The Early Childhood Development Systems Evaluation Study

Measurement on Integration of Nurturing Care in National and County Policies in Kenya: A Review of the 2020–2024 Policy Landscape

Report Prepared by

The Early Childhood Development Network for Kenya

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Acknowledgement

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List of abbreviations

Abbreviation	Full meaning
CHPs	Community Health Promoters
CIDPs	County Integrated Development Plans
ECD	Early Childhood Development
ECDNeK	Early Childhood Development Network for Kenya
ECE	Early Childhood Education
ECDE	Early Childhood Development and Education
ESSA	Education Sub Saharan Africa
HIV	Human Immunodeficiency Virus
IECD	Integrated Early Childhood Development
IMCI	Integrated Management of Childhood Illness
MAM	Moderate Acute Malnutrition
MUAC	Mid-Upper Arm Circumference
NCF	Nurturing Care Framework
SDGs	Sustainable Development Goals
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

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Executive summary

Purpose and approach

Kenya's national and county policy frameworks give substantial attention to child health, nutrition and formal early childhood education, but the integration of nurturing care remains uneven. This review identifies gaps in responsive caregiving, early learning within families and communities, and child safety and protection. It calls for coordinated policies and county plans that address all five components of nurturing care, supported by explicit implementation arrangements, budgets and monitoring mechanisms.

Prepared by the Early Childhood Development Network for Kenya as part of the Early Childhood Development Systems Evaluation Study, the report assesses the integration of nurturing care in national documents developed or updated between 2020 and 2024 and in the 2023–2027 County Integrated Development Plans. Of 94 documents downloaded, 56 were selected for detailed analysis: nine national documents comprising two Acts, six policy documents and one report, together with all 47 CIDPs. The review used an adapted analytical framework from Abboah-Offei et al. (2022) to assess whether nurturing care subcomponents were absent, mentioned without an implementation plan or budget, or accompanied by a plan and/or budget.

National policy findings

Among the nine national documents, eight (89%) referenced adequate nutrition, seven (78%) referenced good health and seven (78%) referenced responsive caregiving. Opportunities for early learning appeared in three documents (33%), while safety and security appeared in four (44%). These findings indicate stronger overall recognition of health, nutrition and caregiving than of early learning and protection, although broad references did not consistently translate into detailed provisions or implementation commitments.

Important gaps remained within individual components. Seven of the nine national documents omitted kangaroo care for low-birth-weight babies and integrated management of childhood illnesses. None addressed appropriate child feeding during illness or book sharing. Breastfeeding support appeared in eight documents, but only three included an associated plan or budget. Food fortification appeared in three documents without accompanying plans or budgets. The education legislation reviewed focused on pre-primary education for children aged four to five, leaving a gap in coverage for children aged zero to three and limited integration of health and responsive caregiving.

County planning findings

All 47 CIDPs referenced good health and opportunities for early learning, while 45 counties (96%) referenced adequate nutrition. Formal early education received strong planning attention: 46 counties (98%) included an ECDE implementation plan, and 64% included planned activities for quality daycare and pre-primary education. However, these commitments did not consistently extend to the full range of nurturing care interventions.

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Within health, 89% of CIDPs included plans and budgets for family planning and immunization. In contrast, only 9% included a plan or budget for kangaroo care, 26% included plans and budgets for preventing preterm births, and 40% addressed essential newborn care and additional care for small and sick babies. Early detection of disabling conditions was not mentioned in 68% of CIDPs, while care for children with developmental disabilities and difficulties was absent in 60%. These gaps point to insufficient policy attention to vulnerable newborns and children requiring early identification and additional support.

Nutrition planning also showed important omissions. Appropriate child feeding during illness was absent in 85% of CIDPs, food fortification in 83%, and appropriate complementary feeding in 66%. Although 53% included a plan or budget for maternal nutrition and 51% for breastfeeding support, the findings indicate a need for more comprehensive nutrition planning across pregnancy, infancy and early childhood.

Responsive caregiving and every day early learning received limited attention. Plans or budgets for caregiver–child play and communication appeared in 30% of CIDPs. Only one county included a reference and budget for involving fathers, extended families and other partners in caregiving. Book sharing and storytelling by elders were each mentioned in only one CIDP. The use of local language in children's daily care was absent in 96% of CIDPs, while mobile toy and book libraries were absent in 77%. These findings show that investment in ECDE facilities needs to be complemented by support for nurturing relationships and learning in homes and communities.

For safety and security, the review reported plans for safe water and sanitation in 85% of CIDPs, hygiene practices in 79%, and prevention of violence by intimate partners and families in 77%. However, support for family care and foster care over institutional care was absent in 89% of CIDPs, while birth registration was omitted in 81%. Stronger coordination between national and county institutions is needed to address these gaps and connect children and families with protection and support services.

Priority actions and interpretation

The report recommends finalizing and implementing an integrated ECD policy framework and aligning sectoral policies with all five nurturing care components. Counties should incorporate comprehensive, costed interventions into their development plans, with particular attention to responsive caregiving, caregiver support, early stimulation, disability inclusion, vulnerable newborns, feeding during illness and child protection. Education policies should strengthen their links with health, nutrition and caregiving, while early learning should be integrated into health and social protection programmes. Implementation should be supported by clear responsibilities, measurable targets, dedicated resources, capacity building and regular monitoring and public reporting.

The review measures the presence of policy provisions and documented plans or budgets; it does not establish whether services were implemented, funding was spent or outcomes improved. Its national coverage is also limited by the exclusion of documents published before 2020. The findings therefore provide a basis for strengthening policy and planning, rather than an assessment of service performance. More balanced integration of nurturing care across sectors and levels of government is needed to support young children's survival, development and well-being.

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Introduction

Early childhood is a critical period in the human life cycle, laying the foundation for lifelong health, learning, and well-being. Research shows that the early years particularly from pregnancy to age five are essential for cognitive, emotional, social, and physical development (World Health Organization [WHO], United Nations Children's Fund [UNICEF], & World Bank, 2018).[1] To support optimal development during this period, the Nurturing Care Framework outlines five interconnected components: good health, adequate nutrition, and responsive caregiving, opportunities for early learning, and safety and security.

Aligned with global commitments such as the Sustainable Development Goals (SDGs), Kenya has progressively worked to improve early childhood development (ECD) outcomes. However, questions persist regarding the extent to which national and subnational policy frameworks in Kenya comprehensively integrate all components of nurturing care. Addressing this gap requires a systematic assessment of how these elements are incorporated into key policy documents and planning frameworks.

This report presents a comprehensive assessment of the extent to which nurturing care components are embedded in Kenya's national-level sectoral policies and the 2023–2027 County Integrated Development Plans (CIDPs). Guided by the analytical framework developed by Abboah et al. (2022)[2], which disaggregates each component into measurable subcomponents, the study reviews nine national policies and all 47 CIDPs. The findings provide insight into existing strengths and gaps and offer evidence-based recommendations to support integrated, multi-sectoral policy action. This effort is intended to support the creation of enabling environments in which all children in Kenya can survive, thrive, and reach their full developmental potential.

Objectives of the Review

1. To determine the number and proportion of national-level policy documents (developed between 2020 and 2024) that reference and include plans for the five components of the Nurturing Care Framework
2. To assess the extent to which all 47 County Integrated Development Plans (CIDPs) for 2023–2027 integrate the nurturing care components,
3. To generate actionable policy recommendations aimed at increasing the integration of nurturing care in national and county policies

Methodology

The desk review focused on gathering and analysing national and county-level policy documents relevant to Early Childhood Development and the components of the Nurturing Care Framework (NCF) for children under five years.

The document search involved targeted keyword-based retrieval from official government sources, including ministries of health, education, gender, and social services; county government websites; and the Council of Governors portal. Search terms included "early childhood care," "early

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learning," "pre-primary education," "parenting," "child protection," and "County Integrated Development Plans (CIDPs)," among others.

Documents included in the review were national legal and policy texts, county-level plans such as CIDPs (2023–2027), and relevant thematic policies like County Nutrition Action Plans and County Childcare Policies. Only documents published in English and focused on ECD for children under five were included. Policies unrelated to nurturing care, focused on children over age five, or published before 2020 were excluded.

In total, 94 policy documents were downloaded, including 47 CIDPs for the 2023–2027 period, and 24 national legal and policy documents. After screening, 56 documents were selected for in-depth review: 47 CIDPs (2023–2027), two national Acts, six national policy documents, and one report. The 2018–2022 CIDPs were excluded, having already been reviewed in the Abboah et al. (2022) study used as a benchmark.

Analytical Framework

The study used an adapted version of the framework developed by Abboah et al. (2022), which outlines measurable subcomponents for each domain of nurturing care: 13 for *good health*, 9 for *adequate nutrition*, 10 for *responsive caregiving*, 8 for *opportunities for early learning*, and 10 for *safety and security*. Each policy document was systematically reviewed to assess whether it: (i) made reference the subcomponent, (ii) referenced the subcomponent without an accompanying implementation plan or budget, or (iii) included both a reference and an associated plan and/or budget.

Data Analysis

Data were synthesized into thematic areas corresponding to the five components of nurturing care. Findings are presented through descriptive statistics and visualized using bar charts and figures to illustrate the number and proportion of policy documents or CIDPs referencing each subcomponent.

Limitations

The national policy review was limited to documents produced or updated from 2020 onward, potentially excluding earlier but still relevant documents. Additionally, the review focused solely on the presence of policy commitments and plans rather than assessing the extent, quality or effectiveness of the implementation.

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Findings

Findings on the policy indicators on nurturing care components

The study aimed to examine the extent to which both national and county-level policies address the components of nurturing care. As detailed in Appendix 1, each of these components comprises several sub-components that were used as the basis for measurement. The sub-components were drawn from the framework developed by Abboah et al.[2], which have been outlined in the analytical framework section. This classification provided a comprehensive structure for evaluating policy coverage in relation to nurturing care.

Degree to which existing national-level sectoral policies cover the components of nurturing care

The first policy indicator aimed to assess the extent to which national-level sectoral policies incorporate the components of nurturing care. To evaluate this, a review was conducted of eight national policy documents and one national report developed or updated between 2020 and 2024. These documents were selected based on their relevance and alignment with the nurturing care framework, and included: the Children Act (2022), Kenya Community Health Policy (2020), the Fourth Medium Term Plan (2023–2027), Kenya Demographic and Health Survey Report (2022), Draft Kenya Integrated Early Childhood Development (IECD) Policy (2024), Kenya National Care Policy (2024), the National Positive Parenting Programme Guidelines (2023), the Newborn and Child Health Strategic Plan (2022), and the Early Childhood Education Act (2021).

The Children Act (2022) is a comprehensive piece of legislation that prioritizes the rights and well-being of children in Kenya. It underscores the responsibility of parents to provide nurturing care, including adequate nutrition, healthcare, and a secure living environment. For children without parental care, the Act provides for alternative care solutions such as guardianship, foster care, and adoption. It mandates access to essential health services and education for all children, including immunization and regular medical check-ups, while also ensuring protection from abuse, neglect, and exploitation through legal and rehabilitative mechanisms. These provisions collectively foster a supportive environment for children's holistic development.

The Kenya Community Health Policy 2020–2030 integrates nurturing care into its core strategy for strengthening community health services. It emphasizes the role of community health promoters (CHPs) in providing services that address children's physical, emotional, and cognitive needs. This includes health education, early stimulation, playful learning, and ensuring a safe environment. The policy also focuses on the provision of essential health and nutrition services such as immunization, growth monitoring, and nutritional support to combat malnutrition and enhance healthy development, thereby reinforcing the community's role in promoting nurturing care.

The National Positive Parenting Programme Guidelines (2023) further reinforce the nurturing care framework by promoting parenting practices that support children's all-round development. The guidelines emphasize health education, child development stimulation, and the creation of safe and engaging environments. They also highlight the vital role of caregivers and community support systems in providing responsive caregiving and ensuring children's overall well-being.

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The Kenya Early Childhood Education Act (2021) provides a legal framework for the governance and delivery of pre-primary education, specifically targeting children aged 4 - 5 years. It mandates county-level responsibility for the establishment, registration, and oversight of Early Childhood Education (ECE) centers, with provisions for the inclusion of children with disabilities. The Act represents a significant step toward structured ECE delivery but it is however limited in scope as it excludes children aged 0–3 years.

Figure 1 illustrates the number of national policy documents that reference each of the five components of nurturing care: good health, adequate nutrition, responsive caregiving, opportunities for early learning, and safety and security.

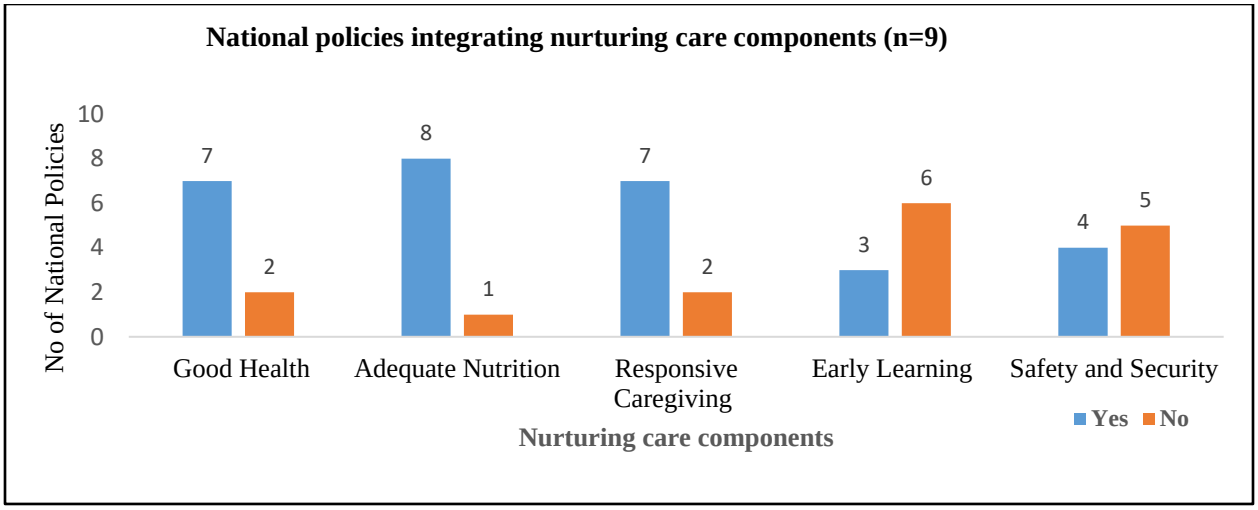


Figure 1 Number of reviewed national policies including references to nurturing care components

Figure 1 reveals that of the nine national policy documents reviewed, seven made reference to good health and responsive caregiving, eight addressed adequate nutrition, while only three mentioned opportunities for early learning and four refered to safety and security. This distribution suggests a relatively stronger emphasis on health, nutrition, and caregiving, with comparatively limited attention to early learning and child protection components within national policies. One possible explanation for this pattern is the selection criteria that limited the review to documents published from 2020 onwards. This may have led to the exclusion of earlier documents that were developed during the initial implementation phase of the Nurturing Care Framework, which began in 2018. In contrast, the study by Abboah et al. reviewed a broader timeline, analyzing documents published since 2010 when Kenya's Constitution was enacted and early childhood development functions were devolved to county governments thus capturing a wider policy landscape relevant to nurturing care.

These gaps in policy attention undermine the holistic approach envisioned in the Nurturing Care Framework. This imbalance is further supported by findings from the ESSA Africa mapping report (2023)[3], which analyzed ECD-related policy indicators across Kenyan documents and found that most policies prioritized health and nutrition, while indicators related to early learning, responsive caregiving, and safety and protection were either absent or weakly articulated. This highlights the

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need for greater policy coherence and multi-sectoral alignment to ensure all domains of nurturing care are equally addressed within national planning frameworks

1.1.2 NATIONAL POLICIES INCLUDING REFERENCES TO NURTURING CARE COMPONENTS BY SECTOR

The reviewed national policies were organized into four key sectors to facilitate analysis of how each sector integrates the components of nurturing care. These sectors included Education, Health, Social Protection, and Multisectoral policies where the latter refers to policies that span across multiple sectors. The categorization was as follows: the *Early Childhood Education Act* was classified under Education policies; the *Kenya Community Health Policy* and the *Newborn and Child Health Strategic Plan* were grouped under Health policies; the *Kenya National Care Policy* and the *National Positive Parenting Programme Guidelines* fell under Social Protection policies; while the *Children Act (2022),* the *Fourth Medium Term Plan (2023–2027),* and the *Draft Kenya Integrated Early Childhood Development (IECD) Policy (2024)* were categorized as Multisector policies.

Below is a summary of how each of these sectors integrates the various components of nurturing care into their respective policies, offering a comparative overview of sectoral commitment to promoting holistic early childhood development (*Figure 2).*

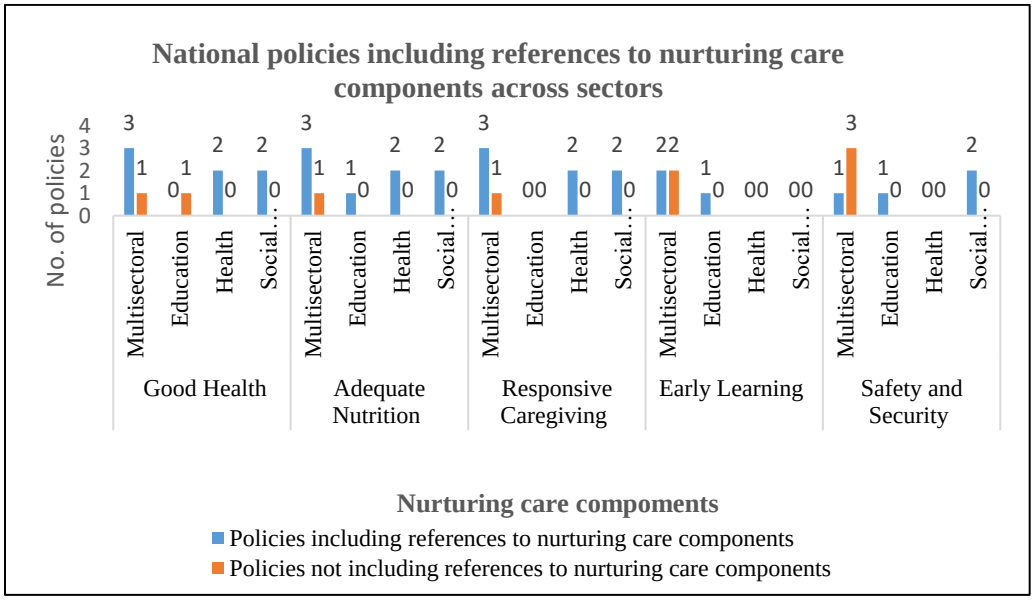


Figure 2 National policies including reference to nurturing care components across sectors

Figure 2 illustrates that the component of good health is prominently represented across national policies in all sectors, with the exception of the education sector. Among the multisector policies reviewed, namely the *Children Act (2022), Fourth Medium Term Plan (2023–2027), Kenya Demographic and Health Survey Report (2022),* and the *Draft Kenya Integrated Early Childhood Development (IECD) Policy (2025)* three out of four explicitly referenced good health. Both health sector policies, namely the *Kenya Community Health Policy (2020)* and the *Newborn and Child Health Strategic Plan (2022),* included strong provisions on good health. Similarly, the two social

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protection policies the *Kenya National Care Policy (2024)* and the *National Positive Parenting Programme Guidelines (2023)* also addressed this component. Notably, the sole education sector policy reviewed, the *Early Childhood Education Act (2021)*, had no of mention good health, revealing a policy gap that requires attention.

In a pattern similar to good health, the component of adequate nutrition was referenced across all sector policies, including education and social protection. This widespread inclusion underscores the cross-sectoral recognition of nutrition as a foundational pillar in nurturing care and highlights its prioritization among policy makers.

However, the analysis revealed that responsive caregiving was not addressed in the education sector policy, suggesting a critical gap. Responsive caregiving plays a vital role in supporting early relationships and emotional development, and its absence in education policy indicates an area for potential enhancement in future policy reviews and updates.

Opportunities for early learning a core element of the Nurturing Care Framework were mentioned in only three of the nine policies reviewed. These include the *Early Childhood Education Act (2021)* and the *Draft IECD Policy (2025)*, both of which acknowledged the centrality of early learning. Conversely, the health and social protection policies lacked reference to this component, highlighting the need for more deliberate integration of early learning considerations across all child-related sectors. While pre-primary education is a devolved function under Kenya's Constitution, national-level responsibility for policy formulation in this area remains critical, reinforcing the importance of including early learning in sectoral policies at both levels.

The safety and security component emerged as the one least addressed among the five nurturing care components. Within the multisector policies, only one of the four reviewed referenced child safety and protection. None of the health sector policies incorporated this component, whereas both social protection policies and the education sector policy addressed it. This trend indicates that safety and security is not consistently prioritized across sectors, highlighting a critical policy gap and an opportunity to more deliberately integrate this component into future multi-sectoral frameworks.

One explanation for these inconsistencies lies in the sector-specific nature of many of the policies. For example, health policies may have focused primarily on medical and nutritional needs, potentially overlooking broader child well-being issues such as safety, security and stimulation. This narrow sectoral lens can result in the omission of essential nurturing care components that require a more comprehensive, multisector approach.

In conclusion, the analysis demonstrates that while components such as good health and adequate nutrition are relatively well-articulated in existing policy documents, other critical domains, including responsive caregiving, opportunities for early learning, and safety and security, remain underrepresented. These gaps underscore the imperative for more integrated and comprehensive policy development that fully reflects the Nurturing Care Framework, to advance equitable and optimal outcomes for young children across Kenya.

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Coverage of good health subcomponent in national policies

As previously stated, a total of nine national policies were reviewed to assess the extent to which they addressed the subcomponents of good health within the Nurturing Care Framework. The analysis revealed that the subcomponents most frequently covered both in terms of explicit mention, planning, and budgetary allocation were *antenatal and childbirth care* and *care for children with developmental disabilities and difficulties*. Each of these subcomponents was referenced in four out of the nine policies, indicating a relatively higher level of policy attention and commitment.

In contrast, *kangaroo care for low birth weight babies* and the *integrated management of childhood illnesses (IMCI)* were the least addressed subcomponents. Seven out of the nine policies reviewed did not include any reference, plan, or budgetary provision for these activities. This highlights a critical gap in national policy coverage for interventions that are essential for improving survival and health outcomes among newborns and young children. The findings, as illustrated in Figure 3, underscore the uneven integration of good health subcomponents across national policies and point to the need for more comprehensive and inclusive policy frameworks that reflect the full range of health interventions necessary for early childhood development.

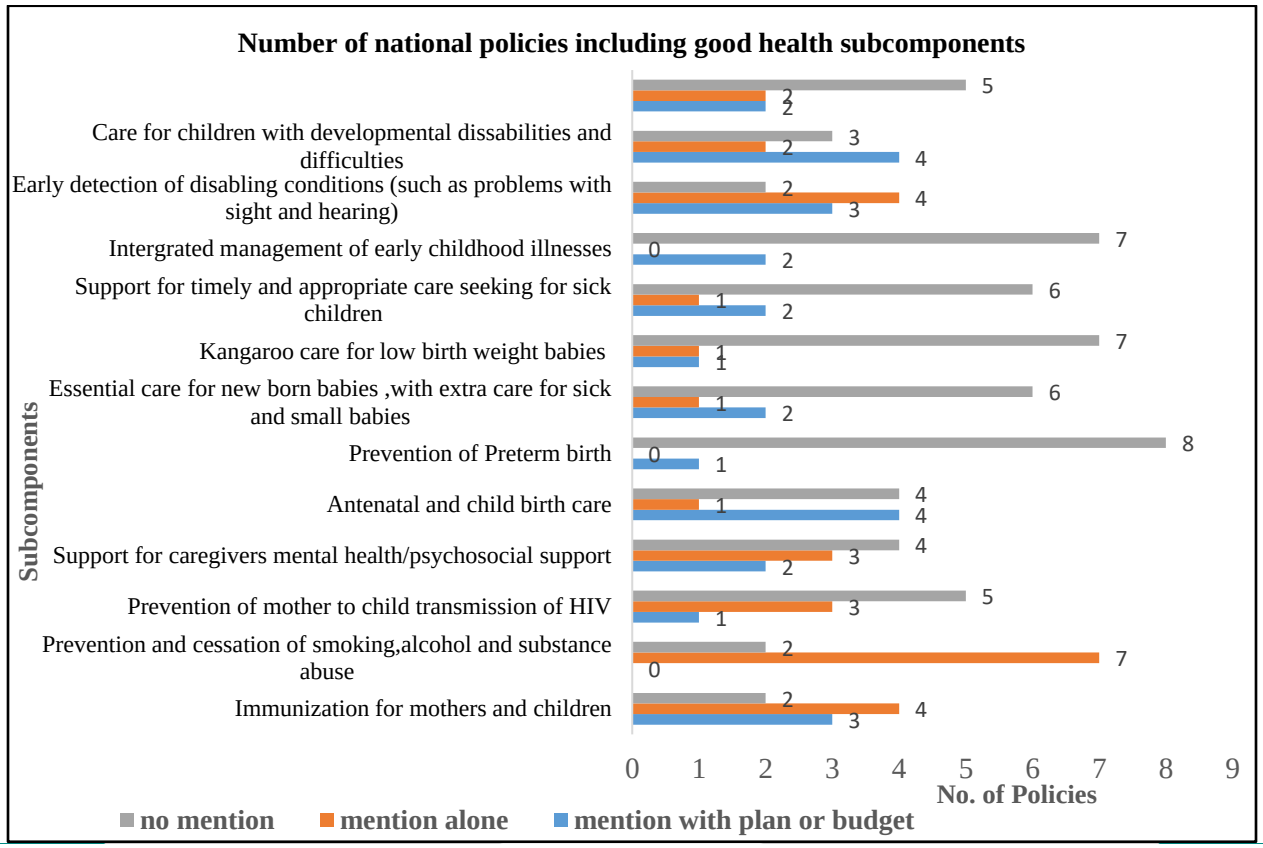


Figure 3: National policies including good health subcomponents

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Coverage of adequate nutrition sub-components in national policies

Figure 4 presents a detailed analysis of how the subcomponents of adequate nutrition are represented within the nine national policies reviewed. Among these, the most frequently mentioned subcomponent was *support for early initiation, exclusive breastfeeding, and continued breastfeeding after six months*, which appeared in eight out of the nine policies. Notably, three of these policies also included a corresponding plan or budget, reflecting a strong policy emphasis on promoting optimal breastfeeding practices as a critical foundation for child health and development.

However, the analysis also identified a notable policy gap: none of the nine national documents reviewed included provisions for *Support to appropriate child feeding during illness*. This omission is particularly concerning, given that adequate nutrition during illness is essential for preventing malnutrition and supporting recovery in young children. The absence of this subcomponent highlights the need for enhanced policy attention and the integration of comprehensive nutrition strategies that explicitly address the nutritional needs of children during periods of heightened vulnerability.

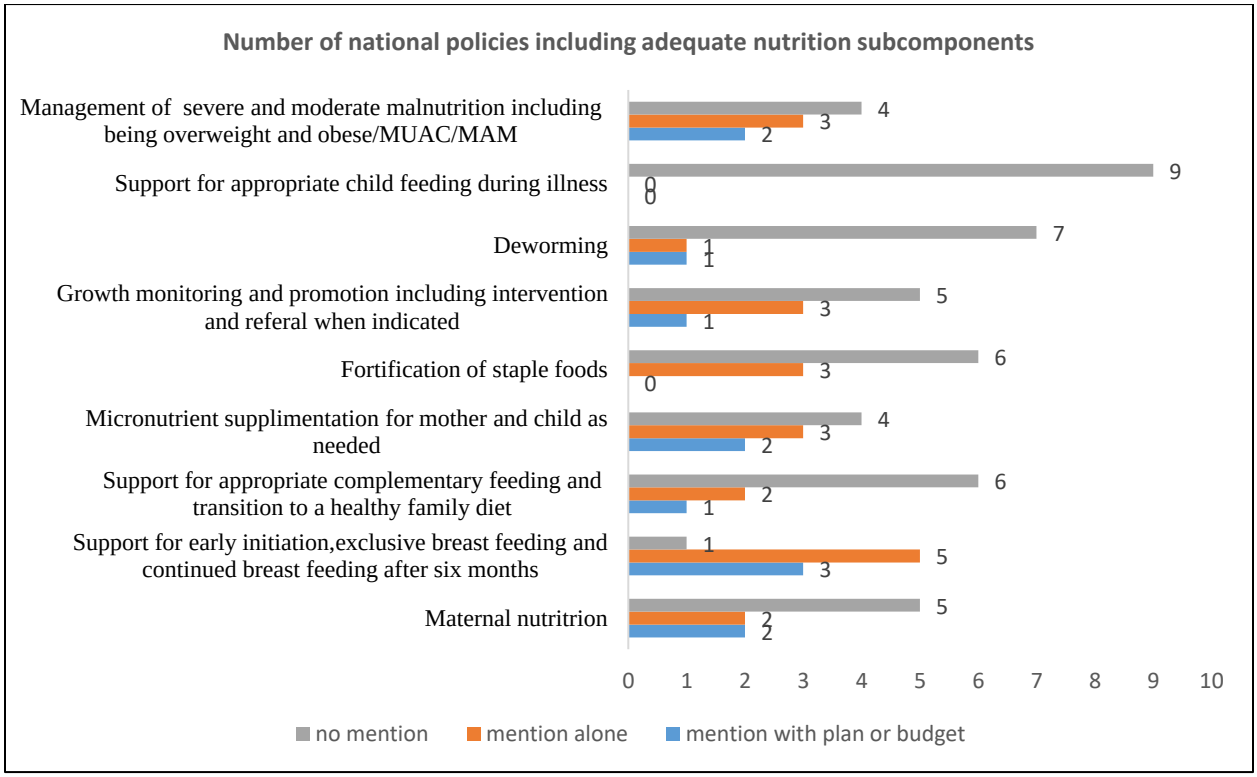


Figure 4: Coverage of Adequate Nutrition Sub-Components in National Policies

Figure 4 further illustrates the extent to which various subcomponents of adequate nutrition are incorporated into national policy frameworks. *Micronutrient supplementation for mothers and children*, where necessary, was mentioned in five of the nine national policies reviewed, with two

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of these policies including an associated plan or budget. This reflects a moderate recognition of the importance of providing essential vitamins and minerals to support the health and development of both mothers and their children.

Similarly, the *management of both severe and moderate malnutrition*, including undernutrition as well as emerging concerns such as overweight and obesity, was addressed in five of the reviewed policies, with two incorporating dedicated plans or budgetary provisions. This reflects a growing recognition of the full spectrum of malnutrition within national policy frameworks. *Maternal nutrition* was referenced in four policies, with two including explicit implementation or financing measures, underscoring the central role of maternal health in supporting optimal early childhood development.

Growth monitoring and promotion, including timely intervention and referral when necessary, was featured in four national policies, although only one policy had a plan or budget to support implementation. *Support for appropriate complementary feeding and the transition to a healthy family diet* was included in three policies, with one allocating resources for implementation. These areas are crucial for early identification and management of nutritional deficiencies, yet they remain underrepresented in terms of actionable planning.

The *fortification of staple foods* appeared in three national policies but lacked any associated plans or budgets, signaling an area of missed opportunity in preventive nutrition strategies. *Deworming*, essential for preventing parasitic infections that impact nutritional status, was mentioned in only two policies, with one including a plan or budget.

In conclusion, while the overall coverage of adequate nutrition subcomponents in national policies is relatively broad particularly with regard to breastfeeding, micronutrient supplementation, and malnutrition management there remain notable gaps. Specifically, the lack of policy attention and resource allocation for *feeding during illness*, *food fortification*, and *deworming* suggests a need for more comprehensive and actionable strategies to ensure optimal nutritional outcomes for young vulnerable children and their mothers.

Figure 5 presents a sectoral breakdown of how the adequate nutrition component is addressed across national policies. The analysis shows that policies from the health, social protection, and education sectors all included references to adequate nutrition, reflecting broad recognition of its importance across different policy domains. Notably, the health sector demonstrated strong alignment, given its direct mandate over nutrition-related interventions. Similarly, policies in the social protection sector incorporated adequate nutrition as part of broader efforts to support child and family well-being.

The education sector, though traditionally less associated with nutrition, also made relevant references an encouraging sign of increasing integration of nutrition considerations into school and early learning environments. In addition, multi-sectoral policies demonstrated substantial inclusion, with three out of four reviewed policies explicitly referencing the adequate nutrition component. This underscores growing cross-sectoral acknowledgment of nutrition as a foundational element of nurturing care and a shared responsibility among various government and development actors.

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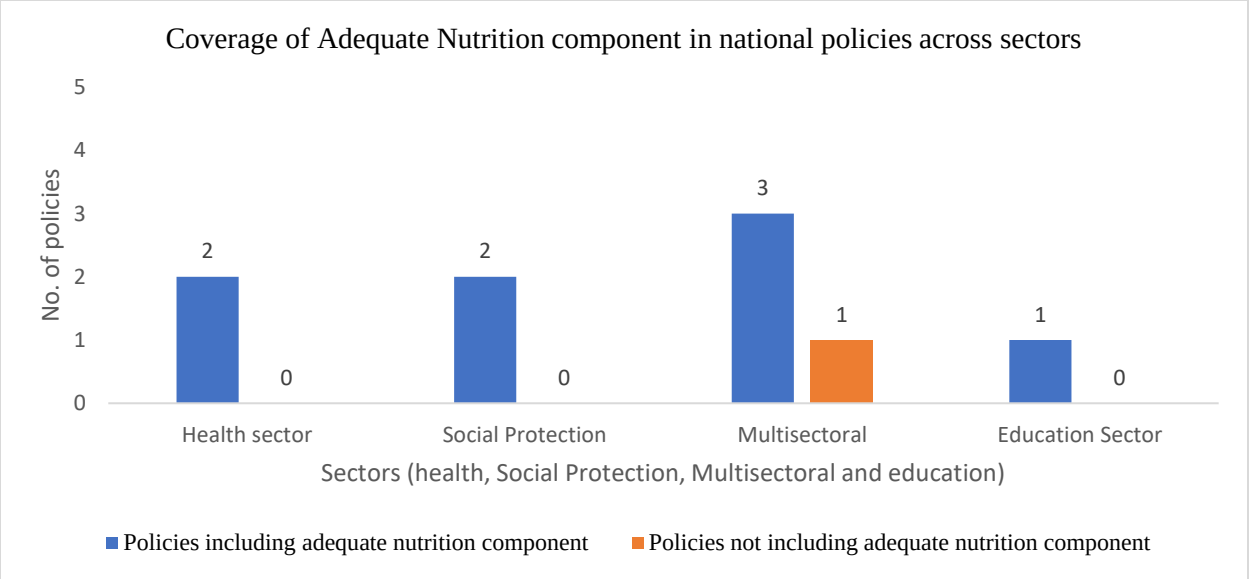


Figure 5 Coverage of adequate nutrition component in national policies across sectors

Coverage on early learning opportunities in national policies

Figure 6 presents findings on national policies making reference to early learning opportunities.

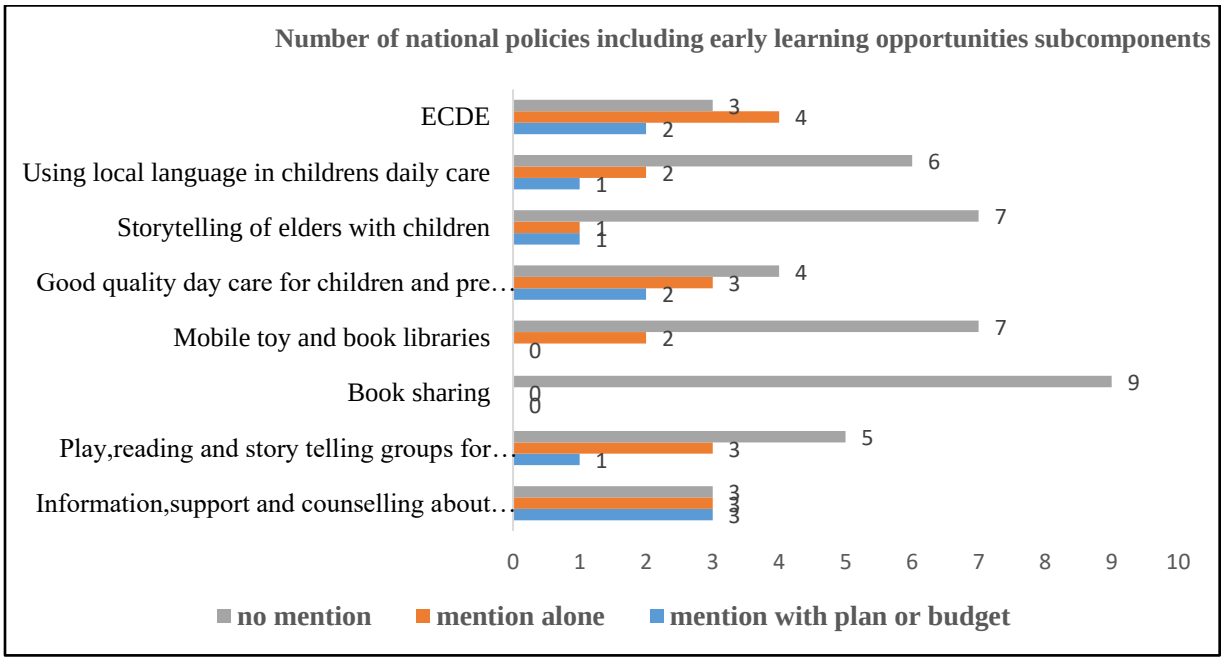


Figure 6 Number of national policies including early learning opportunities subcomponents

The analysis as shown in Figure 6 reveals notable gaps in the inclusion of specific subcomponents related to opportunities for early learning across the nine national policy documents reviewed. In particular, none of the policies referenced *book sharing*, reflecting a complete omission of this foundational early literacy practice. Furthermore, culturally grounded and community-based

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strategies, such as *mobile toy and book libraries and storytelling by elders*, were absent in seven of the nine policies, indicating limited integration of locally relevant approaches to early learning within national policy frameworks.

The use of *local language in children's daily care*, which is essential for effective communication and cognitive development in early childhood, was also absent in six of the policies. This points to a need for greater emphasis on language inclusion in early childhood programming and policy.

Three policy documents included provisions for *information, support, and counselling related to opportunities for early learning*, indicating a degree of policy commitment to enhancing awareness and accessibility in this area. Additionally, two policies outlined specific plans for *early childhood development education (ECDE), quality daycare services, and pre-primary education,* demonstrating efforts to expand access to structured and supportive early learning environments.

The limited inclusion of early learning components in several policy documents may be attributed to their sector-specific focus, particularly in areas such as health and social protection. These mandates can constrain the integration of broader early learning priorities, as illustrated in Figure 6. This highlights the need for a more integrated, multi-sectoral policy approach to ensure that opportunities for early learning are systematically embedded across all relevant sectors.

Coverage on safety and security in national policies

Figure 7 illustrates the extent to which national policy documents address subcomponents related to safety and security. Out of the nine policies reviewed, *birth registration* emerged as the most frequently supported subcomponent, with four policies including a specific plan for its implementation. This reflects a moderate level of commitment to ensuring that all children are officially recognized and documented a critical first step in securing their rights and access to services.

Two policies each included implementation plans for several other important subcomponents: *supporting family care and promoting foster care over institutional care*, *provision of social care services*, *establishment of safe family and play spaces in both urban and rural areas*, and *promotion of good hygiene practices at home, at work, and in the community*. These areas are vital for ensuring a safe and nurturing environment for young children, yet they remain insufficiently prioritized across the broader policy landscape.

The remaining policy documents either mentioned these subcomponents without accompanying plans for implementation or did not reference them at all. This indicates limited strategic focus on child safety and protective environments in many national policies. The findings emphasize the need for more deliberate planning and investment in safety and security measures to ensure children grow up in environments that support their overall well-being and development.

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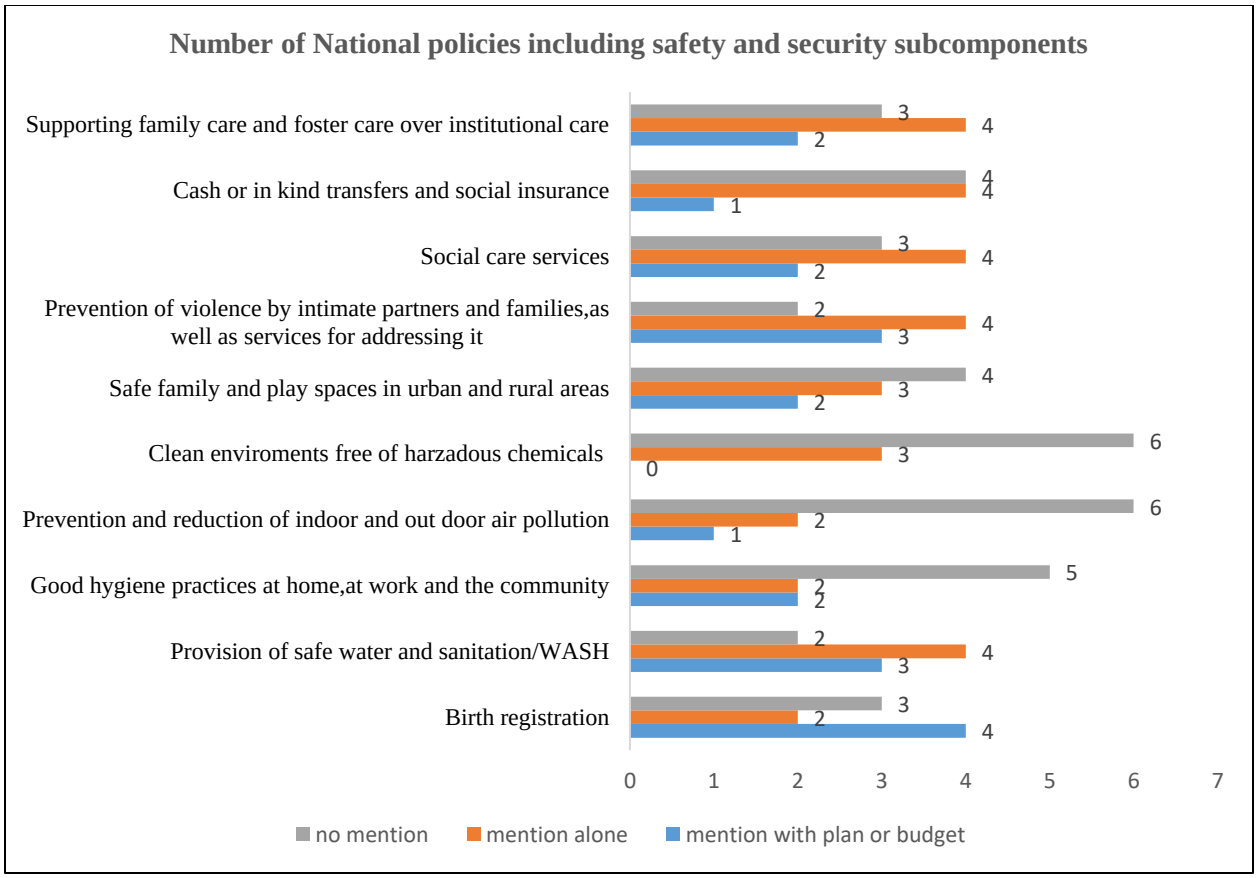


Figure 7 Number of national policies including safety and security subcomponents

Figure 7 further reveals gaps in the coverage of key safety and security subcomponents within national policy documents. Specifically, six out of the nine policies reviewed did not include any reference to ensuring a *clean environment free of hazardous chemicals*, nor did they address the *prevention and reduction of indoor and outdoor air pollution*. These omissions are particularly concerning given the well-documented impact of environmental hazards on young children's health and development.

Additionally, *good hygiene practices at home, in the workplace, and within the community* were not mentioned in five policy documents. The consistent lack of reference and absence of implementation plans for these vital subcomponents highlights a policy gap in the protection of children's environmental and physical safety.

The findings indicate that the safety and security of young children are not adequately prioritized within current national policy frameworks. The limited focus on environmental and hygiene-related risks suggests a constrained understanding of child protection and overall well-being. Addressing this gap requires a more comprehensive approach that integrates environmental safety, health promotion, and protective caregiving practices across sectors to ensure that children grow up in safe, nurturing, and developmentally supportive environments.

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Degree to which existing county level sectoral policies are covering components of nurturing care

To assess the extent to which county-level policies incorporate the components of nurturing care, all forty-seven County Integrated Development Plans (CIDPs) for the period 2023–2027 were systematically reviewed. The analysis focused on the five core components of the Nurturing Care Framework: good health, adequate nutrition, responsive caregiving, opportunities for early learning, and safety and security.

Figure 8 presents the findings, showing the proportion of county CIDPs that reference each of these components. This assessment provides valuable insights into how counties prioritize early childhood development within their development agendas and the degree to which nurturing care is reflected in subnational planning processes.

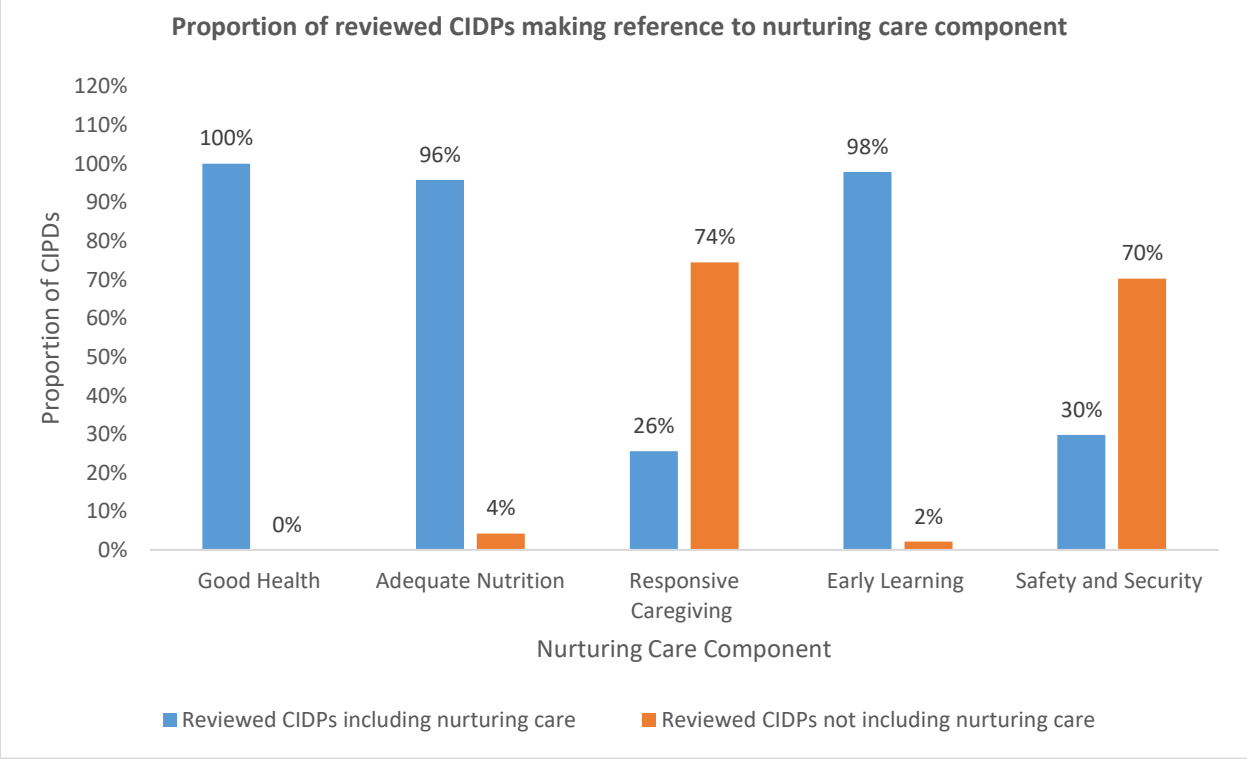


Figure 8 Proportion of reviewed CIDPs making reference to nurturing care components

Figure 8 shows that *good health* is universally prioritized, with all 47 counties (100%) making reference to this component. Similarly, *adequate nutrition* is referenced in 96% of CIDPs (45 out of 47), and *opportunities for early learning* are mentioned in 100% with all 47 counties, indicating that these three components receive substantial attention at the county level.

In contrast, *responsive caregiving* and *safety and security* are significantly underrepresented. Only 26% of the CIDPs (12 out of 47) reference responsive caregiving, while just 30% (14 out of 47) make mention of safety and security. This disparity highlights an imbalance in how counties

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approach early childhood development focusing more on health, nutrition, and education, while largely overlooking the relational and protective dimensions of nurturing care.

Two key factors may explain the limited emphasis on *safety and security* within policy documents. First, this component is often viewed as falling under the national government's mandate, particularly in relation to law enforcement and formal child protection systems. However, this rationale does not apply to *responsive caregiving*, which clearly falls within the responsibilities of county governments. Counties are directly tasked with delivering childcare services, including the establishment and regulation of daycare centers and other caregiving institutions.

The limited attention to responsive caregiving in County Integrated Development Plans (CIDPs) therefore points to a potential misalignment between devolved mandates and actual planning priorities. It may also signal gaps in awareness or institutional capacity at the county level to translate caregiving responsibilities into concrete strategies. Closing this gap will require targeted advocacy, capacity strengthening, and clearer policy direction to ensure that all components of nurturing care are systematically integrated into county-level development and implementation frameworks.

County integrated development plans referencing good health

All 47 County Integrated Development Plans (CIDPs) for the period 2023–2027 (100%) made reference to *good health* for children aged 0–5 years, as illustrated in Figure 8. This universal inclusion signals a strong and consistent commitment by county governments to prioritize child health within their development agendas. It also suggests that counties are actively allocating resources and planning interventions aimed at promoting and safeguarding the health of young children. Such emphasis reflects an understanding of the foundational role that good health plays in early childhood development and the long-term well-being of the population.

Coverage on good health sub-components

The study further analyzed the 47 County Integrated Development Plans (CIDPs) to determine the extent to which the sub-components of *good health* were incorporated. This assessment involved a systematic review of the CIDPs, categorizing each sub-component as either *mentioned, not mentioned,* or *mentioned with a plan or budget*. The goal was to evaluate not just the recognition of good health as a general priority, but also the depth and specificity of planning related to its various dimensions.

The sub-components reviewed align with those outlined in Appendix 1 and include critical areas such as antenatal and childbirth care, immunization, child health screening, growth monitoring, and care for children with developmental difficulties, among others.

The results of this assessment provide a detailed breakdown of how counties have integrated these essential health interventions into their CIDPs. This deeper level of analysis offers insight into the comprehensiveness and actionable nature of county-level commitments to child health within the Nurturing Care Framework.

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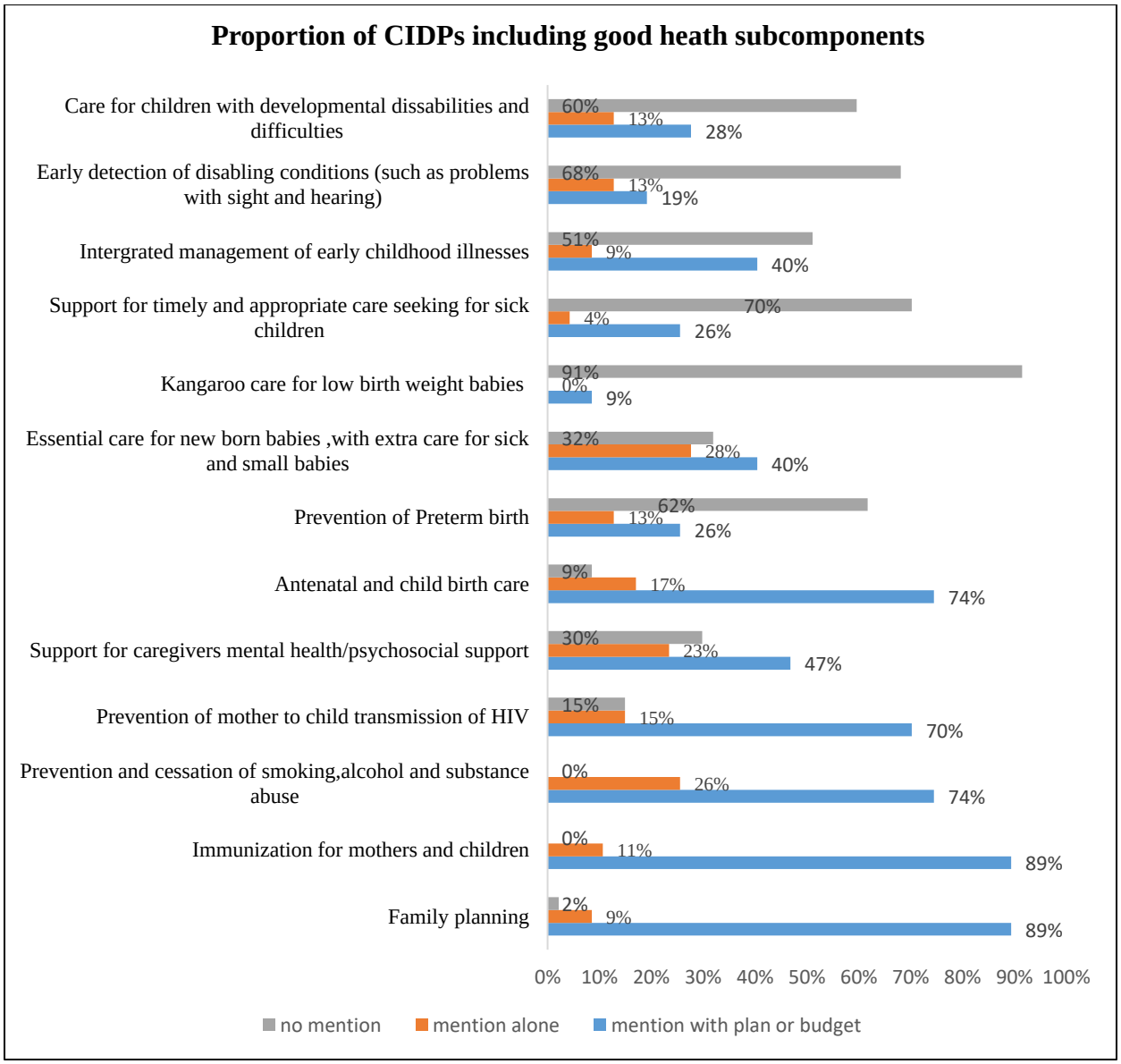


Figure 9: CIDPs including good heath subcomponents

Figure 9 provides a detailed analysis of how the subcomponents of *good health* are addressed in the 2023–2027 County Integrated Development Plans (CIDPs). The findings show that 89% of the CIDPs included both a plan and a budget for *family planning* and *immunization for mothers and children*, demonstrating strong county-level commitment to these foundational public health interventions. An additional 11% of CIDPs mentioned immunization but without an associated plan or budget, indicating some level of awareness, though not necessarily a commitment to implementation.

In the area of *prevention and cessation of smoking, alcohol, and substance abuse*, 74% of CIDPs had both a plan and/or a budget in place, while 26% mentioned the subcomponent without allocating resources. This shows that a majority of counties recognize substance abuse prevention

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as a relevant public health issue, though a quarter still fall short of translating that into actionable strategies.

However, critical gaps emerge in interventions targeting newborns, particularly for the most vulnerable. For example, *Kangaroo Care for Low Birth Weight Babies* a proven, low-cost intervention recommended nationally was included with a plan or budget in only 9% of CIDPs. Similarly, only 26% had a plan and budget for *prevention of preterm births*, while 40% addressed *essential care for newborns and extra care for sick and small babies*. These figures are of concern as prematurity remains a leading cause of neonatal mortality in Kenya. The absence of corresponding plans and budgets in the majority of counties, 91%, 62%, and 60%, respectively, reflects a substantial gap in the prioritization and resourcing of essential newborn health interventions.

The situation is equally concerning when it comes to care for sick children. Only 26% of CIDPs had a plan and budget for *timely and appropriate care-seeking for sick children*, while 46% addressed *integrated management of early childhood illnesses (IMCI)*. Given Kenya's persistently high under-five mortality rates, these low levels of policy inclusion and resource allocation are alarming and call for urgent policy advocacy and action.

Furthermore, the subcomponents of *early detection of disabling conditions* and *care for children with developmental disabilities and difficulties* were poorly represented in the CIDPs. A significant proportion, 68% and 60% of counties did not mention of these interventions. Given that early screening and detection of developmental delays are essential for enabling timely intervention and improving long-term outcomes for affected children, this gap points to the need for enhanced awareness, capacity strengthening, and resource allocation to support more inclusive and responsive health planning at the county level.

County Integrated Development Plans coverage of adequate nutrition component

The review of the County Integrated Development Plans (CIDPs), as illustrated in Figure 8, shows that *45 out of 47 counties* (96%) made reference to *adequate nutrition*. This widespread inclusion reflects a strong and commendable commitment by county governments to prioritize nutritional well-being for children aged 0–5 years and their mothers. The high level of integration suggests that most counties recognize the critical role that adequate nutrition plays in promoting child growth, development, and survival. It also indicates that nutrition is increasingly being mainstreamed into county planning processes as a key element of early childhood development and public health interventions.

Coverage of adequate nutrition sub-components

Figure 10 presents the extent to which various sub-components of *adequate nutrition* are addressed in the County Integrated Development Plans (CIDPs) for 2023–2027. The analysis reveals that a majority of counties have demonstrated a strong policy focus on key areas of nutrition. Specifically, 57% of the CIDPs include a plan for the *management of severe and moderate malnutrition*, including the prevention of overweight and obesity. An equal proportion 57% also have a plan for *micronutrient supplementation for mothers and children* as needed, and for *regular deworming*, which is essential for preventing parasitic infections that can negatively impact a child's nutritional status and development.

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Additionally, 64% of the CIDPs included a plan for *micronutrient supplementation*, indicating a heightened awareness of the importance of essential vitamins and minerals for the health and development of both mothers and young children. These findings highlight a strong commitment at the county level to combat malnutrition and enhance child survival outcomes through preventive and therapeutic nutrition interventions.

However, significant gaps persist. *Support for appropriate child feeding during illness* was not mentioned in 85% of the CIDPs, and *fortification of staple foods* was omitted in 83%. These low levels of inclusion are concerning, given the critical role that proper feeding during illness plays in a child's recovery and the effectiveness of food fortification as a cost-efficient strategy for addressing widespread micronutrient deficiencies. This shows the need for greater awareness, technical support, and integration of comprehensive nutrition strategies within county development planning. A more holistic approach is required to ensure that all children receive adequate and timely nutritional support, particularly during periods of vulnerability.

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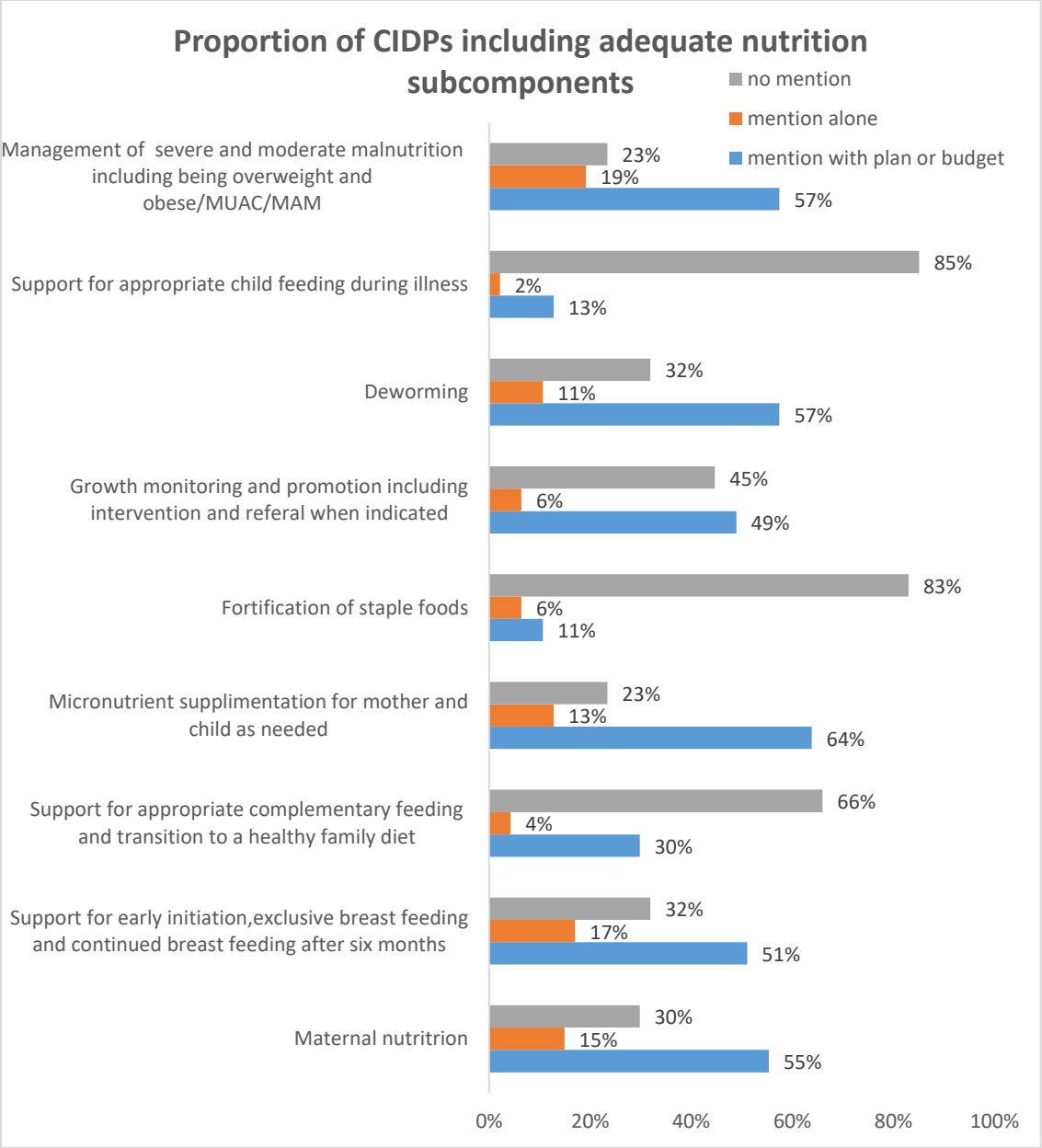


Figure 10: Coverage of adequate nutrition sub-components in CIPDs (2022-2027).

Figure 10 further shows that *maternal nutrition* is included in 53% of the County Integrated Development Plans (CIDPs), with a clear plan or budget. This reflects a growing recognition at the county level of the crucial link between maternal nutrition and both maternal and child health outcomes.

The subcomponent on *support for early initiation, exclusive breastfeeding, and continued breastfeeding after six months* was mentioned in 17% of the CIDPs, with 51% including a plan or budget for implementation. This demonstrates a relatively strong emphasis on promoting breastfeeding as a key practice for ensuring optimal infant nutrition, immunity, and development.

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On the other hand, *growth monitoring and promotion*, including intervention, received limited attention across the CIDPs, while *support for appropriate complementary feeding and transition to a healthy family diet* was mentioned in only 30% of the plans. Of concern, 66% of CIDPs did not mention this subcomponent at all. This gap is significant, considering the importance of a smooth transition from breastfeeding to a balanced family diet for sustained child growth and cognitive development.

In conclusion, the coverage of adequate nutrition subcomponents in the CIDPs is relatively comprehensive, particularly in areas such as *malnutrition management*, *micronutrient supplementation*, and *maternal nutrition*. These are encouraging trends that suggest a strong county-level commitment to improving nutritional outcomes. However, critical areas such as *child feeding during illness*, *food fortification*, and *complementary feeding* remain underrepresented. Addressing these gaps through increased awareness, technical guidance, and resource allocation will be essential for advancing the full spectrum of adequate nutrition as envisioned in the Nurturing Care Framework.

Coverage of responsive caregiving sub-components

The responsive caregiving subcomponents assessed are outlined in Appendix 1, and Figure 11 presents the corresponding analysis of their inclusion across the 47 County Integrated Development Plans (CIDPs). The subcomponents were categorized based on whether they were: not mentioned**,** mentioned without a plan or budget**,** or mentioned with a plan and/or budget**.**

This categorization offers insight into the degree to which counties have prioritized responsive caregiving in their development planning. Responsive caregiving is a critical pillar of the Nurturing Care Framework, encompassing practices such as responsive feeding, emotional bonding, stimulation, and support for caregivers. The analysis presented in Figure 11 highlights the extent to which these elements have been integrated into county strategies aimed at promoting holistic child development.

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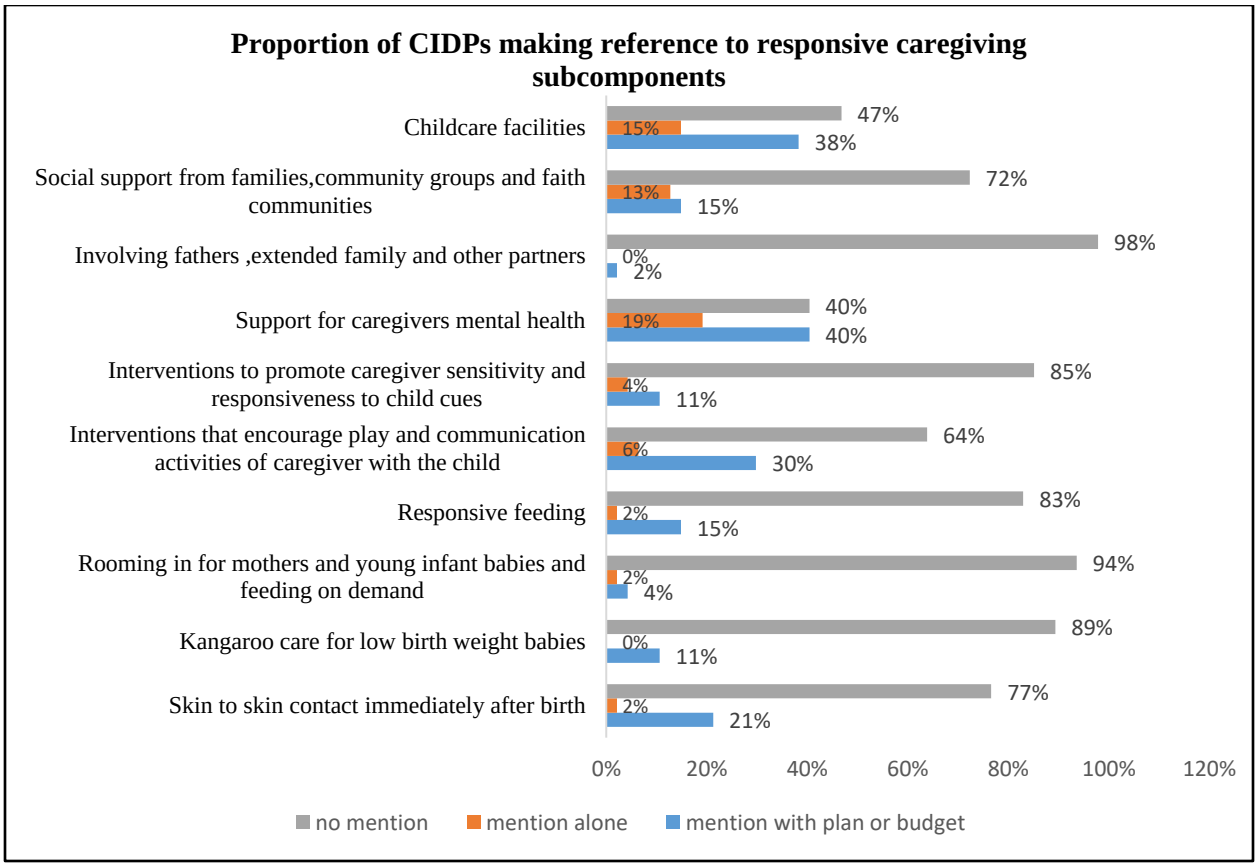


Figure 11 proportion of CIDPs making reference to responsive caregiving

Figure 11 illustrates that *responsive caregiving* is among the least addressed components of nurturing care within the 2023–2027 County Integrated Development Plans (CIDPs). With the exception of a few subcomponents, most aspects of responsive caregiving were either omitted entirely or referenced without accompanying implementation plans or budgetary allocations.

Notably, *childcare facilities* and *interventions that promote play and communication between caregivers and children* received relatively more attention, with 38% and 30% of CIDPs respectively including these subcomponents along with a plan or budget for implementation. These inclusions suggest a modest recognition of the importance of early stimulation and caregiver-child interaction in child development.

Other key subcomponents such as *the involvement of fathers, extended families, and community partners in caregiving* were minimally reflected across the CIDPs. Only one county made reference to this subcomponent and allocated a corresponding budget. This limited coverage suggests a narrow interpretation of responsive caregiving, which ideally requires the active engagement of all caregivers, beyond mothers alone, to support holistic child development.

These findings highlight the need for counties to enhance their focus on responsive caregiving. As childcare is a devolved function under Kenya's Constitution, county governments hold primary responsibility for the planning and implementation of parenting and caregiving programmes. The limited policy attention to this area suggests a potential disconnect between constitutional

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mandates and county-level planning priorities. Strengthening county capacity to design and invest in comprehensive parenting and caregiving strategies is essential to support caregivers, promote nurturing relationships, and advance optimal early childhood development.

Coverage on opportunities for early learning sub-components

The subcomponents of *opportunities for early learning* assessed in the County Integrated Development Plans (CIDPs) are outlined in Appendix 1. Each CIDP was reviewed to determine the extent to which these subcomponents were integrated, using three categories: whether the subcomponent was mentioned with a plan for implementation, mentioned without a plan or budget, *or* not mentioned at all.

Figure 12 presents the findings, offering a detailed overview of how counties are incorporating early learning opportunities into their development agendas.

The assessment provides important insights into the level of commitment by county governments to ensuring access to and quality of early learning for children aged 0–5 years. This component is particularly significant given that pre-primary education is a devolved function, making counties primarily responsible for its planning, resourcing, and implementation.

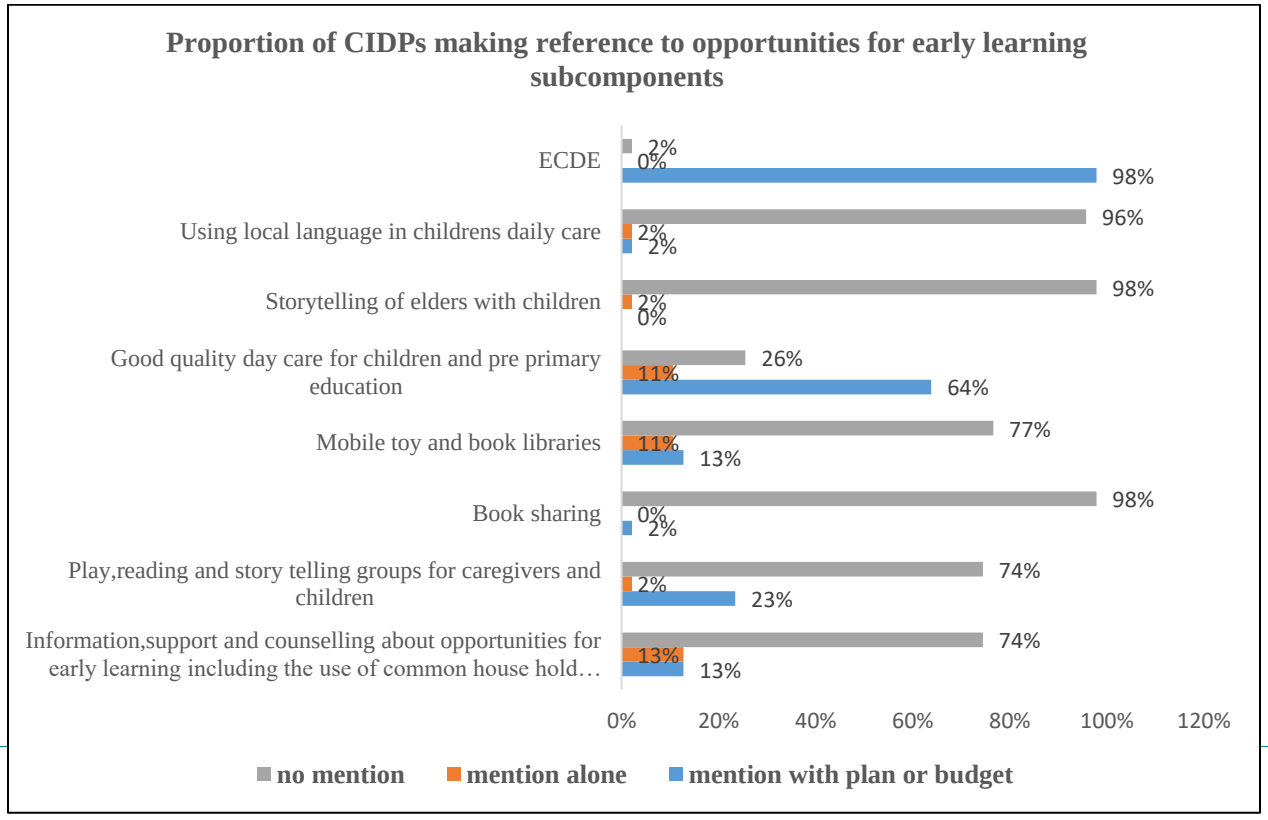


Figure 12 Proportion of CIDPs making reference to

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Figure 12 shows variation in how subcomponents related to opportunities for early learning are addressed in the 2023–2027 County Integrated Development Plans (CIDPs). Notably, 46 out of 47 counties (98%) included both a reference and an implementation plan for *Early Childhood Development and Education (ECDE).* Furthermore, 64% of the CIDPs included planned activities related to *quality daycare and pre-primary education*, indicating a considerable level of county commitment to foundational early learning services.

However, beyond these core areas, the inclusion of other critical early learning subcomponents was lower. *Storytelling* and *book sharing* key practices that foster early literacy, language development, and bonding were underrepresented in the county plans. Only one CIDP mentioned each of these, with *book sharing* being the only one accompanied by a budget.

Similarly, several key subcomponents received limited attention across the 2023–2027 CIDPs. The *use of local language* in children's daily care was not referenced in 96% of counties (45 out of 47), despite its importance in supporting comprehension and reinforcing cultural identity. *Mobile toy and book libraries* were absent in 77% of the CIDPs, while play, reading, and storytelling groups for caregivers and children, as well as information, support, and counselling on early learning opportunities, were not included in 74% (35 out of 47) of the plans.

The limited inclusion of these subcomponents, along with the absence of corresponding implementation plans, reflects a gap in policy and programming. While many counties have incorporated formal structures such as ECDE centers and daycare services, broader elements of early learning, such as stimulation, caregiver engagement, and language development during the earliest years, remain underrepresented. Addressing this gap will require targeted sensitization and advocacy to raise awareness among county planners and policymakers about the full scope of the Nurturing Care Framework, particularly its early learning component. Enhancing the integration of these often-overlooked elements into CIDPs is critical to establishing comprehensive, responsive, and developmentally supportive early learning environments for all children.

Coverage for safety and security sub-components

The *safety and security* subcomponents under review, as outlined in Appendix 1, were assessed across the 47 County Integrated Development Plans (CIDPs) for the 2023–2027 period. The analysis examined whether each subcomponent was *mentioned with a plan for implementation*, *mentioned without a plan or budget*, or *not mentioned at all*.

Figure 13 presents the findings, showing the proportion of CIDPs that incorporated each safety and security subcomponent. This analysis provides insights into how county governments are addressing the protective environment for children an essential dimension of the Nurturing Care Framework. It also helps to identify which areas of safety and security are receiving attention at the subnational level and where significant policy and planning gaps remain.

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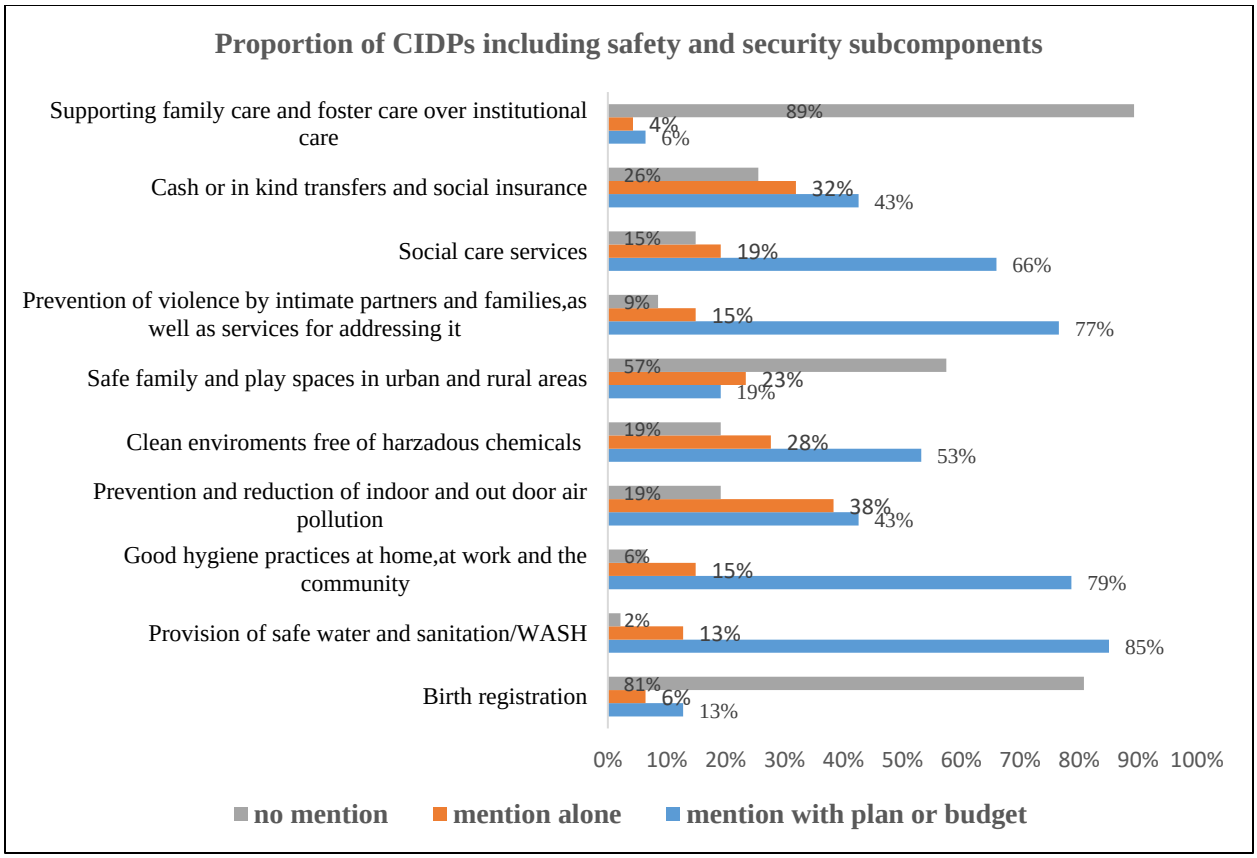


Figure 13 Proportion of CIDPs making reference to safety and security subcomponents

Figure 13 demonstrates that a significant proportion of County Integrated Development Plans (CIDPs) have incorporated plans and budgets for several *safety and security* subcomponents, reflecting a growing recognition at the county level of the importance of creating protective environments for children. Notably, five out of the assessed subcomponents were included with both a plan and budget in more than 50% of the CIDPs. Specifically, 85% of CIDPs had a plan for the *provision of safe water and sanitation*, 79% included *good hygiene practices at home, at work, and in the community*, and 77% addressed the *prevention of violence by intimate partners and families*. These figures highlight a commitment among counties to address public health, hygiene, and domestic safety key factors that influence child well-being.

However, s*upport for family care and promotion of foster care over institutional care* was not mentioned in 89% of CIDPs, and *birth registration* a fundamental right and gateway to services was omitted in 81% of plans, with only three counties including a budget or plan for this subcomponent. These omissions are noteworthy given the essential role of family-based care and legal identity in creating secure and supportive environments for children.

One possible explanation for these gaps is the division of responsibilities between levels of government, with functions such as birth registration and broader security falling primarily under the mandate of the national government. This delineation may lead county governments to view these areas as beyond their jurisdiction, contributing to their exclusion from CIDPs. In contrast, the lack of attention to family and foster care is more difficult to justify, as childcare services are

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a devolved function and fall squarely within county mandates. The absence of plans or budgets in this area points to a gap in the development of comprehensive child welfare strategies at the subnational level.

These findings underscore the need for a more integrated and coordinated approach that bridges national and county responsibilities in child protection. Counties should be supported through capacity building, policy guidance, and intergovernmental collaboration to incorporate comprehensive plans that address all aspects of children's safety and security. This would ensure that children not only benefit from safe environments and basic services but also receive the legal recognition and family-based care essential for their development and well-being.

Conclusion

The findings of the study reveal a mixed picture of how the components of the Nurturing Care Framework are integrated into national and county-level policy frameworks in Kenya. At the **national level**, *good health* is well-represented, particularly in multi-sectoral, health, and social protection policies, reflecting a strong policy emphasis on child health. However, the education sector policy reviewed did not include this component, suggesting a missed opportunity to reinforce the health-education nexus in early childhood. At the **county level**, all 47 County Integrated Development Plans (CIDPs) reference good health, demonstrating a commendable commitment to child health planning. Despite this, specific high-impact subcomponents such as *Kangaroo Mother Care* and *prevention of preterm birth* remain insufficiently addressed, despite their proven role in improving newborn survival rates.

Nutrition is a strong focus area both nationally and at the county level, with significant attention given to *breastfeeding promotion*, *micronutrient supplementation*, and *malnutrition management*. However, there is a notable policy gap in both levels regarding *feeding during illness* and *food fortification*, which are critical for recovery and long-term development. These omissions suggest the need for more comprehensive strategies that address child nutrition holistically, especially during vulnerable periods such as illness.

Responsive caregiving is the least integrated component of nurturing care across both national and county frameworks. National policies, particularly in the education sector, rarely address it, and support for caregiver mental health is largely absent. At the county level, responsive caregiving is poorly represented in the CIDPs, with limited attention to *play and communication*, or inclusive practices that involve *fathers and extended families*. Given that childcare is a devolved function, this gap signals a disconnect between policy mandates and planning priorities, calling for urgent action to scale up parenting and caregiving support at the community level.

Opportunities for early learning are inconsistently addressed. At the national level, these are mainly included in education policies, with limited integration in health and social protection policies. County CIDPs show strong commitment to ECDE infrastructure, but other vital elements such as *book sharing*, *storytelling*, and *use of local language* are rarely mentioned. This indicates a need for more holistic programming that extends beyond formal ECDE to include every day, culturally relevant learning experiences.

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Safety and security are insufficiently prioritized in both national and county-level policies. Nationally, this component is underrepresented in multi-sectoral and health policies, though some attention is given in social protection frameworks. At the county level, while some progress has been made in areas such as *sanitation*, *hygiene*, and *violence prevention*, critical subcomponents like *birth registration*, *support for family and foster care*, and *environmental safety* are notably lacking. These gaps highlight the need for counties to adopt more integrated and preventive approaches to child protection and safety.

Overall, while Kenya has made important strides in integrating elements of nurturing care into policy and planning, significant gaps remain. A more coordinated, multi-sectoral approach one that equally values all five components of nurturing care is essential to ensure a nurturing environment for every child, particularly at the county level where implementation takes place. This calls for sustained advocacy, capacity building, and resource allocation to translate the Nurturing Care Framework into action across all levels of government.

Recommendations

To address the identified gaps and enhance the integration of nurturing care components at both national and county levels, a multi-pronged approach is necessary. The following recommendations aim to support the development of more holistic, inclusive, and actionable policies and plans for early childhood development in Kenya:

1. **Strengthen Integrated Policy Frameworks at the National Level:** It is essential for all national sectoral policies particularly in education, health, and social protection to comprehensively address all five components of nurturing care. This can be achieved by finalizing and implementing the integrated policy ECD policy that reflect the holistic needs of young children and promote coordination across sectors.
2. **Promote Comprehensive Inclusion in County Integrated Development Plans (CIDPs):** County governments should adopt a more integrated planning approach in their CIDPs, ensuring that all components of nurturing care are explicitly included, each supported by specific plans and budget allocations. Counties must move beyond ECDE infrastructure to fully encompass elements such as responsive caregiving, early stimulation, child protection, and environmental safety.
3. **Enhance Policy Coverage of Underserved Health and Nutrition Subcomponents:** There is a critical need to increase focus on care for *small and sick newborns*, *Kangaroo Mother Care*, and *child feeding during illness* within both national policies and CIDPs. These areas are essential for improving child survival and recovery. In addition, food fortification should be elevated as a strategic priority, with clearly defined implementation strategies and dedicated funding to address widespread micronutrient deficiencies.
4. **Ensure Robust Policy Implementation and Monitoring Mechanisms:** All national and county-level policies should be accompanied by detailed implementation plans, clear targets, and associated budgets. Establishing monitoring and evaluation systems is vital to track progress, assess outcomes, and adjust strategies as needed. Regular assessments and public reporting can also enhance accountability and transparency.
5. **Integrate Nutrition into Education Policies and Curricula:** Nutrition should be embedded within the education sector through school feeding programs that provide

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balanced meals and through the inclusion of nutrition education in the school curriculum. This dual approach will support children's physical health and empower them with lifelong knowledge about healthy dietary practices.

6. **Update and Align Education Legislation with Holistic ECD Priorities:** Existing policies such as the *Early Childhood Education Act* should be reviewed and revised to incorporate provisions on adequate nutrition, responsive caregiving, and safety. In addition, new policies should be developed to explicitly address the intersection between education and child health and well-being.
7. **Support Maternal Nutrition through Policy and Program Interventions:** National and county-level policies should prioritize maternal nutrition during pregnancy and lactation, recognizing its direct impact on fetal growth, birth outcomes, and long-term child health. This includes nutritional support, supplementation programs, and counseling services.
8. **Expand Early Learning Opportunities Across Sectors:** Policies should promote diverse early learning opportunities, including *book sharing*, *storytelling*, *play-based learning*, and *use of local languages*. These activities should not be limited to the education sector but also integrated into health and social protection programming. Counties should be encouraged to implement community-based early learning initiatives in partnership with local organizations and cultural leaders.
9. **Ensure Consistent Inclusion of Safety and Security Components:** Safety and security measures such as *birth registration, clean and safe environments*, *safe play areas*, *protection from violence*, and *social care services* must be systematically included in all policies and CIDPs. Counties should be supported to develop comprehensive child safety plans through collaboration with national agencies, civil society organizations, and community stakeholders.
10. **Invest in Capacity Building and Advocacy:** Ongoing training and capacity-building initiatives are needed to equip policymakers, planners, and implementers with the knowledge and tools to prioritize and operationalize nurturing care components. In parallel, advocacy campaigns should be conducted to raise awareness among stakeholders and the public, generating momentum for policy reform and increased investment in early childhood development.

References

1. World Health Organization. Nurturing Care for Early Childhood Development: A Framework for Helping Children Survive and Thrive to Transform Health and Human Potential. World Health Organization; 2018. Accessed July 30, 2025. https://iris.who.int/handle/10665/272603

2. Abboah-Offei M, Amboka P, Nampijja M, et al. Improving early childhood development in the context of the nurturing care framework in Kenya: A policy review and qualitative exploration of emerging issues with policy makers. Front Public Health. 2022;10:1016156. doi:10.3389/fpubh.2022.1016156

3. Kenya_ECD_country_report.pdf. Accessed July 30, 2025. https://www.educ.cam.ac.uk/centres/real/researchprojects/ongoing/mapping-education-sub-saharan-africa/Kenya_ECD_country_report.pdf?utm_source=chatgpt.com

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Appendix 1: Nurturing care components and subcomponents

Component		Subcomponent
Good Health	1	Family planning
	2	Immunization for mothers and children
	3	Prevention and cessation of smoking, alcohol, and substance abuse
	4	Prevention of mother-to-child transmission of HIV
	5	Support for caregivers' mental health/psychosocial support
	6	Antenatal and childbirth care
	7	Prevention of Preterm birth
	8	Essential care for newborn babies, with extra care for sick and small babies
	9	Kangaroo care for low birth weight babies
	10	Support for timely and appropriate care seeking for sick children
	11	Integrated management of early childhood illnesses
	12	Early detection of disabling conditions (such as problems with sight and hearing)
	13	Care for children with developmental disabilities and difficulties
Adequate Nutrition	1	Maternal nutrition
	2	Support for early initiation, exclusive breast feeding and continued breastfeeding after six months
	3	Support for appropriate complementary feeding and transition to a healthy family diet
	4	Micronutrient supplementation for mother and child as needed
	5	Fortification of staple foods
	6	Growth monitoring and promotion including intervention and referral when indicated
	7	Deworming
	8	Support for appropriate child feeding during illness
	9	Management of severe and moderate malnutrition including being overweight and obese/MUAC/MAM
Responsive caregiving	1	Skin-to-skin contact immediately after birth
	2	Kangaroo care for low-birth-weight babies
	3	Rooming in for mothers and young infant babies and feeding on demand
	4	Responsive feeding
	5	Interventions that encourage play and communication activities of caregiver with the child
	6	Interventions to promote caregiver sensitivity and responsiveness to child cues
	7	Support for caregivers mental health
	8	Involving fathers ,extended family and other partners
	9	Social support from families, community groups and faith communities

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Opportunities for early learning	1	Information, support and counseling about opportunities for early learning including the use of common house hold objects and home-made toys
	2	Play, reading and storytelling groups for caregivers and children
	3	Book sharing
	4	Mobile toy and book libraries
	5	Good quality day care for children and preprimary education
	6	Storytelling of elders with children
	7	Using local language in children's daily care
security and safety	1	Birth registration
	2	Provision of safe water and sanitation/WASH
	3	Good hygiene practices at home, at work and in the community
	4	Prevention and reduction of indoor and outdoor air pollution
	5	Clean environment free of hazardous chemicals
	6	Safe family and play spaces in urban and rural areas
	7	Prevention of violence by intimate partners and families, as well as services for addressing it
	8	Social care services
	9	Cash or in kind transfers and social insurance
	10	Supporting family care and foster care over institutional care

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