though efforts have been made at national and county levels to develop structures for multisectoral coordination, including Technical Working Groups and Committees to foster partnerships and collaborations in the delivery of ECD services, the structures suffer from a weak institutional framework and funding, thus remaining ineffective. The above observation presents a policy advocacy and collaborative partnership opportunity to contribute to ongoing efforts to strengthen the institutional capacity of the National Council for Children Services to carry out its mandate of coordinating partners and providing oversight in the delivery of Nurturing Care Services across relevant sectors (i.e. health, education, child and social protection, agriculture, water and sanitation, among others). In addition to contributing to capacity strengthening of NCCS, advocacy efforts towards building a broad-based multisectoral coordination mechanism could target key intergovernmental institutions such as the National and County Government Coordinating Summit (NCGCS) and the Intergovernmental Relations Technical Committee to prioritise the ECD agenda in their periodic meetings and advisory briefs to national and county governments.

**Inadequate data for children aged 0-3 years disaggregated to local levels has a negative impact on the delivery of services for this group of children:** The issue of lack of adequate granular data for children aged 0-3 years disaggregated to lower levels continues to affect evidence-based policy formulation, planning, resource allocation, and overall decision-making for better service delivery to this group. This offers an opportunity around investment in evidence generation to build a database of accurate, credible, and current information on key levers of ECD service delivery. Such a database would act as a one-stop shop for information on all programmes, interventions, and resources targeted at the early years in Kenya. The opportunity could include supporting population-based assessments of children's development in various contexts, including longitudinal studies of children who access certain ECD interventions to build contextualised cost-benefit analysis of investment in ECD. The opportunity could also target advocating for the use of generated data to inform allocative decisions, as well as accountability in programme implementation for nurturing care, to ensure transparency. The data generated could be packaged in different forms (scorecards, easy-to-read versions, or dashboards) targeted at different audiences such as policymakers, programme staff, childcare service providers, as well as media, civil society, and legislators.

**Challenges of ECD workforce development interact with other systemic factors, exposing children to risks of not realising their full developmental potential:** Engagements with stakeholders at national and county levels revealed that although frontline workers such as community health volunteers and ECD teachers increase uptake of nurturing care services at local levels, other frontline workers such as volunteer child protection workers and childcare workers are often left out of capacity building opportunities due to challenges in planning for the ECD workforce in counties. This provides an opportunity for the development and implementation of cost-effective and contextually appropriate strategies to strengthen the capacity of all ECD workforces, with a special focus on both professionals and paraprofessionals who work with young children and families.

**Allocative decisions at national and county levels are marked by political interests, affecting adequate financing for ECD programmes at both national and county levels:** Power dynamics in the ECD ecosystem in Kenya are characterised by a rich portfolio of actors (both State and non-State) with varied levels of power and interest in influencing various aspects of service delivery, ranging from legislation to programme implementation and evaluation. However, the observation

that, although most members of Parliament and county assemblies have the power, they are motivated to allocate more resources to programmes with “political capital” – such as bursaries for secondary and tertiary education – as well as construction of roads and markets, provides an opportunity to build a case for investment in ECD, with deliberate advocacy strategies that target members of Parliament to secure their political commitments towards improved investment in ECD, especially in programmes targeting children in their earliest years.

**Formal and informal structures provide varied actors with power to influence the cause of ECD at national and county levels:** A critical observation around power and influence is the existence of two categories of actors in the power dynamics around delivery of nurturing care services – those who hold hard power and those who wield soft power in the development and implementation of national and county development plans. This distinction is key to advocacy efforts aimed at including the ECD agenda in both short- and long-term development plans. For example, the advocacy approaches targeting the actors who hold hard power such as the President and governors at national and county levels respectively, would be strategically different from advocacy approaches targeting actors with soft power, such as First Ladies or Gentlemen, families, and personal assistants or secretaries to powerful individuals. Similarly, it was observed that departments responsible for finance and planning, though often left out in most of the ECD advocacy work, hold a lot of power in determining prioritisation of programmes in development plans, including public budgets. As such, these departments need to be targeted in advocacy efforts to improve budgets for ECD programmes as well as in efforts to foster coordination across sectors.

**Strengthening private sector participation is a low-hanging fruit that could be harnessed for better investment in the ECD subsector:** Power mapping revealed that there is minimal participation of key private sector actors in the provision of nurturing care services in Kenya despite the fact that robust and vibrant involvement of private sector is vital for inclusive and sustained economic growth. This presents an opportunity for strategic advocacy targeting private sector businesses to contribute meaningfully to the advancement of nurturing care services across sectors such as health, education, social protection, child protection, agriculture, water and sanitation, and urban planning. Advocacy efforts could focus on creating and promoting a business case for investment in ECD interventions targeting children in their earliest years.

## 4.2 Recommendations

### Fast-track adoption of the Integrated ECD Policy:

The Integrated Early Childhood Education (IECE) policy framework deliberately addresses challenges of financing and coordination mechanisms, which were identified as key barriers affecting the delivery of ECD services. Therefore, concerted efforts are needed to advocate for its adoption and implementation.

### Unbundling of childcare services for children aged 0-3 years:

Advocate for the unbundling of childcare facilities to get equal attention from both national and county governments. This could go alongside concerted efforts by county governments to adopt the nurturing care framework as a tool to guide planning, budgeting, and the delivery of holistic early childhood development, focusing on children aged 0-3 years.

### Enhance public financing for ECD programmes that ensure efficiency and equity in the delivery of ECD services:

Both State and non-State actors could do more to ensure the adequacy, efficacy, and equity in financing ECD programmes. This calls for collective efforts that leverage key steps outlined in the Public Finance Management Act, 2015 to achieve sustainable transformative shifts in political commitments to funding comprehensive ECD programmes, with a special focus on holistic nurturing care interventions targeting better ECD outcomes for children aged 0-3 years. This could involve consideration of conditional grants by national governments and development



partners to stimulate public spending on all components of nurturing care. It could also involve strengthening the capacity, and incentivising key institutions, including national and county governments, to track and report public spending across all nurturing care components.

**Strengthen multisectoral coordination of ECD at both national and county levels:**

Leverage on the mandate given to the National Council of Children Services to build collaborative efforts with actors to develop and implement a strategic, results-oriented, and coordinated approach to ECD. This approach could include building trust and collective action among actors (both State and non-State), ensuring that they share the vision and commitment, and develop the respect needed to enhance and sustain collaborative multisector leadership in the ECD sub-sector.

**Invest in the development and implementation of simple and robust ECD data systems:**

Support the establishment of county-based observatories, linked to the Maarifa Centre at the Council of Governors, ensuring that disaggregated data on inputs, outputs, and outcomes across nurturing care components are collected, consolidated, and used to inform allocative decision-making around accelerating better ECD outcomes across the country. Investing in simple and robust data systems could include strengthening the organisational capacity of ECD actors (both State and non-State) to collect, consolidate, and use actionable evidence to guide decision-making, inform learning, and improve ECD service delivery.



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## Annexes

### Annex I: Systemic and Programmatic Barriers to Provision of ECD Services

Political Goodwill	Budget Issues	Policy and Implementation	Socio-Cultural Dynamics	Data and Evidence
<ul style="list-style-type: none"> <li>Narrow political interpretation of ECD as pre-primary education.</li> <li>Delay in unbundling childcare as a devolved function.</li> <li>Political transitions in governments at national and county levels.</li> <li>Lack of political consideration of childcare as a key investment area.</li> </ul>	<ul style="list-style-type: none"> <li>Lack of ring-fenced budgets for 0-3 years.</li> <li>Inadequate budgetary allocation.</li> <li>Inadequate political goodwill to invest in the space.</li> <li>Inadequate integration of childcare as a key investment area.</li> </ul>	<ul style="list-style-type: none"> <li>Inadequate policies and norms.</li> <li>Lack of harmonised national policy to guide counties in planning and delivery of nurturing care services for children aged 0-3 years.</li> <li>Weak institutional framework.</li> <li>Poor programme planning.</li> <li>Workforce challenges/ inadequate staffing to implement the policies.</li> <li>Inadequate monitoring and evaluation of programme outcomes.</li> <li>Weak institutional framework to support multisectoral coordination</li> <li>Inadequate appreciation of indigenous knowledge on childcare.</li> </ul>	<ul style="list-style-type: none"> <li>Inadequate male involvement in childcare</li> <li>Gender-based violence cases.</li> <li>Household economic constraints.</li> <li>Climate change-related disasters such as drought, famine, conflicts, displacements, and migrations.</li> <li>Inadequate knowledge and skills on responsive caregiving.</li> <li>Drug and substance abuse.</li> <li>Challenges encountered by children of incarcerated parents.</li> <li>Inadequate inclusion of children with disabilities</li> </ul>	<ul style="list-style-type: none"> <li>Lack of granular data for 0-3 years disaggregated to the lower levels.</li> <li>Inadequate documentation and sharing of best practices.</li> <li>Limited opportunities for early assessment/ identification of children with special needs.</li> </ul>

## Annex II: Interventions By Selected of Ministries, Departments and Agencies (MIDAS)

### Ministry of Health

- Provides policy guidance and implementation support to county governments in the promotion of neonatal, maternal, child and adolescent health and nutritional interventions.
- Builds collaborative partnerships in the scaling up and adoption of Nurturing Care Framework across the country including implementation of the ECD social strategy.

### Ministry of Education

- Provides policy guidance to county governments on the establishment and monitoring of childcare facilities to ensure quality services, including capacity building of ECD care providers.
- Development of a Child Minders curriculum for 0-3 years according to KICD guidelines.

### Ministry of Agriculture

- Ensures food security and utilisation to promote better child nutritional outcomes and promotes nutrition education for behaviour change.
- Provides technical advice to communities on proper crops and animal husbandry to promote improved young child and family diets.

### National Treasury and Economic Planning

- Ensures sufficient budgetary allocation and funding for ECD-related programmes.
- Integrates ECD-related priorities into development planning and maintains the necessary data on ECD for planning.

### National Council for Children Services (NCCS)

- Coordinates partnerships and collaborations in the child protection space in Kenya. i.e., provides technical support to formation and running of County/Sub County Advisory Committees, Resource Centres, Child Welfare Fund, Special Police Unit (Child Protection).
- Advocates for an integrated multisectoral approach to ECD, provides data on adoption, and advances policy action to increase ECD budgets.

### Directorate of Children Services

- Supports families affected by emergencies, i.e., promotes CPIE programmes through 23 ASAC centres.
- Promotes alternative family care/re-institutionalisation programmes, and social protection programmes, i.e., cash transfers for vulnerable children and families, such as the Nutrition Improvements through Cash and Health Education (NICHE)<sup>15</sup> Programme in collaboration with the World Bank and UNICEF.

National Industrial Training Authority: Developed curriculum for training caregivers for children 0-3 years.

<sup>15</sup> NICHE is a component of the **Kenya Social Economic Inclusion Programme (KSEIP)** that relates to investing in the scale-up of the existing nutrition-sensitive safety nets and testing customized economic inclusion models as a component of the regular cash transfer that improve human capital and self-sufficiency of poor and vulnerable households.

### Annex III: Efforts of Selected Non-State Actors in Kenya

Actor	Efforts
ECD Network for Kenya	<ul style="list-style-type: none"> <li>• Builds multisectoral collaboration and coordination among ECD actors in Kenya.</li> <li>• Service provision.</li> <li>• Co-convenes Annual National ECD Stakeholders Conferences (the 6<sup>th</sup> Annual Conference will be held in Garissa in July 2025).</li> </ul>
African Population and Health Research Centre (APHRC)	<ul style="list-style-type: none"> <li>▪ Collaborates in conducting studies in the provision of childcare services in Kenya, including mapping of childcare facilities (i.e. in Nairobi, Nakuru, Kajiado, Siaya, and Baringo).</li> <li>▪ Scaling up promising childcare models such as the Community of Practice model of childcare, which involves nine months of training followed by supportive mentorship on the Community of Practice model of childcare.</li> </ul>
Aga Khan University – IHD	<ul style="list-style-type: none"> <li>▪ Conducting research and strengthening scaling up of best practices on ECD such as Science for Early Childhood Development (SECD).</li> <li>▪ Convening the Community of Practice on ECD workforce development.</li> </ul>
Uthabiti Africa	<ul style="list-style-type: none"> <li>▪ Supports research and policy advocacy targeting reforms in childcare services in Kenya (i.e. mapping of 7,000 childcare providers/centres in Nairobi and Kisumu).</li> <li>▪ Co-convenes TWG meetings and childcare conferences to share experiences, best practices on childcare.</li> <li>▪ Collaborates with key partners' i.e. NITA in curriculum development and capacity building of domestic workers.</li> </ul>
Nurture First	<ul style="list-style-type: none"> <li>• Supports home-based childcare ecosystem (i.e. supported mapping of 2,500 home-based childcare services in Mombasa).</li> <li>• Supports quality improvement of ECD services in the childcare facilities through capacity building of care providers, supervisors, as well as County Assembly members.</li> <li>• Currently co-leads the review of the Childcare Act, 2016 through a multisectoral forum.</li> </ul>
Madrassa Resource Centre	<ul style="list-style-type: none"> <li>• Promotes quality-based, culturally relevant and pluralistic early childhood development for underprivileged communities.</li> <li>• Offers professional development and training courses to new and practicing ECD practitioners.</li> <li>• Provides tailor-made technical support to preschools, civil society, government and private organisations.</li> </ul>



EIDU	<ul style="list-style-type: none"> <li>• Promotes digital learning in ECD centres in collaboration with the County Government of Mombasa.</li> <li>• Capacity building of the ECD workforce and County Assembly.</li> </ul>
Kid Tech	<ul style="list-style-type: none"> <li>• Provides digital platforms to young children i.e. works with the County Government of Mombasa to build the capacity of ECD teachers on digital literacy.</li> <li>• The organisation is currently employing strategies of infusing infant play therapy into digital engagement programme in the county.</li> </ul>
Concern International	<ul style="list-style-type: none"> <li>• Operates a child sponsorship programme targeting caregivers and children with social protection services.</li> <li>• Promotes access to health, nutritional and educational services for sponsored children and their families.</li> </ul>
World Vision	<ul style="list-style-type: none"> <li>• Operates a child sponsorship programme that address the needs of children 0-3 years through two programmes.</li> <li>• Supports community engagements that promote community sensitisation and participation of nurturing care interventions.</li> <li>• Implements Household Resilience Project which targets vulnerable households with social protection services such as cash transfers to support the provision of services to children</li> </ul>
Kidogo	<ul style="list-style-type: none"> <li>• Supports access to quality affordable childcare services through the social franchising model known as mama-pre-neurs.</li> <li>• Provides quality assurance and mentorship to childcare providers.</li> </ul>
Coalition of Women in Development (CWID)	<ul style="list-style-type: none"> <li>• Promotes child protection in Mombasa County with a special focus on reducing gender-based violence (GBVs) in families.</li> <li>• Applies a right-based approach to provision of Nurturing Care Services for young children through strengthening community-based child protection mechanisms.</li> <li>• Addresses the needs of adolescent mothers; including supporting their re-entry into education system.</li> </ul>
World Bank	<ul style="list-style-type: none"> <li>• Provides funding to the Nutrition Improvement for Children through Cash and Health Education (NICHE) programme in five (5) counties of Kitui, Kilifi, Marsabit, Turkana, and West Pokot</li> </ul>

Kisumu Medical Education Trust	<ul style="list-style-type: none"> <li>• Champions access to quality and comprehensive reproductive, maternal, neonatal, child and adolescent health among underserved communities.</li> <li>• Partnership with Siaya County and Lake Region Economic Block counties to scale up nurturing care through Smart Start Siaya Initiative (SSSI) and Smart Start initiative.</li> </ul>
UNICEF	<ul style="list-style-type: none"> <li>• Supports system strengthening in scaling up the implementation of ECD programmes across the country.</li> <li>• Provides funding to government-led ECD programmes across sectors of health, nutrition and social protection.</li> </ul>
Inspire Life	<ul style="list-style-type: none"> <li>• Provides psychosocial support to caregivers of young children.</li> <li>• Supports community-based counselling services with a special target of teenage mothers in schools.</li> </ul>





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