



The Early Childhood Development Systems Evaluation Study

Policy Brief

**Strengthening Early Childhood Development in Kenya
through Multi-Sectoral Coordination, Integrated Data
Systems, and Community Health Structures**

June 2026

Target Audience: National and County Governments, Development Partners, Civil Society Organizations, and ECD Practitioners.

Executive Summary

The early years of life represent a critical period for cognitive, social, emotional, and physical development, laying the foundation for lifelong learning, health, and productivity. Globally, evidence demonstrates that investments in early childhood development (ECD) yield high social and economic returns and contribute significantly to human capital development. However, achieving optimal child development outcomes requires coordinated action across multiple sectors, including health, education, nutrition, social protection, and child protection. Despite growing recognition of the importance of integrated approaches to ECD, many countries continue to face challenges arising from fragmented governance systems, weak coordination mechanisms, inadequate financing, and poor data integration and utilization.

This policy brief presents findings from a qualitative study conducted in seven counties and at the national level in Kenya to examine the status of multi-sectoral coordination, data utilization, and community health structures in supporting ECD services. The findings reveal significant disparities in coordination effectiveness across counties, fragmented and under-resourced data systems, and insufficient support for community health promoters who are central to the delivery of nurturing care services. The study underscores the need for institutionalized leadership, sustainable financing, integrated data systems, and strengthened community health structures to improve child outcomes and build resilient ECD systems.

Introduction

Globally, there is increasing recognition that no single sector can adequately address the complex and interconnected needs of young children. The Sustainable Development Goals, the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030), and the Nurturing Care Framework all emphasize

integrated approaches to early childhood development that bring together health, nutrition, education, child protection, and social protection systems. Countries that have successfully institutionalized multi-sectoral coordination have demonstrated improvements in child health, school readiness, and developmental outcomes. International evidence also indicates that integrated ECD services contribute significantly to reducing inequalities and promoting social and economic development.

Across Africa and other low and middle income regions, countries are increasingly adopting multi-sectoral approaches to improve early childhood outcomes. Zambia's Early Childhood Development Action Network provides an example of how government, civil society, and development partners can collaborate to promote nurturing care and integrated service delivery. Similarly, experiences from countries in the Eastern Mediterranean Region during the COVID-19 pandemic highlighted the importance of multi-sectoral collaboration in addressing complex health and social challenges. However, many countries continue to face difficulties in institutionalizing these collaborative mechanisms due to inadequate financing, fragmented governance structures, weak data systems, and unclear institutional mandates.

Kenya has made significant progress in developing legal and policy frameworks that support integrated early childhood development. These include the National Early Childhood Development Policy Framework (2006), the Kenya Integrated Early Childhood Development Policy Framework (2017), the National Pre-Primary Education Policy (2017), the Kenya School Health Policy (2018), the Children Act (2022), and Kenya Vision 2030. These frameworks recognize ECD as a shared responsibility among various sectors and call for coordinated planning and implementation of services. However, despite these progressive policies, implementation remains constrained by fragmented institutional arrangements, overlapping mandates, weak coordination

structures, inconsistent financing, and limited data sharing mechanisms. These challenges have resulted in unequal access to quality services and inefficiencies in the delivery of nurturing care interventions.

Methodology

The study employed a qualitative research design to examine the mechanisms, challenges, and opportunities associated with multi-sectoral coordination in early childhood development in Kenya. Seven counties (Nairobi, Kajiado, Siaya, Mombasa, Tharaka Nithi, Trans Nzoia and Garissa) were purposively selected to represent the country's diverse socio-economic and geographical contexts. Data were also collected at the national level to provide a comprehensive understanding of ECD governance structures.

The study engaged a wide range of stakeholders, including government officials from the Ministries of Education, Health, Labour Social Protection and Senior Citizens Affairs, Agriculture and Livestock Development, and Ministry of Gender Culture and Children Services, as well as representatives from civil society organizations, faith-based organizations, development partners, and United Nations agencies. At the community level, Community Health Assistants and Community Health Promoters participated in focus group discussions.

Data were collected through key informant interviews and focus group discussions. The interviews and discussions were audio-recorded, transcribed, and analyzed using NVivo Version 12 software through both deductive and inductive thematic analysis approaches.

Key Findings

Government-Led Multi-Sectoral Coordination Mechanisms

The study found considerable variation in the effectiveness of government-led coordination mechanisms across counties. Some counties, such

as Siaya and Garissa, have established relatively robust coordination structures that facilitate collaboration among health, education, and social protection sectors. In contrast, counties such as Kajiado and Mombasa exhibit fragmented and inconsistent coordination mechanisms that are largely project-based and dependent on development partners.

At the national level, coordination is led by the National Council for Children's Services and the Ministry of Education through various committees and inter-ministerial structures. However, overlapping mandates and insufficient integration among institutions continue to impede effective leadership and coordination. The absence of a clear national coordinating authority contributes to duplication of efforts and weak accountability mechanisms.

Financing of ECD Coordination

The study revealed that most counties lack dedicated budget lines for ECD coordination activities. As a result, many coordination mechanisms rely heavily on donor funding to support meetings, training, and operational activities. This dependence on external financing threatens the sustainability of ECD initiatives and limits long-term planning and implementation.

Data Utilization for Policy and Decision-Making

Data are increasingly recognized as essential for evidence-based planning and decision-making in ECD. Kenya collects substantial amounts of data through various systems, including the Kenya Health Information System, the National Education Management Information System, and the Child Protection Information Management System. However, these systems operate largely in isolation, resulting in fragmented, incomplete, and sometimes outdated information.

The lack of integrated digital platforms, inadequate infrastructure, insufficient technical capacity, and weak data-sharing protocols hinder the effective use of data for planning and service delivery. Consequently, opportunities to identify

vulnerable populations, monitor progress, and allocate resources efficiently are often missed.

Community Health Structures and Nurturing Care

Community Health Assistants and Community Health Promoters play a critical role in promoting nurturing care by supporting child health, nutrition, early learning, responsive caregiving, and child protection at household and community levels. Their work has contributed significantly to improvements in immunization coverage, nutrition outcomes, and caregiver awareness and capacity development.

However, these frontline workers face numerous challenges, including inadequate training, insufficient logistical support, and lack of essential tools, poor remuneration, and weak coordination with other sectors. These constraints limit their ability to deliver comprehensive nurturing care services and to reach vulnerable populations effectively.

Policy Implications

The findings of this study suggest that achieving equitable and sustainable early childhood development outcomes in Kenya requires a fundamental shift from fragmented, sector-specific approaches to integrated and well-coordinated systems. The absence of clear leadership structures and dedicated financing mechanisms undermines the effectiveness of existing policies and limits the scalability of successful interventions. Similarly, fragmented data systems impede evidence-based decision-making and weaken accountability.

Strengthening community health structures is equally important, given their central role in delivering nurturing care services and linking households with essential health, education, and social protection services. Under investment in these structures may compromise progress toward achieving national and global development goals related to child well-being and human capital development.

Policy options

Several policy options emerge from the findings of this study. **First**, Kenya could establish a centralized national coordinating authority for ECD with clear mandates and accountability mechanisms. **Second**, the government could strengthen and institutionalize county-level coordination structures and provide dedicated financing for coordination activities. **Third**, an integrated national ECD data system could be developed to facilitate real-time information sharing and evidence-based planning. **Finally**, expanding investments in community health systems and strengthening the capacity of Community Health Assistants and Community Health Promoters would enhance the delivery of nurturing care services.

Policy Recommendations

The Government of Kenya should operationalize and strengthen multi-sectoral coordination mechanisms by establishing dedicated ECD coordination units at national and county levels under the leadership of the National Council for Children's Services. Dedicated budget lines should be established to ensure sustainable financing of coordination activities and reduce dependence on donor support.

An integrated national ECD digital platform should be developed by linking existing sectoral information systems, including the Kenya Health Information System, the National Education Management Information System, and the Child Protection Information Management System. This platform should facilitate real-time data sharing, improve monitoring and evaluation, and support evidence-based decision-making.

Formal collaboration frameworks should be developed to clarify the roles and responsibilities of government agencies, civil society organizations, development partners, and the private sector. Regular multi-sectoral forums should be institutionalized to facilitate joint planning, resource mobilization, and accountability.

Finally, greater investment is needed in community health systems. Community Health Assistants and Community Health Promoters should receive regular training, adequate

logistical support, digital tools, transportation allowances, and appropriate remuneration to enhance their capacity to deliver nurturing care services effectively.

Conclusion

Kenya has developed a strong policy foundation for integrated early childhood development. However, significant implementation gaps remain due to fragmented coordination mechanisms, inadequate financing, weak data systems, and under-resourced community health structures. Strengthening government leadership, institutionalizing multi-sectoral coordination, integrating digital data systems, and investing in community health workers are critical steps toward building a resilient and equitable ECD system. Such investments will contribute significantly to improved child outcomes, enhanced human capital development, and the achievement of Kenya's national development aspirations.

Reference

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Authors

Teresa Mwoma, Erick Waga, Moses Oyagi, Caroline Mwangi, Fred Okeyo, Laura Meyer & Benter Owino

Acknowledgement

This Policy brief was derived from the ECD systems study conducted in Kenya by the ECD Network for Kenya in collaboration with Mathematica a US based research organization funded by Conrad Hilton Foundation.