



Early Childhood Development Systems Measurement for Kenya

Baseline findings

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Table of Contents

Acronyms	2
Acknowledgement	3
Executive Summary	4
1.0 Introduction	7
1.1 ECD Systems Mapping	8
1.1.1 Policy Context of Early Childhood Development in Kenya	8
1.1.2 Governance in Early Childhood Development	8
1.1.3 Multisectoral Coordination in Early Childhood Development	9
1.1.4 Financial Systems in Early Childhood Development	9
1.2 Measurement framework	10
1.3 Theory of Change	11
1.3.1 Kenya ECD Systems Strengthening Theory of Change	11
1.4 Objective of the study	13
2.0 Methodology	13
3.0 Findings.....	14
3.1 Policy in Early Childhood Development	14
3.1.1 New or updated national policies, regulations or laws related to improving ECD health/nutrition, education, and social protection	15
3.1.2 Number of counties implementing domesticated ECD policies/county policies to support nurturing care and/or strategic plans on nurturing care	19
3.2 Governance in Early Childhood Development	21
3.2.1 Number of preprimary teachers trained on science of ECD/CCD	22
3.2.3 Number of county departments tracking implementation of nurturing care components	24
3.4. Multisectoral Coordination	34
3.4.1 Coordination of ECD at the national level	34
3.4.2 Coordination of ECD at the county level.....	35
3.4.3 Strengthening services that promote young children’s development	36
4.0 Conclusion.....	38
5.0 Recommendations.....	38
References.....	40

Acronyms

ADP	Annual Development plan
ADS-Nyanza	ACK Development Service, Nyanza
AfECN	Africa Early Childhood Network
AGRI	Agriculture
AKF	Aga Khan Foundation
CBC	Competence Based Curriculum
CBO	Community Based Organization
CCD	Care for Child Development
CECEC	County Early Childhood Education Committee
CHA	Community Health Assistant
CHC	Community Health Committee
CHS	Community Health Services
CHV	Community Health Volunteer
CHW	Community Health Worker
CIA	Community Initiative Agenda
CIDP	County Integrated Development Plan
COG	Council of Governors of Kenya
CPD	Continuous Professional Development
CRA	County Revenue Accountant
CRS	Catholic Relief Services
CSO	Civil Society Organization
DoH	Department of Health
ECD	Early Childhood Development
ECDE	Early Childhood Development Education
EDU	Education
ENV	Environment
FGD	Focus Group Discussion
FIN	Finance
FY	Financial Year
HCW	Health Care Workers
HEA	Health
IEC	Information, Education and Communication
IMNCI	Integrated Management of Childhood Illnesses
KAJ	Kajiado County
KDHS	Kenya Demographic and Health Survey
KII	Key Informant Interviews
KMET	Kisumu Medical and Education Trust
KNBS	Kenya National Bureau of Statistics
MCA	Member of County Assembly
MOE	Ministry of Education
MOU	Memorandum of Understanding
MP	Member of Parliament



MSA	Mombasa County
NAT	National
NCCS	National Council for Children’s Services
NCD	National County Departments
NCF	Nurturing Care Framework
NECEC	National Early Childhood Education Committee
NGO	Non –Governmental Organization
NRB	Nairobi County
NUTR	Nutrition
PHC	Primary Health Care
PHCN	Primary Health Care Networks
SH	School Health program
SIA	Siaya County
SCHMT	Sub-County Health Management Team
SSS	Smart Start Siaya
TWG	Technical Working Group
UHC	Universal Health coverage
WHO	World Health Organization



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Dr. Teresa Mwoma
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Executive Summary

The ECD Network for Kenya in partnership with Mathematica has been implementing the early childhood development (ECD) systems-related monitoring and evaluation (M&E) project in Kenya since 2022. The aim was to assess progress of systems-level components of the Hilton Foundation's 2020-2025 strategy (S25). The baseline, which is the project's Phase 2 (January through October 2023) entailed implementation of the measurement framework developed in phase one through baseline data collection, analysis, and interpretation of primary qualitative and secondary quantitative data. This report presents the findings of the baseline evaluation and measurement study of ECD systems in Kenya, conducted with the overarching objective of assessing the status of ECD policy, governance, multisectoral coordination, and financing at the national and subnational level.

The baseline study employed a mixed-methods approach, combining analysis of **secondary** quantitative data targeting the 47 counties; with **primary** qualitative insights gathered through key informant interviews (KIIs) and focus group discussions (FGDs) conducted in four representative counties. The indicators for which data was collected were developed and reviewed by stakeholders in ECD systems in Kenya during the first phase of the project. Data on the indicators was obtained for the period 2021 -2023. Based on the findings on these indicators the study has proposed specific and cross-cutting national and county level recommendations to strengthen ECD systems in Kenya.

Results

Policy

The ongoing review of the national Integrated Early Childhood Development (IECD) policy, together with other policies and legal frameworks such as the Children's Act 2022, the Early Childhood Education Act 2021, and the Community Health Services Act 2023 show progress in the national response to ECD policy gaps. These policies are expected to address the significant concern with the current national ECD policies in health, education, and social protection. In view of the observation that most, but not all counties had documented evidence of actively adapting and contextualizing national policies and regulations supporting ECD, the baseline findings also underscore the need for comprehensive policy reforms, effective implementation mechanisms and sensitization of stakeholders on the existing policies.

Governance in Early Childhood Development

There are progressive national and county efforts to integrate nurturing care frameworks into the available training curriculums in the 2021-2023 period under study. Important challenges in governance include limited data from county governments to measure and track nurturing care provision for young children. Additionally, the findings point to limited skills building for preprimary teachers and community health care workers (HCWs) to promote nurturing care implementation.

Multisectoral Coordination

There is evidence of collaboration among ministries, children's departments, and the private sector. The qualitative data shows international organizations, civil society groups, and non-governmental organizations (NGOs) interventions to advance the ECD agenda in collaboration with the national ministries and county departments. The recently enacted Children's Act of 2022 outlines a structured approach to coordination at the national and county level. While publicly available documents for multisectoral coordination were inaccessible to enable analysis, the interviews with key stakeholders point to the government's deliberate efforts on engaging cross-sector stakeholders, through technical working groups (TWGs) and national committees that have led to the development or review of various legal and policy frameworks such as IECD policy 2023 which is nearing launch, Children's Act 2022, Community Health Services Act 2023 among others.

ECD Financing

A promising trend in the 2021-2023 period showed county governments increasing proportional allocations for ECD-related sectors. However, the financing of ECD plans revealed unclear use of the existing structures for funding allocations and use, with no specific budget lines for ECD and diverse allocation proportions across counties. Despite the increase, staffing for ECD seems not to be well funded by National and County Departments (NCD). Guidance will be necessary for the respective county departments to establish optimal proportions of county government budgets for ECD services.

The baseline study has shown that the monitoring and reporting of ECD indicators is discrete across government departments. Currently there is no comprehensive database or repository with ECD indicators, making it difficult to promptly obtain data. Future ECD systems programs in Kenya will need to ensure the data systems are strengthened alongside the policy, financing, and governance initiatives.

Conclusion

The baseline evaluation of Kenya's ECD systems revealed both strengths and weaknesses. The study shed light on the progressive policies, governance and financing steps taken by county governments to improve ECD systems. Addressing the highlighted challenges related to stakeholder coordination, data gaps, and financing ECD will be vital to ensuring quality care, education for young children, and the tracking and reporting to lay a strong foundation for future development and success.

Recommendations:

Sustain policy reforms: The national government should regularly update ECD policies in health, education, and social protection. Support counties in implementing ECD policies and provide technical assistance.

Enhance multi-sectoral coordination: National and county governments and their stakeholders should promote learning from good practices and coordination models among counties, create publicly available coordination documents and encourage collaboration.

Develop structured and reliable financing mechanisms: There is a need to establish dedicated budgets for ECD at national and county levels, ensuring adequacy and reliability of funds allocated specifically for ECD programs. The national and county governments should develop clear guidelines for budget allocation for ECD within CIDPs and ADPs.

Invest in data systems to enhance availability of evidence on ECD systems monitoring: There is a need to enhance data collection and reporting mechanisms to track ECD systems progress across the various sectors. The respective county government departments need to establish or strengthen their monitoring and evaluation units to collect and analyse ECD data to assess progress.

Capacity building: The national and county governments need to systematically provide continuous training and capacity-building opportunities for preprimary teachers, HCWs, and other ECD stakeholders, focusing on nurturing care and child development.

1.0 Introduction

Every young child in Kenya needs a nurturing care environment to survive, thrive, and develop to their full potential. The Nurturing Care Framework (NCF) 2018 outlines five components in which appropriate conditions must be set for children to achieve their full developmental potential (WHO, UNICEF, & World Bank Group, 2018). The nurturing care components include good health, adequate nutrition, responsive caregiving, opportunities for early learning, as well as security and safety.

The children's population in Kenya aged nine years and below is 12.2 million. Seventy-two percent of these children live in the rural setting while twenty-eight percent live in urban settings (Kenya National Bureau of Statistics (KNBS), 2019). There are 4.7 million children under three and 2.5 million aged 4-5 years. The population of children in Kenya represents a potentially significant opportunity for national development through human capital development. However, close to one quarter of children under the age of five are at risk of poor developmental outcomes.

The Kenya Demographic Health Survey (KDHS) 2022 revealed that 22% of children 24-59 months are not developmentally on track in health, learning, and psychosocial well-being. Eighteen percent of children under five were stunted in 2022 a decrease from 26% in 2014. Stunting is higher among children in rural areas at 20% than children in urban areas 12%. Stunting decreases with increasing wealth from 28% in the lowest quantile to 9% in the highest quantile. Twenty two percent of children born to mothers with no education were stunted as compared with 9% of children born to mothers with more than secondary education. There are variations in stunting across counties (KDHS, 2022).

From the survey, it is apparent that mothers' educational levels as well as living in urban or rural areas influence children's development as well as their nutrition status. Children living in rural areas and those whose mothers have no or low education are more disadvantaged than their counterparts. With these variations, there is need for programmes that targets children from disadvantaged backgrounds. On the other hand, intentional programmes with supportive systems in place will benefit children from rural, those from low quantiles and those from mothers with no or low education.

The Early Childhood Development Network for Kenya in collaboration with Mathematica, in response to gaps identified, sought to come up with the ECD systems indicators to measure the policy, governance, financing and coordination that lead to improved children's, health, nutrition, early learning opportunities, and responsive care. Using evidence from a 2022 systems diagnostic study, ECD Network for Kenya developed fourteen systems indicators focusing on governance, policy, multisectoral coordination, and financing ECD.

Following the development of the indicators, the ECD Network for Kenya conducted a baseline study through secondary data abstraction of quantitative data from 47 counties as well as qualitative data collected from four counties through KIIs FGDs. This report therefore presents the baseline findings on the systems indicators based on information derived for the period 2021-2023.

1.1 ECD Systems Mapping

During phase one of the project, the research team implemented a desk review to assess various documents, including Annual Development Plans (ADP), County Integrated Development Plans (CIDP), legal and policy documents, and other evaluation reports and documents. The team reviewed the documents to gather data on the systems indicators related to policy, governance, finance, and multisectoral coordination.

1.1.1 Policy Context of Early Childhood Development in Kenya

Kenya has ratified international protocols on fundamental rights and freedoms, as well as the Sustainable Development Goals (Republic of Kenya, 2018). Sustainable Development Goals 1.2, 2.2, 3.2 and 4.2, seeks to ensure that by 2030, children have proper growth and development by alleviating poverty, providing good nutrition, good health and that both boys and girls have access to quality ECD, care and preprimary education. All these are possible when there is an enabling policy and legal environment to guide implementation of programs and provision of services.

Article 53 of the Constitution of Kenya 2010 highlights key fundamental rights of the child in relation to a name and nationality from birth, free and compulsory basic education, basic nutrition, shelter, healthcare as well as protection from abuse, neglect, harmful cultural practices and from all forms of violence. To achieve these rights, the state is obligated to take necessary measures to ensure young children access quality age and developmentally appropriate ECD services (Republic of Kenya, 2010).

1.1.2 Governance in Early Childhood Development

Devolution, occasioned by the Constitution of Kenya 2010, introduced two tiers of government: the national and county governments (Republic of Kenya, 2010). The national government is responsible for policy formulation and standard guidelines, capacity building and technical support to the county governments. The County Government is responsible for the implementation of policies and the provision of services for devolved functions in, health, agriculture, preprimary education and childcare facilities (Republic of Kenya, 2010).

According to the Kenya Community Health Strategy 2020-2025 and the Kenya Community Health Policy 2020-2030, at the community level, several key actors including, the Community Health Committees (CHC), Community Health Assistants/Officers (CHAs/CHOs), Community Health Volunteers (CHVs), and the Sub-County Health Management Teams (SCHMT) play a critical role in healthcare service provision (Ministry of Health, 2020a; Ministry of Health 2020b). However, the absence of a legal framework for county allocation of resources for Community Health Services (CHS) as well as the limited capacity of a fully functional coordination framework to facilitate data collection are likely to negatively influence ECD service provision at the county level. In addition, weak referral systems between CHS and health facilities, inadequate understanding and knowledge of the role of community health workforce in the referral system, frequent stock outs of data collection tools and the presence of multiple reporting systems in existence are gaps likely to negatively influence service provision in ECD. With the recent enacting of the Community Health Services Bill 2023 into law, there are hopes that CHS will improve.

1.1.3 Multisectoral Coordination in Early Childhood Development

Coordination of early childhood is fragmented across different ministries at national level and different departments of the county governments. For instance, the Ministry of Education (MOE) through the National Preprimary Education Policy 2017 and the Standards Guidelines 2018 established a national and county structure of multisectoral committee, the National Early Childhood Education Committee (NECEC) and the County Early Childhood Education Committee (CECEC). The structure is meant to oversee implementation of preprimary education at the national and county levels, respectively. However, not all counties have established CECECs (Republic of Kenya, 2018; 2017). The Ministry of Health is coordinating the multisectoral NCF Technical Working Group. However, this is not embedded in the health systems through universal health coverage (UHC) or primary healthcare networks (PHCN). This has also not been cascaded to the county level. The Ministry of Devolution and National Planning is also separately engaged in efforts to develop an inter-ministerial coordination of ECD services but with a focus on preprimary education.

County governments on the other hand, oversee service provision in ECD in relation to health, education, and childcare facilities. However, there are no policy guidelines addressing the caregiving of children under the age of three years. At county level, apart from Siaya County, it is not known whether the other counties have established (high-level) multisector coordination structures.

1.1.4 Financial Systems in Early Childhood Development

Financing ECD services, is a responsibility of county governments who are responsible for; priority setting, planning, and budgeting, allocation of resources to the health and other sectors, procurement and human resource management, as well as provision of health and ECD services (Constitution of Kenya 2010, County Government Act 2010, Tsofa et al 2017, Waithaka et al 2018). The public sector priority setting, planning, and budgeting is required by law to be conducted in a bottom-up manner with direct citizens' participation through open public forums at grassroots levels (Public Finance Management Act 2012).

Indirect citizen participation and voice is incorporated in decision making over resource allocation and service delivery through elected representatives i.e., Members of County Assembly (MCAs) at county level and Members of National Assembly (MPs) at national level (Constitution of Kenya 2010, County Government Act 2010). However, studies and reviews have shown that the mechanisms for direct public participation (voice) within counties are still weak, while the elected representatives (MCAs and MPs) are very powerful in influencing resource allocation and service delivery (Ministry of Health 2021, Nyawira et al 2021, Mc Cullum et al 2019, World Bank 2019).

Studies have further revealed that while devolution has expanded local level participation in public sector resource allocation processes, it has also complicated and politicized decision-making at the county level. County governments have the authority to allocate resources based on the preferences of their constituents and use of historical allocation/precedence. However, this often happens at the expense of efficiency as local leaders tend to prioritize investing in visible hardware projects

such as buildings and equipment at the expense of service delivery systems improvement software elements that may not be visible to the public. Budgets are often not aligned with priority-setting processes due to a delink between the technical priority setting process from the budgeting cycles as outlined in the Public Finance Management Act 2012 (Tsofa et al 2015). In addition, budget implementation is frequently undermined by disbursement delays from national treasury, and administrative capacity constraints (Waithaka et al 2018, Tsofa et al 2022).

1.2 Measurement framework

Following the gaps identified in Kenya’s ECD systems during phase one of the project, we came up with a Theory of Change and an ECD systems indicators framework to track implementation of nurturing care components as presented in table 1.

The research team put together an advisory team of eleven participants drawn from the national government’s ministries of Education, Health, and Children’s Department. From the county level, representation was drawn from departments of health, public health, education, agriculture, Directorate of Children Department, as well as SSS and the County Government of Siaya Multisectoral Coordination Team. The project team worked in collaboration with the advisory team, informed by the systems diagnostic report to develop a set of indicators **three** related to governance, **two** related to policy, **six** related to finance, and **three** related to multisectoral coordination, as listed in Table 1.

Table 1: ECD Systems Indicators for Kenya

Policy	Governance	Multisectoral cooperation	Finance
Number of counties implementing domesticated ECD policies/county policies to support nurturing care, and/or strategic plans on nurturing care	Number of preprimary teachers trained on science of ECD/CCD	Number of multisectoral coordination meetings held annually by national ECD coordinating lead ministry and other non-state actors	Number of county departments with costed ECD activities
The number of new or updated national policies, regulations, plans, or laws related to improving ECD health/nutrition, education, and social protection	Number of HCWs trained on science of ECD/CCD	Presence of ECD-focused ministries, coordinating community-based organizations (CBOs), donor community, implementing NGOs in coordination meetings held by national ECD coordinating lead ministry and other non-state actors	Number of preprimary teachers paid by county government
	Number of county departments tracking implementation of	Number of multisectoral coordination meetings held annually by county coordinating department and other non-state actors	Number of CHWs paid by county government

Policy	Governance	Multisectoral cooperation	Finance
	nurturing care components		
			ECD budget allocation as a percentage of total budget allocation to the county department of education
			ECD expenditure as a percentage of county department of education expenditure
			PHC budget allocation as a percentage of total budget allocation to the county department of health (DoH)

1.3 Theory of Change

1.3.1 Kenya ECD Systems Strengthening Theory of Change

The ECD systems indicators are used to track progress towards strengthened ECD systems along the four main drivers: policy, governance, finance and multisectoral coordination. We anticipate that ECD will be included in Annual Development Plans, have more HCWs trained, have a functional ECD coordination unit within government ministries and departments, and have ring-fenced funding for ECD as well as ECD policies implemented if the government invests in the four system drivers. These investments will lead to sustainably improved ECD service provision related to nurturing care. The goal is to have; a) all children 0-5 reach their full developmental potential, b) all caregivers in Kenya have knowledge, resources and wellbeing to support their children’s development as well as c) all children in Kenya to be developmentally on track and ready for school. The Kenya ECD systems Theory of Change, in Figure 1 presents each indicator mapped to the corresponding activity or output along the pathway towards achieving the targeted outcomes and impact.

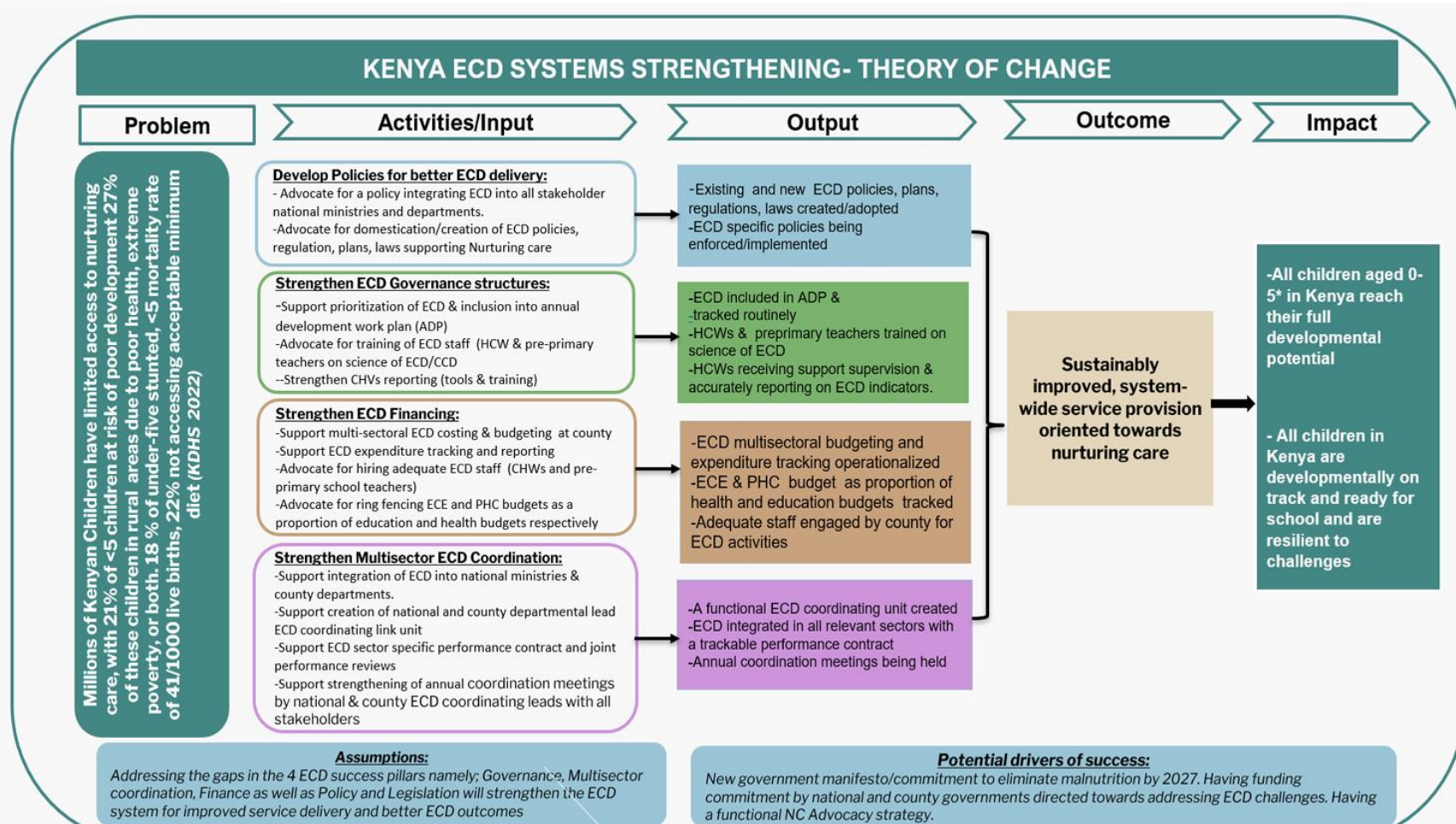


Figure 1: ECD systems Theory of Change

1.4 Objective of the study

The overall objective of the baseline study was to undertake an ECD systems measurement study in Kenya, using the developed indicators on policy, governance, multisectoral coordination and financing at the national and subnational level.

2.0 Methodology

The baseline study used a mixed methods approach to collect and analyse data. Quantitative data was collected through abstraction of data from various national and county ECD policies, strategies, regulation or laws, county integrated development and annual development plan documents. The study focused on the period 2021 to 2023. The data was entered into an excel-based data entry worksheet which was structured around the project indicators. Prior to and during the process of data analysis, data cleaning was conducted by removing outliers for specific indicators. The data was analysed by running descriptive statistics to determine counts, and averages for specific indicators.

Qualitative data was collected in May 2023 through KIIs and FGDs conducted in four purposively selected counties to represent the 47 counties. The counties were sampled purposively to represent the urban (Nairobi), rural (Siaya), pastoralist (Kajiado), and coastal (Mombasa). In each of the counties KIIs were conducted with officials from the departments of education, health, finance, agriculture, and social protection.

At national level, KIIs were conducted with the ministries of health, education, social protection, the Council of County Governors and CSOs engaged in ECD programs. A total of five FGDs were conducted with community healthy volunteers and four FGDs with CHAs, purposively selected by the sub-county health departments. In each county, the interviews and discussions were facilitated by two research assistants, one asking questions, the other one taking notes and recording the interview. Interview and FGD guides were developed from a set of learning questions. Table 2 presents the study participants per county who participated in the KIIs and FGD.

The KIIs and FGDs were transcribed, proofread, and formatted in word, in readiness for analysis. Content analysis was utilized to code and interpret findings. The qualitative findings are presented to provide additional explanations of the quantitative findings within the report.

Table 2: Participants for KIIs and FGD per county

County	Key Informant Interviews		Focus Discussions		Group	Total Interviews and FGDs
	Government departments/ministries	Officers and CSOs	CHVs	CHAs		
Kajiado	4 (Agriculture, Education, Health & Finance)	8	1	1		14
Siaya	5 (Agriculture, Health, Education, Finance, Strategy Monitoring & Evaluation)	4	2	1		12
Mombasa	4 (Agriculture, Health, Finance, Education)	8	1	1		14
Nairobi	5 (Education, Agriculture, Nutrition, Environment, and Health)	4	1	1		11

County	Key Informant Interviews		Focus Discussions	Group	Total Interviews and FGDs
National	4 (MOE, Ministry of Health, Council of Governors, and National Council of Children’s Services)	NA	NA	NA	4
Total	22	24	5	4	55

24 KIIs were conducted with CSOs, 22 KIIs with government officers; 4 from national government drawn from the Ministries of Education, Health, Ministry of Labour and Social Protection as well as from the Council of Governors. At the county level, the KII participants were drawn from the departments of health, education, finance, agriculture, nutrition, environmental and Strategy Monitoring & Evaluation. The table further indicates that five FGDs were conducted with community healthy volunteers and four FGDs with CHAs both drawn for the four counties.

2.1 Limitations

The baseline survey experienced various limitations including the following: there is no central repository for ECD-financing data, a situation that affected access to available trend data on the ECD indicators. Whereas county financing data was initially planned to be obtained from CIDPs and ADPs, we learnt that ADPs had more realistic data for annual estimates. Despite thorough searches, it was not possible to obtain data for all the 47 counties due to this challenge of data management. Based on this the study recommends creation of a repository for better access to national and county ECD data, as well as dedicated surveys to obtain data on ECD indicators.

The baseline data was collected at the commencement of the financial year 2023 and therefore most of the counties had not posted their annual development plans for the year which provide ECD budgets and costed work plans. This reflects incomplete fields for some counties and explains why some indicators have such low numbers compared to others.

The research team also experienced a challenge with collecting data for indicators on multisectoral coordination as there were no publicly available documents on multisectoral coordination. However, the qualitative data provided insights on the situation. Future studies may benefit from special surveys for collection of primary data to assess characteristics and extent of multisectoral coordination by national and county government departments responsible for ECD services.

3.0 Findings

This section presents findings of the baseline organized under the four thematic areas of policy, governance, multisectoral coordination, and financing in ECD.

3.1 Policy in Early Childhood Development

The study collected data on two policy indicators:

- i. The number of new or updated national policies, regulations, plans, or laws related to improving ECD health/nutrition, education, and social protection and
- ii. The number of counties implementing domesticated ECD policies/county policies to support nurturing care, and/or strategic plans on nurturing care.

Data to measure these indicators for the 2021-2023 period came from a review of existing national and county policy documents retrieved from online repositories including line-ministry portals, Kenya Institute for Public Policy Research and Analysis (KIPPRA), the Council of Governors, and county government portals.

3.1.1 New or updated national policies, regulations or laws related to improving ECD health/nutrition, education, and social protection

In the period between 2021-2023 the government updated four policies and laws leading to; (1) the upcoming Kenya IECD Policy Framework 2023 (*see highlights in Figure 2*) by the National Council of Children’s Services in collaboration with the Ministry of Health, but who’s implementation has not commenced (2) the Children’s Act No. 29 of 2022 by the National Council of Children’s Services, (*see figure 3*) (2) the Early Childhood Education Act 2021 being implemented by the MOE, (*See figure 4*) and (4) the Community Health Services Act 2023 (*see figure 5*). Despite only four policies being updated in the last three years, this is a norm as policies tend to have longer life cycles and take protracted review processes as explained by partners in the ECD space:

“The policy development in Kenya takes a long time....it is a government driven process and the government is very bureaucratic...the biggest challenge we have is the time that it takes to have these policies reviewed or developed, like the ECD policy that is currently worked on has been in process, I don't know for the last three years or so. Two, three years, and it's not yet complete. So those processes really delay our work, because, again, our work is dependent on that policy, the policy environment”
SIA CSO KII

The Kenya IECD Policy Framework 2023[1] [2]

The IECD policy is in the final stages of development through a multi-stakeholder review process coordinated by the National Council of Children’s Services. The process brought together government, NGO, and civil society partners to conceptualize and develop a policy that encompasses the various sectoral factors that affect children’s early life. The multi-sector contributions were enacted to bolster connectedness during the policymaking process as well as downstream during policy implementation. It draws from the global SDG Goals, the African Union’s declarations for children to survive, thrive, and transform; and Kenya’s Children’s Act 2022 and the Vision 2030.

One of the areas the ECD Policy Framework of 2006 was faulted for was that it had no clear link to the policy frameworks and program interventions in the health sector. The IECD policy deliberately addresses multi-sector linkages and need for coordination of nurturing care, quite distinctly from the 2006 policy which has been in use for more than two decades. A key goal is to empower government agencies and partners to collaborate with relevant state departments and non-state agencies to monitor and evaluate the efficiency and effectiveness of all social programs established in the interest of children. The policy underscores enhanced coordination, collaboration, financing, access, quality, equity, and efficient

management of ECD services to ensure the all-inclusive needs of infants and young children are prioritized in the country's development agenda.

Figure 2 The Kenya integrated early childhood development policy framework 2023 (in draft form).

The Children Act No. 29 of 2022: Facilitating a favourable policy environment for ECD

The Children's Act 2022 repealed the Children Act of 2001 leading to the establishment and regulation of the National Council for Children's Services (NCCS), and making broad provisions on children's rights, parental responsibilities, children in need of care and protection, children in conflict with the law, and administration of children's services. By supporting other legislation and policies addressing children's issues, the Act touches on all the nurturing care domains of good health, responsive caregiving, adequate nutrition, security, and safety, through:

- i. Resource Allocation: The act promotes the allocation of adequate resources to child welfare programs, as a commitment to support initiatives and services for the welfare of children.*
- ii. Coordination: It emphasizes effective coordination among all stakeholders in the child protection sector to improve children's access to services, ensuring integrated and comprehensive approach to child welfare.*
- iii. Protection of Children's Right to Parental Care: The Act seeks to protect children's right to parental care to ensure that children are raised in a safe and nurturing family environment.*
- iv. Alternative Care Services: Includes provisions for alternative care services such as foster care or adoption for children who cannot be cared for by their biological parents or primary caregivers.*
- v. Devolution and County Governments: The Act upholds the principles of devolution and outlines the roles of county governments in administering child welfare; including crafting policies on children's issues, building childcare facilities, and promoting children's access to preprimary education, play, and recreational centres at the county level.*

Figure 3 The Kenya Children's Act 2022

Early Childhood Education Act No. 3 of 2021

*The Act distinctly speaks to the **sub-national roles** in its provision of a framework for the establishment of a comprehensive early childhood development and education system by the **county governments**. It seeks to promote the delivery of **quality and efficiency** of early childhood education in the counties, **infrastructure** necessary to support the provision of quality education, developmentally, culturally and linguistically appropriate early childhood care and education system and **partnership** between the national government, the county governments, private persons and other relevant **stakeholders** with an interest or expertise in early childhood care and education.*

*Being an education sector, the guiding principles speak to the nurturing care framework dimensions through education and other development needs of the child to ensure that their full potential is realized. The Act addresses **vulnerability** by making provisions to ensure identification and prioritization of and **communities most at risk** and children with disabilities are offered the necessary support by county services.*

Figure 4 Kenya Early Childhood Education Act of 2021

The Community Health Services Act 2023

The act provides a framework for the delivery of community health services to promote access to primary healthcare (PHC) services at the community level and reduce health disparities between counties, provide for the training and capacity building of community health workforce and for connected purposes.

In addition, the act seeks to (a) entrench the role of CHVs in the provision of basic health care at the household (b) provide a framework for the financing of CHS (c) provide a framework for the enforcement of community health workforce with basic skills that will enable them render basic health services within their communities among others.

Figure 5 the Community Health Services Act 2023

The four policies updated at the national level are related to health, education, and social protection, thereby addressing most components of the NCF, either explicitly or implicitly. The ECD issues addressed include: (1) maternal and child health care, (2) capacity-building of community health workers (CHWs), (3) advocacy on health-related ECD components d) community mobilization e) Integrated Management of Childhood Illnesses (IMCI) (4) Information, Education and Communication (IEC) (5) early identification of disabilities and assessment (6) Sanitation and food safety (7) hygiene education (8) nutrition. There is a general affirmation that the existing policies are aligned towards the NCF as described in Table 3:

Table 3: Alignment of nurturing care components to policy issues

<i>NCF Domain</i>	<i>ECD/ NCF issue</i>	<i>Details of issues the policies address</i>
<i>Good health</i>	<i>Maternal and child health care</i>	<i>The policies address prioritization of MCH services as a primary health care issue.</i>
	<i>Capacity-building of CHWs</i>	<i>Training of CHWs to reach children with health outreach services at community level.</i>

NCF Domain	ECD/ NCF issue	Details of issues the policies address
	<i>Advocacy on health related ECD components</i>	<i>This is mostly addressed advocacy for financing of ECD services by national and county governments.</i>
	<i>IMCI</i>	<i>This is articulated as a key pillar to improve under 5 survival and management of common childhood diseases by health facilities and CHWs.</i>
	<i>Early identification of disabilities and assessment</i>	<i>This highlights the inclusion of children with disabilities services.</i>
	<i>Access to water</i>	<i>Clean water access for school children and their communities.</i>
Responsive caregiving	<i>Community mobilization</i>	<i>Community level activation and engagements to undertake NCF initiatives.</i>
Adequate nutrition	<i>Nutrition</i>	<i>Maternal Infant and Young Child Nutrition – National policy, Nutrition supplementation policy, Food Fortification policy and Vitamin A policy.</i>
	<i>Sanitation, Hygiene education and food safety</i>	<i>Community led sanitation, CHWs training on sanitation.</i>
Security and safety		<i>Child protection especially for girls and at risk children.</i>
Early learning	<i>Early learning opportunities</i>	<i>Establishment of infrastructure necessary to support provision of quality early childhood education systems within the county</i>

The effective implementation of ECD policies depends on the knowledge by key stakeholders at national and county levels. Findings from qualitative interviews demonstrated that stakeholders’ familiarity with a range of policies was mixed. Among the respondents who knew about the policies, some respondents pointed out that a considerable number of ECD policies are currently in the developmental phase, especially at county level. For example, the counties of Kajiado, Mombasa, Kisumu and Busia were in the process of developing ECD specific policies.

However, county level stakeholders also have minimal familiarity with the existing national policies, signifying the need for focused efforts to enhance dissemination and training on the policies to advance effective implementation in order to achieve the policy goals.

“Our policies are now aligned and inclined towards NCF for early child development, because it has been recognized that apart from the growth, we also need the child to develop” NRB_NUTR_KII_01

“There are a number of policy documents that promote early childhood development impact, for example, within the healthcare system. We have the IMNCI policy document IMCI, that speaks to early childhood development” SIA_CS02_KII

“I know we have a number of policies, at the Ministry of Health level that deal with health, like the health sector policy, the Kenya Health Policy framework 2030 that outlines how health care is provided for the population including for children. There are policies to do with universal access to health care that target mothers of childbirth age, we also have policies that have to do with the nutrition of infants and young children, as well as their mothers. We have policies like one of the latest policies is the Kenya Community Health Strategy Policy that seeks to ensure that health is being taken to the communities at the recommended level delivered CHWs also includes nurturing care. So, I think this is a great milestone, the development of the Kenya community health strategic policy. That's a very important policy” NRB_CS0_KII_05

In summary, there is some positive movement to develop or review policies related to ECD by national and county governments. However, the efforts do not appear linked across sectors and stakeholders’ range in their familiarity with the policies, which affects implementation in practice. It is apparent that there is varying familiarity with the ECD policies among stakeholders who are expected to steward implementation, coordination and progress monitoring.

3.1.2 Number of counties implementing domesticated ECD policies/county policies to support nurturing care and/or strategic plans on nurturing care

The baseline study defined domestication of ECD policies as “the adaptation of national policies at the county level to address their specific needs and circumstances. It is a process that aims to make policies more relevant, effective, and suitable for the target population or region, considering the local context and requirements” (Papan, 2018). The study sought to identify counties that developed such ECD policies. As mentioned earlier in this report, policies take long time to be developed or reviewed. In view of this, the policies that support nurturing care were not limited to the three-year period but the focus is on policies and strategic plans in place at the county level that supports implementation of nurturing care. Figure 6 depicts results for 35 counties for which evidence was obtained that they were implementing ECD policies that supports implementation of nurturing care. Of these, 34 counties were implementing policies, 11 counties are implementing ECD laws, while 25 counties are implementing strategic plans.

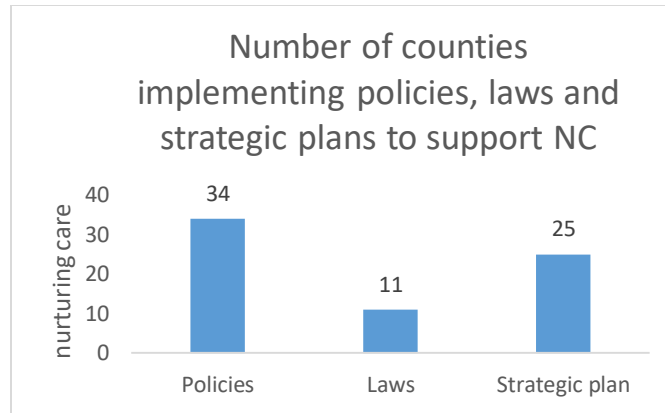


Figure 6: Number of counties implementing policies to support nurturing care (n=35)

Qualitative participants described how counties have domesticated national policies across various sectors to meet the unique and specific needs of the counties.

“The county government has domesticated the national policies through mandating the county governments’ to develop County Nutrition Action Plans, which covers all sectors and is customized to Nairobi County” NRB NUTR KII 02.

“All counties have copies of the preprimary policy and the standard guidelines. Certain counties have also come up with their county preprimary policies depending on the uniqueness of their areas of operation. ... This is a way of domesticating the policies, as they have picked relevant areas from the main policy and of course, started to implement this. It is through this main policy, the National preprimary policy that they have come up with their own policies domesticated from the main policy, and in this way, they are implementing the policy in one way or the other” NAT MOE KII 01.

“In Mombasa County, we are the first county that was able to prepare a social protection policy, which we did in the year 2018, going up to June 2022. And we're in the process of reviewing that strategy, and ensuring we develop another strategy for the next five years, we realized that, of course, the issue of children is also a social protection issue. We were funded through UNICEF, to be the first county that prepared the strategy, what we did, we looked at the national government policy, and then customized and we rallied to have Mombasa County social protection strategy” MSA FIN

The need for domestication of policies to county contexts is apparent for some sectors more than others, also in alignment to the country’s devolution of certain sectors to county governments. Education services remain under the ambit of the national government, and hence the counties seem to interpret that no efforts are required by them to customize as explained by a county education stakeholder:

“For now, we don't have a policy, a customized policy. We are using the national ECD policy. And the guidelines which come from the national government.” KAJ EDU KII

Among qualitative participants, financing and priority setting for county-level policymaking came up as the major challenge that needs attention:

“The process of policy formulation is not an easy one. Especially the fact that now we have to do a lot of public participation, stakeholder involvement. For us, we have not been engaged with the country assembly or the executive. So, the process is what is made of a challenge, especially when it comes to resource allocation because all these processes require resources. KAJ HEA KII

“Because of the whole issue of adequacy of resources, competing priorities, sometimes we end up seeing these very good [policies] ending up on the shelves, and really not getting ownership when it comes to implementation because it's left hanging between sectors” NRB CSO KII 01

In summary, counties have endeavoured to domesticate national policies by coming up with county specific legal and policy frameworks to address ECD issues. In addition, counties in their strategic plans have tried to incorporate programmes that enhance children’s health, nutrition, protection as well as early learning. While there is evidence that policies are in place, and there are structures to action the policies, but it is not clear (1) whether the policies are being implemented based or (2) whether there is cross sector collaboration related to implementing the policies. Further data needs to be collected ongoing annual surveys to establish the status.

3.2 Governance in Early Childhood Development

Strong governance means that there are clear structures, roles, and responsibilities; and that allocated across the government and between public, private, and community-level actors for operationalization at subnational and community levels; and there is clear vision and leadership throughout all levels of the system. Another aspect of governance is related to the ECD workforce, and the extent to which governmental and nongovernmental system actors hire adequate and well-trained staff to provide services related to health, education, nutrition, and social protection. A well-equipped team is critical to navigate the complexities of policy landscapes and drive the transformative changes intended by ECD-focused policies. To assess the extent to which Kenya’s public systems are able analysed three system indicators to measure governance in ECD. The indicators included:

- (1) The number of preprimary teachers trained on science of ECD or care for child development (CCD)
- (2) The number of HCWs trained on science of ECD or CCD

(3) The number of county departments tracking implementation of nurturing care components.

3.2.1 Number of preprimary teachers trained on science of ECD/CCD

Figure 7 shows the results of teacher training in 20 of the 47 counties towards supporting nurturing care for learners. A total of 37,077 teachers from the 20 counties were trained. This equates to an average of 776 teachers trained per county. The results show a steady increase of the number of teachers trained from 2021-2023. However, there was evidence of low-quality collection and use of data for decision-making by county governments towards supporting nurturing care for learners, with only 20 counties having data on building the skill set of the preprimary teachers. Capacity building of preprimary teachers is critical in delivering quality services for better outcomes.

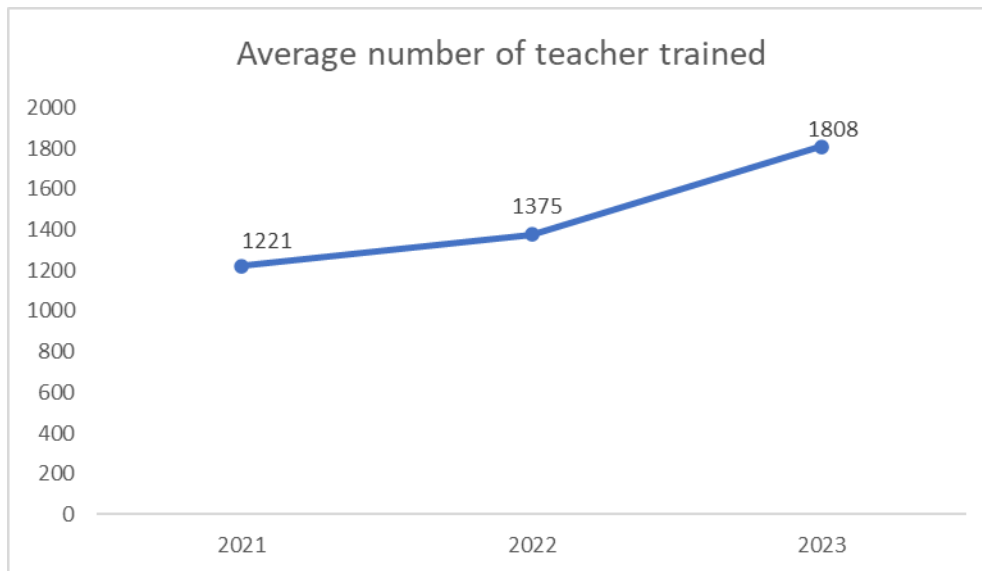


Figure 7: Number of preprimary Teachers Trained across 20 counties on the science of ECD/CCD. Source: Review of county documents.

Interview participants revealed that preprimary teachers received continuous development training as well as training on nurturing care. There were also efforts to integrate the NCF into the curriculum for teachers.

“ECD teachers have been sensitized on nurturing care of ECD to be able to take care of the ECD learners” SIA_CS0_01_KII

“Our work, greater focus is on teacher capacity strengthening. So, we develop and design courses. And as I told you, we designed these courses based on needs. So initially, what we do from the onset, we ask, who would do a teacher capacity or teacher assessment needs to establish the current needs, for example, in Kilifi, all the teachers, so we deploy a quick needs assessment. We collect the data, we do analysis, and we establish that this is where the needs are, we sit with some county education officials, we design content, together, we review it, we finalize and we say, okay, let’s train our teachers” MSA_CS0_06

“Currently, the organization is implementing ECD initiatives alongside teacher professional development. This is for both new teachers that are coming into the profession as well as existing teachers that are practicing the work entails retraining or capacity strengthening so that these teachers can be at par with best practices in education in early childhood, as well as global best practices to be able to contribute to quality early learning outcomes for children” MSA_CS0_06

While the focus on teacher training in this study was on the science of ECD/CCD, the reported training is related to either upgrading from certificate to diploma or training on implementation of CBC. It is imperative, therefore, that there is need for focused training initiatives targeting to have teachers trained to gain knowledge and skills on nurturing care for child development.

3.2.2 Number of HCWs trained on science of ECD/CCD

Figure 8 shows the results of HCWs training in 19 counties towards supporting nurturing care for children. A total of 18,093 health workers from the 19 counties were trained between 2021 and 2023. This equates to an average of 953 health workers trained per county and the number of HCWs trained has been declining since 2021. This shows evidence of low-quality collection and use of data for decision-making by county governments towards supporting nurturing care for children, as only 19 counties have data on building the skill set of health workers. Capacity building and skill set of the health workers is critical in delivering quality services for better outcomes.

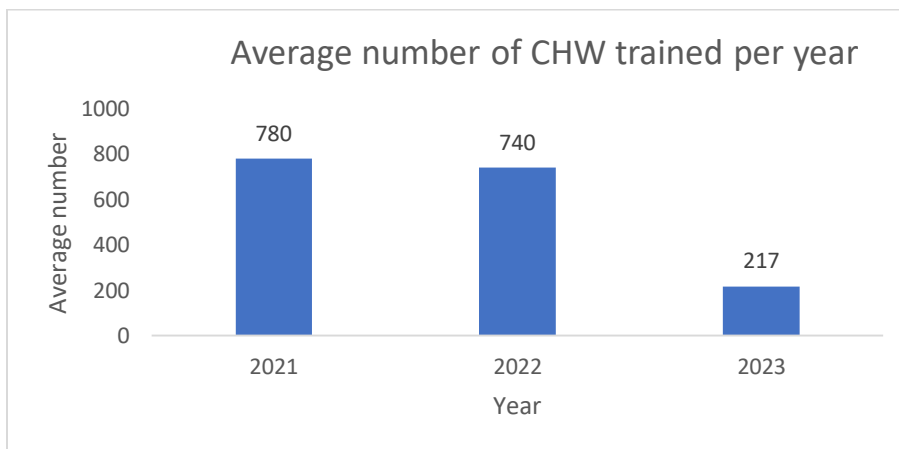


Figure 8: Average Number of CHWs Trained per year

There are a wide array of health-oriented training opportunities that are focused on enhancing the provision of ECD services. These training programs encompass diverse areas such as child development, nutrition and food security, agri-nutrition, maternal and child health, as well as maternal, infant, and young child nutrition. The target audience for these training initiatives includes caregivers, CHVs, mentor farmers, healthcare providers, and social workers. Participants pointed out that the primary organizers of ECD training sessions are governmental institutions. However, it was evident that various stakeholders, including notable organizations like World Health Organization (WHO), UNICEF and the AKF, are actively involved in providing support for these training initiatives.

“For healthcare providers, we have care for child development, and we are transitioning to practice guide that was recently launched by the WHO. The practice guide for implementation of Nurturing Care ... at Service delivery level. For the CHVs, we also developed the CCD guidelines for use. So that's what's in existence currently” NAT MOH KII

“We complement moments that matter. We focus on the first 1000 days. We train ECD promoters, we have trained at least 250 who work with caregivers in nurturing care. Trained replicators who work with other caregivers. We have also trained mentor farmers also called nutritionists to ensure nurturing care by use of skills, we also work with faith leaders as agents of change. They use scriptures to engage with the community to indulge in nurturing care. Male champions who have exhibited excellent nurturing care interest have also been trained” SIA CSO 04 KII

3.2.3 Number of county departments tracking implementation of nurturing care components

Figure 9 depicts the findings of 10 counties that are collecting data on nurturing care. The available data shows that the number (proportion) of relevant county departments tracking the implementation of nurturing care components is low. It is vital to keep track since it will improve implementation across all the county sectors. Across the ten counties that provided data, only seven counties are tracking nurturing care in education, six counties in health, three counties in childcare, one county in agriculture, and one county in other departments.

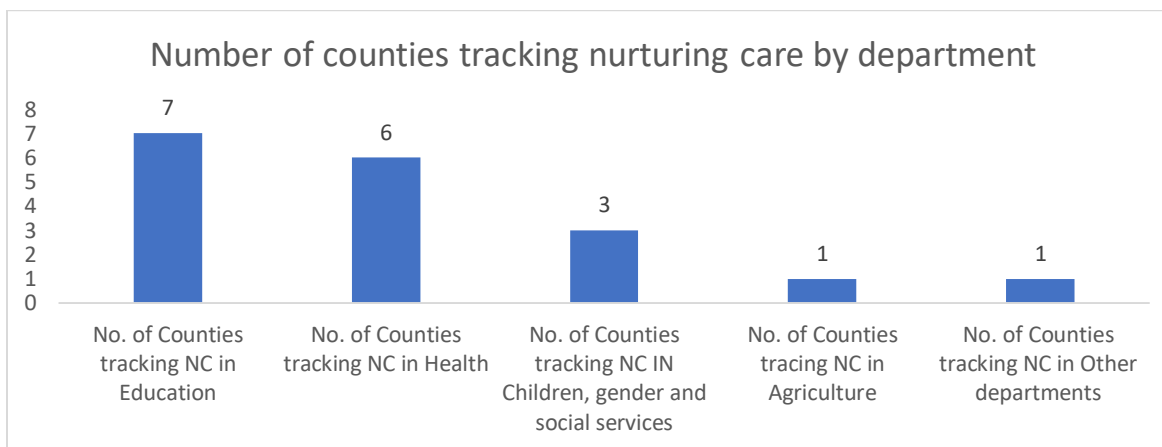


Figure 9: Number of counties tracking implementation of nurturing care by department

Qualitative results from the four counties indicate that ECD has structures in place with focal persons. Participants from FGDs and KIIs, highlighted that the ministries entrusted with ECD responsibility, with a specific focus on child health and child education, have well-defined governance frameworks. These structures encompass various key stakeholders, including members of the County Executive Committees, County Chief Officers, County Directors, Departmental Heads, Accounting Officers, Subcounty Heads, ECD Coordinators and Ward Representatives, all of whom operate within each respective Sub County. The respondents further drew attention to the significant role played by county assembly committees and

steering committees, which holds the responsibility of overseeing and guiding ECD initiatives within the geographical confines of the counties. This intricate network of organizational elements collectively facilitates the effective management and execution of ECD activities.

“We have a very good structure, in terms of what we received from the CDC to executive committee, we have the Chief Officer, the higher level and then we have the Director now. At his level he also has his team of quality assurance people who have policy and partnerships ... childcare and safety, something like that. Underneath that structure, we have the sub county officers, like in Mombasa we have six sub counties. So, in Sub-County, we have a person who is in charge of that particular area. And under the ECD, the sub county ECD officers, we also have what they call ward supervisors, administrators. Then again, those ones will be in charge of a particular ward. So that makes supervision really very effective. Because the structure is high ranking. It's up there, but then we have people up to the ground level that are available to do day-to-day support for teachers, day to day follow up in the schools and, and ensure that we realize the quality that we need” MSA_CS0_06

“So, in Kajiado County, we have a network of CSOs ..., a platform where we meet with the county government departments, so you'll find a forum where the county government is involved, as well as the CSO. So, in those forums, you're able to exchange ideas. We're able to define our scope and then be able to complement one another. So that we have a well-coordinated approach to how to support zero to five old” KAJ_CS0_KII_06

Designating focal individuals from different departments plays a pivotal role in coordinating and executing activities related to ECD. Their responsibilities extend beyond mere coordination. The responsibilities also encompass the tasks of monitoring and evaluating the progress of ECD initiatives. Additionally, these individuals assume a leadership role within their departments, offering guidance and disseminating vital information concerning ECD. Notably, they represent their respective departments as integral members of multisectoral teams, contributing to collaborative efforts that span across different sectors.

*“The focal person acts as a link between the program and department. Gives reports on programs and coordinates and reports to overall program lead for reporting”
SIA AGRI KII*

*“Every sector has a Chief Officer, who supervises the entire staff, and then every job is delegated down. From the Chief Officer, we have the director, then the Deputy Director, the Assistant Directors etc. Then we go to the sub county, that small unit. Then now we go to the centre”
NRB EDU KII 01*

However, some study participants underlined continued challenges arising from the ambiguity surrounding the organizational structure responsible for overseeing different facets of ECD. Although strides have been made to address governance in early childhood by coming up with structures from the county level to the grassroots level, there is need to strengthen these structures and to sensitize the different players on the benefits of ECD.

3.3 ECD Financing

The effective execution of ECD activities is impeded by constraints stemming from inadequate financial resources and the inconsistent or irregular release of funds by the government. These financial limitations undermine the comprehensive realization of ECD initiatives. This section highlights findings from the review of ECD related finance documents from 47 counties and the Kenyan national government as well as findings from qualitative data from the four sampled counties.

3.3.2: Counties with ECD costed plans by department

County-level costed plans are critical for ensuring service delivery of ECD programming but are unevenly distributed across sectors. We found that 39 out of 47 counties reviewed have costed ECD plans in the education sector, 35 have costed plans in the health sector, and only 17 have costed plans in the gender, education, and social services departments. Eight counties had no indication of ECD budgets across the ECD focus departments (Table 4). Costed plans in the health sector focus on recruiting and training healthcare workers, while those in the education sector tend to focus on school construction, infrastructure and learning materials. None explicitly referred to responsive caregiving or early stimulation, although several counties did allocate resources to the promising practice of kangaroo care for newborns.

Table 4: Counties with ECD costed plans by department

County department	Number of counties (N=47)	Percent (%)
Children gender and social services	17	36%
Education	39	83%
Health	35	75%
Total	47	

Table 5 provides a sample of costed plans related to primary health care in Mandera County as captured in their 2020-2021 ADP, including the construction of a state-of-the-art maternity and newborn wing

Table 5: Funded PHC Projects in Mandera County _Mandera East Sub-County FY 2020-2021

Project Name	Location	Objective	Outcome/Output	Performance Indicator	Time Frame (Start - End)	Implementing Agencies	Allocated cost (KSH)
State of the art Accident & Emergency wing	Banisa Lafey	Improve Access to quality affordable health services	Reduced referrals within and outside the county. Reduced incidences of curable diseases and ill health	Number of patients treated at the facility	2020-2021	MCG Department of health	280M
State of the art Maternity and newborn wing	Lafey Kutulo	Improve maternal and neo-natal care	Reduce maternal and childhood mortality and morbidity	Reduced maternal and neonatal mortality rates	2020-2021	MCG Department of health	168M
Regional human and Livestock disease research centre	Mandera East	Timely and accurate diagnosis of human and livestock	Reduced disease detection and intervention time	No. of human and livestock disease epidemics detected	2020-2021	MCG Department of health	200M
Kenya Medical Training College	Mandera East	To build own local and regional human resource capacity	Increased local and regional health workforce	Number of graduates from the institution	2020-2021	MCG Department of health	100M

(Source: pg. 60 Mandera County FY 2020-2021 ADP- County Flagship Projects)

At the county level, the allocation of funds is determined during the formulation of the CIDP and the county fiscal strategy paper. These documents provide an anticipated breakdown of expenditures for various initiatives. Notably, participants in discussions related to ECD highlighted a significant aspect: the absence of a designated budget exclusively for ECD purposes.

Funding for ECD programs is sector specific and does not have a dedicated section within the county budget. Instead, funds are channelled through a specific ministry or department, which then allocates a portion of its budget to support ECD-related activities. This indirect budgeting approach is the current mechanism for financing ECD initiatives within the county.

“Like I said ECD falls under three departments. We have education, social services, and health. So, the public finance Act gives guidelines on how the budget is to be

prepared, the CEC finance with guidance from the National Treasury gives out ceilings that limit the amount that is supposed to be spent on each department. So, those ceilings determine the budget for each department. So, for this particular case for the three departments, once we give the ceilings then the department now goes and decides on where to spend the resources. It is not us (Finance) who determine, we only guide, provide guidelines and give the ceilings” KAJ KII FIN

The absence of dedicated financial allocation for ECD is a notable challenge. According to participants, money for devolved functions is in one pool and utilization depends on the Governor’s priority in a particular quarter or month. This challenge resonates with the broader financial landscape, where ECD initiatives often struggle to secure their rightful share of resources within the overall budget. Participants revealed this by saying:

“To me, the big challenges might not even be the utilization, the big challenge is matters to do with children fight for space. Like I said earlier, we do not have a formula that you know, of your development budget 1% or 2%, or 3% or 10% should be [...] and these are the child friendly investments that we want to focus on. That kind of programming does not exist currently. And so, you will find matters of children competing with the purchase of medicine, matters of children competing with the roads, opening up of roads and construction” COG KII 01

“I don't want to speak on behalf of the counties, but I know we have what we call centralized financial system. This system is where we have the Department of Finance releases all the funds to be at the departments in a system where the financial systems have been devolved fully. We call a decentralized system, because like a Department of Education is allocated some amount of money per quarter, just like the national government does to the ministries. But for the county governments that money is in one pool. And based on the chief officer in charge of finance, and based on the governor's priority, this one becomes a big problem. Maybe the priorities of the governor this month or this quarter will be on the road. So whatever money is in the pool, will be focusing on ensuring that we are beautifying Mombasa. And what happens we go to supplementary budget, and reallocate these funds based on the priority of the governor” MSA EDU

Qualitative participants also drew attention to the role of external contributors in supporting ECD efforts. They indicated that some ECD activities received assistance from donors and external organizations. These external partners play a crucial role in enhancing the availability and quality of ECD services by providing additional financial resources.

3.3.4: PHC budget allocation as a percentage of total budget allocation to the county department of health

Focusing on budget lines on preventive and promotive health services, we analysed data from 22 (47%) counties that had elements of the PHC budget focusing on immunization, maternal and child health and nutrition supplementation. Across the 22 counties, the range of proportion of allocation was between 2% as reported by Makueni, Kericho and Nakuru counties to 59% as reported by Kakamega County. It was established that Kakamega had a targeted MNCH

program spearheaded by the then County Governor dubbed “*Oparanya Care*” which was responsible for the significant focus and allocation of resources to PHC. The average proportion was 19 percent. See table 6.

Table 6: Proportion of PHC budget to the DoH budget by county

Counties	Sum of PHC allocation (Ksh.)	Sum of Total DoH budget allocation (Ksh.)	Percent (%)
1 Mombasa	885,000,000	7,727,400,000	11%
7. Garissa	92,080,000.00	2,695,870,687.00	3%
11. Isiolo	104,000,000	549,000,000	19%
17. Makueni	356,522,427	4,149,576,883	9%
19. Nyeri	48,552,975	697,752,651	7%
22. Kiambu	2,652,233,390	19,043,152,816	14%
23. Turkana	568,910,084	1753784166	32%
24. West Pokot	288,292,886	5545646699	5%
25. Samburu	428,148,979	4182458707	10%
26. Trans Nzoia	167,000,000	888,300,000	19%
27. Uasin Gishu	13,000,000	700,000,000	2%
28. Elgeyo/Marakwet	124,834,235	4177533767	3%
32. Nakuru	480,300,000	4,710,110,005	10%
35. Kericho	267,000,000	1,658,600,000	16%
36. Bomet	415,621,939	4,951,061,218	8%
37. Kakamega	6,019,656,837	10,240,045,031	59%
39. Bungoma	735,678,846	11,164,075,261	7%
42. Kisumu	380,332,336	8,226,183,597	5%
44. Migori	215,000,000	1,945,701,765	11%

45. Kisii	162000000	8,083,000,000	2%
46. Nyamira	1561844148	5,522,073,931	28%
47. Nairobi City	8306264816	17,770,798,857	47%
Grand Total	23,581,645,693	122,313,800,359	19%

3.3.5 Average allocation of PHC in CIDP Vs ADP

We further compared PHC budget allocations as a percentage of the DoH County budget, focusing on CIDP allocations which represent the aspirations of the counties in a five-year planning period. This analysis was compared to allocations in the ADP which are annual allocations as part of the operationalization of the CIDP. The comparison was done for the counties that had both CIDP and ADP allocations for PHC. It was established that the PHC budget in CIDP allocation was 32% of the DOH, while at operationalization, PHC budget in ADP was only 11% of the DoH budget. This reflects that there was lack of policy or guideline or lack of implementation in case of existence of guidelines ring-fencing the ECD budget. Still, this could be due to inadequate resources available during ADP drafting prompting reduction in the initial proposed ECD activities budget lines. See figure 10:

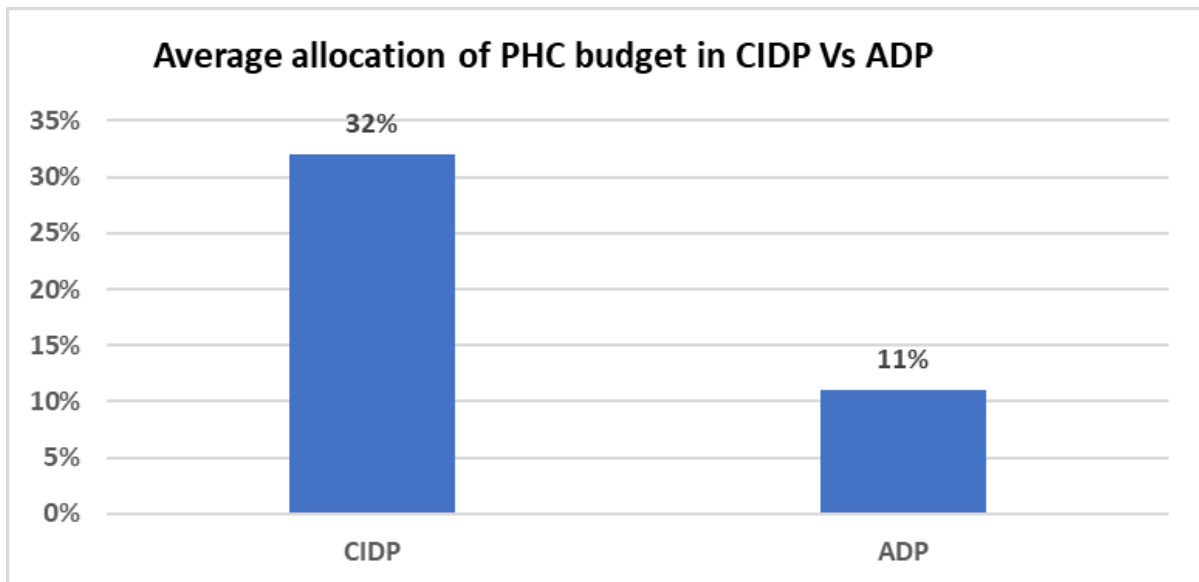


Figure 10 County governments average allocation of PHC in CIDP Vs ADP

A stakeholder from the health sector described this pattern as follows:

“Yes, the challenge is to access the funds. They can be allocated but not accessing it. Because most of the time you are allocated funds, but those funds are not there. You cannot access for some reasons. Maybe the funds are not available. You see government plans or money which is not in the bank. They have to collect. So, when

they collect, and then sometimes there are other priorities, most of the activities are funded by the partners” MSA HEA

3.3.6 ECD budget allocation as a percentage of total budget allocation to the county department of Education (DoE)

ECD-specific budget allocations ranged from 5% in Nyandarua County as the least to a high of 87% in Samburu County. The average ECD allocation was 28% of the total DoE budget. Counties in arid and semi-arid regions in the northern Kenya had the highest ECD proportional allocation as indicated by; Garissa 78%, Tharaka Nithi 80%, Mandera at 84% and Samburu 87%. This could be due to vastness of the regions and sparseness of the population that prompts for example construction of many ECD centres to address the population. It was established that there were no ring-fenced ECD budgets as counties’ allocations varied as per their priorities. See table 7.

Table 7: ECD budget allocation as a percentage of total DoE budget by county

Counties	Sum of ECD budget allocation (Ksh.)	Sum of Total DoE budget allocation (Ksh.)	Percent (%)
1. Mombasa	2,720,160,644.00	13,348,787,701.00	20%
5. Lamu	211,591,994.00	379,210,000.00	56%
7. Garissa	2,343,000,000.00	3,011,000,000.00	78%
9. Mandera	435,400,000.00	520,391,890.00	84%
10. Marsabit	1,274,038,724.00	5,136,243,285.00	25%
13. Tharaka-Nithi	10,000,000.00	12,500,000.00	80%
14. Embu	1,693,656,000.00	9,574,880,304.00	18%
15. Kitui	125,118,000.00	819,618,000.00	15%
16. Machakos	420,500,000.00	1,743,200,000.00	24%
17. Makueni	452,900,943.00	4,327,494,151.00	10%
18. Nyandarua	569,842,108.00	11,164,438,200.00	5%
19. Nyeri	134,718,156.00	1,211,586,310.00	11%
20. Kirinyaga	272,270,000.00	2,616,259,229.00	10%
21. Murang'a	1,433,756,877.00	3,796,756,877.00	38%
22. Kiambu	4,574,000,000.00	16,873,210,194.00	27%
23. Turkana	3,767,079,706.00	8,453,720,384.00	45%
24. West Pokot	1,165,619,296.00	2,305,179,025.00	51%

Counties	Sum of ECD budget allocation (Ksh.)	Sum of Total DoE budget allocation (Ksh.)	Percent (%)
25. Samburu	3,535,870,000.00	4,047,832,942.00	87%
26. Trans Nzoia	160,141,442.00	410,956,966.00	39%
27. Uasin Gishu	160,000,000.00	2,162,649,851.00	7%
28. Elgeyo/Marakwet	2,128,636,180.00	4,693,441,763.00	45%
29. Nandi	1,635,545,745.00	6,776,517,614.00	24%
30. Baringo	771,904,524.00	5,463,838,380.00	14%
31. Laikipia	619,785,000.00	2,338,159,399.00	27%
32. Nakuru	3,276,631,375.00	20,248,799,536.00	16%
33. Narok	8,998,217,022.00	31,986,107,756.00	28%
35. Kericho	3,910,076,238.00	9,810,315,739.00	40%
36. Bomet	459,012,300.00	871,542,300.00	53%
37. Kakamega	5,051,139,356.00	15,607,805,832.00	32%
39. Bungoma	420,500,000.00	2,547,500,000.00	17%
41. Siaya	705,000,000.00	2,034,055,327.00	35%
42. Kisumu	4,330,130,000.00	11,540,293,057.00	38%
43. Homa Bay	2,613,700,000.00	5,383,413,501.00	49%
44. Migori	468,043,232.50	6,053,810,253.54	8%
45. Kisii	264,606,520.00	1,876,967,098.00	14%
46. Nyamira	434,262,574.00	1,244,539,083.00	35%
47. Nairobi City	6,205,606,000.00	20,999,426,863.00	30%
Isiolo	88,200,000.00	1,486,295,620.00	6%
Grand Total	67,840,659,956.50	242,878,744,430.54	28%

3.3.7: Trend on average allocation of ECD budget as a percentage of DoE budget

We further analysed the trend of allocation of ECD budget to DoE budget over the three-year period (FY2021-FY2023) for 12 counties that had data across the period. There was an increase in proportional allocation from 24% in FY2021 to 29% in FY2023 and to a high of 33% in FY 2023. The overall average was 29%.

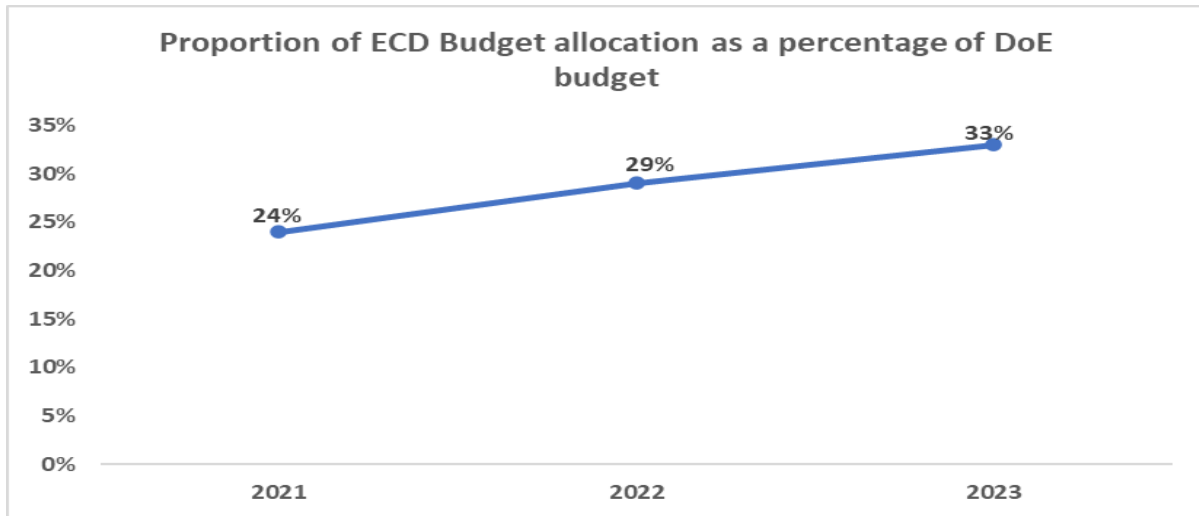


Fig 7 Trend of average allocation of ECD budget as a percentage of DoE budget

3.3.8 Counties with preprimary teachers on payroll

Only 28 (60%) counties reported having preprimary teachers employed and paid by the county. Three additional counties report support from additional funding other than county governments for their ECD workforce. Table 8 presents findings for this indicator.

Table 8. Counties with preprimary teachers on payroll

Preprimary teachers on payroll	No. of Counties
Number of counties with preprimary teachers on payroll	28
Number of counties with additional funding source other than county	3
Total	31

In conclusion, we find that financing of ECD plans is not well structured, and there is no ring-fenced budget for ECD with proper costing. Moreover, ECD financing is sector specific and does not have its specific budget lines across the counties. Inadequate resources and delays by the national government to disburse resources to counties is a challenge to ECD financing. There is need for standardization in ECD specific costing and budgeting in all the

three ECD focus departments. This calls for advocacy to have guidelines that standardize and ring-fence an agreed proportion of both education and health budget to programming aimed at children aged 0-3. Since ECD is multisectoral in nature, joint costing and budgeting also need strengthening to gradually move ECD from being sector specific to its own entity.

3.4. Multisectoral Coordination

The study measured three indicators related to multisectoral coordination using qualitative data. The data was primarily qualitative because there were no publicly available documents for this dimension that included quantitative data. The indicators that the project aimed to measure included:

- (1) The number of multisectoral coordination meetings held annually by national ECD coordinating lead and other non-state actors
- (2) Presence of ECD focused ministries coordinating CBOs, donor community, implementing NGOs in coordinating meetings held by national ECD coordinating lead ministry and other non-state actors
- (3) Number of multisectoral coordination meetings held annually by county coordinating department and other non-state actors.

Findings on multisectoral coordination was obtained from four counties namely Kajiado, Nairobi, Mombasa and Siaya.

3.4.1 Coordination of ECD at the national level

The study found evidence of cross-sectoral integration spanning various actors involving state and non-state actors. At the national level, through TWGs and committees, different ministries collaborate with stakeholders such as the children's department, private sector, international organizations, civil society groups, and NGOs to propel the ECD agenda.

“We have what we call TWGs and committee of experts, which bring together various stakeholders to discuss work plans, to discuss collaborations and to discuss resource mobilization. So, through these forums, technical groups, and some committee of experts we coordinate to support matters ECD” NAT MOH KII 01

“The National Council for Children's Services has now been mandated by law to be the one that coordinates all matters of children and efforts have been made to make sure that all actors including MOH and MOE are brought together within the umbrella of the National Council for Children's Services. The director of Children's Services also brings different actors together whether they are national departments from various government ministries, CSOs, the United Nations agencies, and others, they come together within those forums to work together to ensure that services are provided for children across different domains, whether health, nutrition, early learning among others” NRB CSO KII 05

“The Council of Governors, convene the governors, but because the governors are an institution in themselves, they convene the principal actors around the governors, these

are the County Executive Committee Members, Chief Officers, the Directors and then in another sector you will find the Service Board, and the County Secretaries. We convene a lot of top management of the county government on matters of common interest to the counties. But again, we convene a lot of conversation with national government. As a level of government which we must work with and collaborate in having a common direction to serve the same people. The International Development Organization, the civil society movement, and the private sector we have robust conversations with a lot of this entities on different thematic areas including matters dealing with children. So, we may not have standing committees to discharge that relation, but usually what we do is that if we have a long term engagement which we need to track, then what we do is we enter into a specific memorandum of understanding (MOU) with an organization to be able to advance a particular course with them in a sector. In addition to that there are also inter-governmental forums, these are now statutory, things that we agree as county government and national government entities will collaborate in this manner to advance matters of the sector. Beyond inter-governmental forums we also have sectoral forums that some sectors therefore beyond just government, and other principal player in a sector will converge periodically to have conversation on matters of that sector” COG KII 01

At the national level, TWGs and committees are utilized as a means of multisectoral coordination. However, there is a need to have a well-planned and coordinated way of producing joint work plans with funding and a framework to monitor how implementation of the work plan is happening.

3.4.2 Coordination of ECD at the county level

Qualitative data demonstrated the existence of well-defined structures for multisectoral coordination. Respondents in Nairobi, Siaya and Kajiado counties highlighted that they possess a dedicated department responsible for fostering partnerships and facilitating coordination efforts. This indicates a conscious and organized approach to collaboration across various sectors and entities within the regions. According to interview participants:

“There is a department of partnerships and collaboration that ensures all partners implementing in Nairobi County have signed MOU with the county. There is also a whole legal team involved in the approving of the MOUs. The county also has a research department that is responsible for approving all the research that are conducted in the county” NRB SH KII 01

“Yes, there is a set multisectoral platform that has brought together the CSOs, the health, agriculture, education, all those players coming together to discuss matters that affect these young children be it at the ECD level, or even just when they're preparing” KAJ CSO KII 03

In Siaya, we already have a multi sector team that meets regularly on quarterly basis to be able to take stock of their achievements and plan for the next quarter. They already have a chair for the multisectoral team that coordinates the sectoral and the

executive wing. It comprises key departments, they're also working to oversight, the implementation at their county. So, in terms of multisectoral approach Siaya has already done it, the only thing that we're looking forward to is having the multisectoral teams at the sub county level and ward level so that is what they are working towards cascading the same structure from the county level to the lowest level”
SIA CSO 03 KII

Respondents highlighted that various government departments have the chance to assume the role of orchestrating ECD activities, a responsibility that aligns with the specific needs each department aims to tackle. To streamline and enhance this coordination process, the establishment of TWGs or committees comes into play.

“It depends on who is the lead person that has the need? What is challenging, related to health, the health department will deal with it. I'll give an example of the issue of drought. So, the Department of Agriculture supports and leads the multi-sector drought response activities, health will come on board because we have the aspect of health issues, water will come on board because of issues of water supply, while CSOs will come on board. So, the lead department based on the need for the gap that needs to be filled takes the lead” KAJ HEA KII

“We have a multi-sector platform that discusses the ECD issues but also discusses issues affecting sectors. So those issues, the government facilitates them. Currently, the Ministry of Health is doing the chairing. It's like the Secretariat for that because they are the ones who initiated the multi-sector platform” KAJ CSO KII 02

With the enactment of the Children's Act of 2022, the government has outlined a structured approach to coordinating the delivery of children services from the national to the county levels. Through the Children' Act 2022, NCCS was established with a mandate to collaborate with relevant state departments, state, and non-state agencies, to monitor and evaluate the efficiency and effectiveness of all social programmes established in the interest of children (Republic of Kenya, 2022). Further, the government participates in initiatives guided either by stakeholders or civil society entities to foster collaboration. To strengthen the coordination across various sectors, county governments have taken steps to establish and uphold multisectoral coordination in the provisioning of ECD services and programs within their respective jurisdictions.

3.4.3 Strengthening services that promote young children's development

Multisectoral collaborations establish a platform where stakeholders from diverse sectors, each contributing unique expertise, converge with a shared vision. This convergence aims to produce fitting ECD policies and strategic implementation approaches, facilitating the seamless execution of ECD interventions. This collaborative framework significantly enhances service delivery efficiency, curtails the redundancy of efforts, and consequently optimizes the allocation of financial and human resources. This harmonized approach also fosters cross-departmental learning, enabling different entities to gather insights from different professionals from different departments. Consequently, these insights can be readily disseminated to other

counties or regions, promoting the exchange of ideas and the replication of successful strategies.

“The multisectoral approach is important because two sectors consist of different people with different experiences. We have doctors, teachers, agriculturalists, environmentalist etc. So, when all these people come together, they share ideas, and those ideas are going to be incorporated in the policies” NRB ENV KII 01

“Multisectoral collaboration will ensure that there is no overlap in terms of resource allocation and supervision. What do I mean? Why should I plan for water in a school and the Department of Water is also planning for the same? ... Number two, we also ensure seamless service delivery. When we plan with, the health, we can immunize all the children in the school in a week because we know where they are. So multisectoral coordination is the way to go, and we need a multisectoral law or a policy that ensures these players work together so that they can strengthen ECD. ... When you look at the NCF, opportunities for learning are just one component, good health is another, nutrition is another child protection is another, you see? So, when we come together, we save resources, and we create synergy and seamless service to our children” NRB EDU KII 01

Communities play an integral role in providing support to ECD facilities through a range of initiatives. These encompass actions like donating land for the construction of Early Childhood Development Education (ECDE) facilities, actively participating in the establishment of ECDE learning centres and contributing to the compensation of ECDE teachers who are not officially on the county payroll. Respondents further emphasized that community leaders play a significant role in fostering awareness and understanding about the importance of ECDE within the community. CHVs contribute to crucial health-related aspects of ECDE by engaging in activities such as growth monitoring, immunization, and deworming, thereby contributing to the holistic well-being of young children.

“Yeah, of course, community comes first because even when there is public participation, for example they want to put up an ECDE centre in an area, the community will come in and give land because they are the ones in dire need. So, if we don't work with the community, I don't think things will work out so for community they will give land and the children coming in will be required to work hand in hand with the teachers” MSA CSO 03

“At some point, they (community members) also volunteer their services. Like I remember my nursery schoolteacher was a volunteer from the community and was paid by parents on a voluntary basis as well. So, I think that in my view could be one of the areas that the community could be contributing to. Though it is not very structured. And it varies from community to community” NRB CSO KII 02

Additionally, there is a lot of multisectoral collaboration happening in the four counties. However, documented information is not publicly available on how these collaboration between and among actors both state and non-state actors is happening.

Collaboration between departments and with communities will foster provision on early childhood services. Communities through provision of land will enable departments of education to put up learning centres and DoH to put up health facilities. However, this will be possible when there is collaboration with the members of the county assemblies as well as the good will and priority from the Governor.

4.0 Conclusion

In conclusion, the baseline measurement of the ECD systems in Kenya has revealed a mixed picture about the status of ECD indicators. While there have been some positive developments, several challenges have been noted in various areas of ECD.

County governments in Kenya have shown limited commitment to supporting nurturing care for young children, especially in terms of building the skill set of preprimary teachers and HCWs. However, there have been efforts to provide training and integrate nurturing care components into the training curriculum, indicating a potential for improvement in the future. Additionally, county assembly committees and steering committees have played crucial roles in overseeing and guiding ECD initiatives, emphasizing the importance of coordination and monitoring.

Despite progress on national policies, only a limited number of counties were found to be actively implementing policies and regulations to support ECD, which suggests a need for more comprehensive policy reforms and implementation.

Multisectoral coordination is occurring, despite the absence of publicly available documents. Various ministries and stakeholders are working together to advance the ECD agenda, and the enactment of the Children's Act of 2022 has provided a structured approach to coordination at the national and county levels.

One of the significant challenges identified is the lack of well-structured financing mechanism for ECD plans. There is no ring-fenced budget specifically allocated to ECD, and funding allocation varies among counties. However, there has been a slight increase in the proportional allocation of funds for ECD in recent years, which is a positive development. Nevertheless, there is a need for more consistent and dedicated budgeting for ECD to ensure its sustainability and effectiveness.

To fully realize the potential of ECD, it is essential for county governments to demonstrate greater commitment, update policies, enhance coordination, and establish a more structured financing mechanism.

5.0 Recommendations

Based on the findings of the evaluation and measurement of ECD systems in Kenya, several recommendations are made to address the identified challenges and enhance the effectiveness of ECD programs:

Enhance Governance Commitment:

County governments should demonstrate a stronger commitment to supporting nurturing care for young children. This includes prioritizing the development of the skill set of preprimary teachers and health care workers. Encourage counties to allocate resources for training and professional development in these areas.

Policy Reforms:

The national government should prioritize the update and revision of policies related to ECD in health, education, and social protection. Regular updates are essential to keep policies aligned with current needs and research findings. There is need to encourage and support more counties to actively implement ECD policies and regulations. The national government to provide technical assistance and guidance to ensure policy implementation at the local level happens.

Strengthen Multisectoral Coordination:

There is need to promote the sharing of best practices and coordination models among counties to improve multisectoral collaboration in ECD. Document and disseminate successful collaboration examples to inspire others. Encouraging the development of publicly available documents that outline coordination mechanisms and responsibilities among ministries and stakeholders involved in ECD is critical enhancing multisectoral coordination.

Structured Financing Mechanism:

Establish a dedicated and ring-fenced budget for ECD at both the national and county levels. Ensure that funds are allocated specifically for ECD programs and activities to guarantee sustainability. Develop clear guidelines for budget allocation and expenditure related to ECD within CIDPs and county fiscal strategy papers.

Data Collection and Monitoring:

Strengthen data collection and reporting mechanisms to track progress in ECD systems. Regularly assess and report on key indicators related to policy implementation, training, and financing. Encourage counties to establish monitoring and evaluation units responsible for tracking and assessing ECD programs' impact and effectiveness.

Capacity Building:

Provide continuous training and capacity-building opportunities for preprimary teachers, health care workers, and other stakeholders involved in ECD. These programs should focus on nurturing care, child development, and related areas.

By implementing these recommendations, Kenya can make significant strides in improving its ECD systems, ensuring that young children receive the quality care and education they need to thrive and contribute to the country's future development.

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Annex 1 Indicators summary data

Theme	Indicator	Score
Policy		
P1	Number of counties implementing domesticated ECD policies/county policies to support nurturing care, and/or strategic plans on nurturing care	13
P2	The number of new or updated national policies, regulations, related to improving ECD health/nutrition, education, and social protection	4
Governance		Number of counties with this indicator
G1	Number of preprimary teachers trained on science of ECD/CCD as well as any ECD related courses	22
G2	Number of HCWs trained on science of ECD/CCD as well as any ECD related courses	23
G3	Number of county departments tracking implementation of nurturing care components	10
Multi sectoral coordination		
M1	Number of coordination meetings held annually by national ECD coordinating lead ministry and other non-state actors.	Relied on qualitative data to assess this indicator
M2	Presence of ECD-focused ministry, coordinating CBOs, donor community, implementing NGOs in coordination meetings	Relied on qualitative data

	held by national ECD coordinating lead ministry and other non-state actors.	to assess this indicator
M3	Number of coordination meetings held annually by county coordinating lead department	Relied on qualitative data to assess this indicator
Finance		# of counties
F1	Number of County Departments with costed ECD Activities	39
F2	Number of preprimary teachers paid by the county government	34
F3	Number of CHWs paid by county government	39
F4	ECE budget allocation as a percentage of total budget allocation to the County Department of Education”	0
F5	PHC budget allocation as a percentage of total budget allocation to the county DoH	29
F6	PHC expenditure as a percentage of county department of Health expenditure	15