The Early Childhood Development Systems Evaluation Study

Enhancing Early Childhood Development Outcomes in Kenya: Insights from a Multi-Sectoral Systems Measurement Study

A research report prepared

By

The ECD Network for Kenya

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Executive Summary

Kenya's early childhood development (ECD) system brings together government institutions, development partners, civil society organisations, private sector actors, and community health workers to support young children and their families. However, the study identifies persistent weaknesses in coordination, financing, data integration, and frontline support that constrain the delivery of comprehensive nurturing care. Strengthening government leadership, clarifying institutional responsibilities, and providing predictable resources are central to addressing these weaknesses.

The ECD Network for Kenya, in collaboration with Mathematica and with funding from the Conrad N. Hilton Foundation, undertook this study as part of a broader ECD systems measurement initiative. Building on the first phase, the 2024–2025 follow-on phase sought to refine the measurement framework, update systems indicators, and generate evidence to inform policy and programme decisions. This qualitative report examines government-led multi-sectoral coordination, stakeholder collaboration, the availability and use of ECD data, and the delivery of nurturing care by Community Health Assistants (CHAs) and Community Health Promoters (CHPs).

Methodology

The study covered national-level stakeholders and seven purposively selected counties: Garissa, Kajiado, Mombasa, Nairobi, Siaya, Tharaka Nithi, and Trans Nzoia. County selection reflected Kenya's economic blocs and geographic and contextual diversity. Data were collected through key informant interviews with government officials and representatives of organisations involved in ECD, alongside fourteen focus group discussions seven with CHAs and seven with CHPs.

Data were analysed using NVivo, combining deductive coding based on the study objectives with inductive coding to identify emerging themes. Quality assurance included regular research team reviews and transcription checks. Ethical approval and research authorisation were obtained, and informed consent, confidentiality, and secure data handling were maintained. The findings reflect the experiences and perspectives of purposively selected stakeholders and do not constitute nationally representative estimates.

Key Findings

Multi-sectoral coordination is uneven and inadequately resourced. Coordination structures differed across counties in leadership, functionality, participation, and meeting frequency. Siaya's approach, including the Smart Start Siaya initiative, illustrated opportunities for integrating nurturing care across sectors through county leadership. Elsewhere, coordination was often activity-driven, project-dependent, or inconsistently implemented. At the national level, participants described overlapping responsibilities and insufficient integration among institutions, including the National Council for Children's Services (NCCS) and the Ministry of Education. Unclear roles, competing departmental priorities, and limited awareness of coordination structures weakened collective action.

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Unpredictable funding was a recurring constraint across all seven counties. Coordination frequently relied on development partners to finance meetings, transport, and other operational costs, while dedicated government allocations were limited or inconsistent. This dependence reduced the continuity and sustainability of coordination activities.

Partnerships contribute valuable resources but lack consistent structures for joint action. Government agencies, NGOs, faith-based organisations, donors, and private sector actors supported health, nutrition, early learning, and child protection through financing, technical expertise, training, and service delivery. Formal agreements, joint planning, and regular communication helped clarify responsibilities in some settings. However, unclear mandates, bureaucratic delays, staff turnover, inconsistent information sharing, and misaligned priorities constrained collaboration. Participants also described tensions between short-term project funding and the longer-term requirements of ECD systems strengthening.

ECD data inform decisions, but fragmentation limits their usefulness. Stakeholders used information on enrolment, infrastructure, immunisation, nutrition, and child protection to identify needs, plan interventions, and allocate resources. Existing platforms included the Kenya Health Information System, the National Education Management Information System, and the Child Protection Information Management System. Nevertheless, these systems were insufficiently integrated, and access varied across sectors and counties.

Data gaps were particularly evident in responsive caregiving, safety, developmental milestones, and informal education settings. Outdated records, inconsistent reporting, limited equipment and connectivity, and inadequate analytical capacity further constrained use. Participants also reported that political priorities and resource pressures could influence allocation decisions, limiting the extent to which evidence guided action.

Community health workers provide essential nurturing care services but need stronger support. CHAs and CHPs demonstrated awareness of the five nurturing care components: good health, adequate nutrition, responsive caregiving, security and safety, and opportunities for early learning. Their activities included household visits, caregiver education, nutrition screening, immunisation mobilisation, referrals, and follow-up. Participants described successes in addressing malnutrition, encouraging vaccination, and improving links between households and health facilities.

However, service delivery was constrained by delayed stipends, inadequate transport, shortages of essential supplies and protective equipment, uneven training, and limited access to communication tools. Heavy workloads among CHAs, differences in digital literacy among CHPs, and weak referral feedback also affected collaboration. Poverty, difficult terrain, flooding, misinformation, and community resistance created additional barriers to reaching families.

Recommendations

The study recommends strengthening government-led ECD coordination through clearly defined responsibilities and functional links between national, county, and sub-county structures. This includes operationalising coordination through the NCCS while clarifying its relationship with

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education, health, social protection, and other relevant sectors. Regular multi-sectoral meetings should support joint planning, implementation, and accountability.

National and county governments should establish dedicated budget lines for ECD coordination and essential support functions. Partner contributions and private sector participation should complement predictable public financing. Collaboration should be formalised through clear agreements, shared priorities, and regular reviews of responsibilities and progress.

A unified ECD data framework should link existing sectoral systems and support timely information sharing. Priorities include standardised indicators and reporting tools, routine data quality assessments, improved digital infrastructure, and training in data analysis and use. Better coverage of underrepresented nurturing care components is necessary to guide comprehensive planning.

CHAs and CHPs require regular training across all five nurturing care components, supportive supervision, timely stipends, transport support, appropriate equipment, and reliable communication tools. Stronger referral feedback and coordination with health facilities would improve continuity of care. Community engagement should involve caregivers, fathers, local leaders, and religious leaders to address misinformation and encourage uptake of services.

Overall, the study calls for a more coherent ECD system that connects policy, financing, information, and frontline delivery. Building on existing partnerships and county experiences, these improvements can strengthen Kenya's capacity to provide equitable and sustained nurturing care for young children.

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Introduction

Multi-sectoral coordination has emerged as a cornerstone of effective early childhood development (ECD) policy and programming, especially in contexts where the needs of children span multiple sectors including health, nutrition, education, social protection, child welfare, and water and sanitation. The early years of life are foundational to lifelong learning, health, and well-being, and ensuring optimal development requires an integrated approach that leverages the unique strengths of diverse stakeholders (Republic of Kenya, 2017; Every Woman Every Child, 2015).

Wegner, Teixeira, and Verschoore (2019) in their article modes of network governance explores the evolution of network governance theory as a foundational framework for understanding and managing multi-sectoral collaboration. The authors acknowledge the increased reliance on inter-organizational cooperation across sectors public, private, and civil society to address complex social issues. However, they note that despite this growing interdependence, academic understanding of how such collaborations are governed remains fragmented and lacks a unified theoretical base (Wegner, Teixeira, & Verschoore, 2019).

Acknowledging the critical role ECD play in shaping the foundation of a child's cognitive, social, and emotional growth, there is need for governments and stakeholders to develop systems and policies aimed at improving ECD services. However, the effectiveness of these systems largely depends on coordinated efforts, adequate funding, and evidence based decision making. This report examines the state of ECD systems measurement across various counties in Kenya, assessing the coordination mechanisms, stakeholder roles, funding structures, collaboration, data utilization, and systemic challenges that impact policy implementation.

The report provides insights on multi-sectoral coordination from a study that sought to:

1. Assess the structure, effectiveness, and challenges of government-led multi-sectoral coordination mechanisms for Early Childhood Development (ECD) in Kenya at national and county levels.
2. Examine the nature and effectiveness of collaboration among government agencies, non-governmental organizations (NGOs), private sector actors, and donors in the planning and delivery of ECD services.
3. Evaluate the availability, accessibility, quality, and utilization of ECD-related data for policy formulation and decision-making at both national and county levels.
4. Explore the understanding, implementation, and support systems surrounding nurturing care interventions delivered by Community Health Assistants (CHAs) and Community Health Promoters (CHPs).
5. Identify systemic and contextual challenges affecting ECD coordination, collaboration, data use, and nurturing care service delivery, and to propose actionable solutions.

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Methodology

Research Design

A qualitative approach was selected to gather in-depth insights into stakeholders' views on key issues, including the impact of national and sub-national policies on nurturing care services. The design further sought to establish the role of multi-sector collaboration, the use of technology in data collection and decision-making, the influence of community health practitioners, and the funding of services for children aged 0-5 years, highlighting challenges and opportunities at both national and county levels.

Study Area and Target Population

Seven counties were purposefully selected from the 47 counties in Kenya based on the economic blocs. County selection was done based on information gathered during phase one of the project and with stakeholder consultations and inputs. It was done to ensure geographic and contextual diversity. In addition, data was collected at the national level.

The target population comprised key stakeholders, including:

- **Government Officials:** Directors and departmental heads from the Ministries of Education, Health, Labor and Social Protection, Children Services, and Agriculture, as well as representatives from the Council of Governors.
- **Civil Society Organizations (CSOs) and Donors:** Representatives from NGOs, Faith-Based Organizations (FBOs), donor agencies, and private sector partners engaged in early childhood programs.
- **Community Health Workers:** Community Health Assistants (CHAs) and Community Health Promoters (CHPs) who provide direct services at the grassroots level.

Sampling Strategy

At the national level, KII participants were purposively selected from the Ministries of Health, Education, Labour and Social Protection, Finance, and the Council of Governors. At the county level, participants were purposively selected from departments of education, health, finance, children's services, agriculture, nutrition, environment, and Strategy Monitoring & Evaluation in the seven selected counties, with one KII conducted for each ministry or department. Additional KIIs were carried out for CSOs implementing ECD programs, as well as UNICEF, WHO, and the World Bank, using a web-based survey. Focus group discussions targeted community health promoters (CHPs) and community health assistants (CHAs), who were purposively selected by sub-county health departments, with a total of fourteen FGDs conducted—seven with CHPs and seven with CHAs.

Data Collection Methods

The study employed two primary data collection methods:

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- **Key Informant Interviews (KIIs):** Conducted with government officials, CSO representatives, donors, and private sector stakeholders to gather insights on policy frameworks, challenges, and best practices.
- **Focus Group Discussions (FGDs):** Organized with CHAs and CHPs to understand grassroots perspectives on early childhood service delivery, collaboration with health facilities, and community engagement.

All interviews and discussions were audio-recorded with participants' consent and later transcribed into English for analysis. Weekly review meetings were held to track progress, address challenges, and ensure data collection consistency.

Data Processing and Analysis

Qualitative data analysis was conducted using NVivo software, applying both deductive and inductive coding techniques:

- **Deductive coding:** Based on predefined themes aligned with the study objectives.
- **Inductive coding:** Emerging themes were identified to capture unexpected insights.

Regular data review sessions were conducted to ensure accuracy, consistency, and thematic coherence.

Ethical Considerations

The study adhered to strict ethical guidelines to protect participants' rights and confidentiality. Ethical approval was obtained from the Kenyatta University Ethical Review Board, and a formal research permit was obtained from the National Commission for Science, Technology, and Innovation (NACOSTI).

Before data collection:

- Informed consent was obtained, ensuring participants understood the study purpose and its voluntary nature.
- Interviews were conducted in private settings to maintain confidentiality and encourage openness.
- Data confidentiality and protection measures were upheld, ensuring anonymity and secure storage of participants' information.

Quality Assurance Measures

To maintain high data quality, the research team implemented several measures:

- Weekly meetings to assess progress, address challenges, and refine approaches.
- Cross-checking transcriptions for accuracy and completeness.

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Results

a) Government-led multi-sectoral coordination mechanisms

The presence of a government-led coordinating body or organization

Government-led multisectoral coordination mechanisms for ECD in Kenya vary widely across counties and at the national level, reflecting diverse levels of structure, engagement, and effectiveness. In Garissa and Siaya, robust frameworks anchored by the County Department of Education and initiatives like Smart Start Siaya integrate health, education, and other sectors, fostering collaboration on ECD policies and programs such as school feeding and health interventions. Conversely, Kajiado and Mombasa exhibit inconsistent coordination, with inactive bodies like CESEC or reliance on project-specific efforts rather than cohesive structures, hampered by limited awareness among stakeholders. Nairobi and Trans Nzoia show moderate coordination through education departments and committees like the County Children Advisory, yet gaps in formal mechanisms persist. Tharaka Nithi's coordination is activity-driven, lacking a regular framework, while nationally, the National Council for Children's Services and Ministry of Education lead fragmented efforts across ministries, with overlapping roles highlighting the need for a unified approach. These variations underscore the importance of strengthening communication, awareness, and centralized frameworks to enhance ECD coordination and service delivery.

> *"Yes, in Kenya there is a coordinating body, and the Minister of Education is the key because we host the National Early Childhood Committee, which is derived from various sectors, such as Ministry of Health, other ministries, MDAs like TSC, like KICD for curriculum, and many others. National Council for Children's Services, they are also members, and this body meets annually to coordinate the services of ECDE" NAT_KII_MOE_1*

> *"I think when you talk about coordination, the first line of action or response is the Department of Education, Early Child Development, ECD, and then Vocational Training. So we have a whole department under the county. So that is the first line of coordination. So that is where the ECD issues are domiciled. And then from there we have a working group or technical working group. GAR_KII_DSS_1*

Geography	**Key coordinating body/bodies**	**Leading organization/ministry/sector**	**Purpose/main work?**
National	Children Advisory Committees/National Early Childhood Committee/technical working groups	National Council for Children's Services (NCCS)/ Ministry of Education	Regulating and overseeing matters related to children/Leadership role
Garissa	County Steering Group (CSG) and	Department of Education	Overseeing ECD programs

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	technical working groups		
Kajiado	Department of Education	Department of Education	Coordination of ECD activities
Mombasa	multi-sectoral forum/technical Working group	Department of Health/Department of Education/TWGs	Coordination of ECD activities
Nairobi	Department of Education/Technical Working Group	Department of Education/Department of Health	Coordination of ECD activities
Siaya	Office of the Governor and the First Lady's office	Governor's office/First Lady's office	Lead coordination efforts
Tharaka Nithi	Department of Education/Department of Health/Department of Gender and Children Services	Department of Education/Department of Health	Coordination of ECD activities
Trans Nzoia	Department of Education/Department of Health/County Children Advisory Committee	Department of Education/Department of Health	Coordination of ECD activities

Sectors involved in multisectoral coordination

The study revealed a strong commitment across multiple sectors and levels of government in Kenya, ensuring a coordinated and holistic approach to ECD. At both county and national levels, government sectors, including Education, Health, Agriculture, and Social Protection, collaborate to address key aspects of child development, including nutrition, education, health, and child welfare. Non-state actors, such as NGOs, faith-based organizations, and international agencies, play a critical role in supplementing these efforts, particularly in areas like capacity building, resource mobilization, and service delivery. Despite the multi-sectoral coordination, the study highlights gaps in fully integrated approaches, with leadership often fragmented across different departments and programs. Stronger frameworks for inter-sectoral collaboration and clearer leadership roles are essential for optimizing ECD outcomes.

Entities leading coordination mechanisms

Across Kenya, the coordination of ECD activities is led by various government entities, with leadership shifting based on location and focus. In Garissa, Kajiado, Nairobi, and Tharaka Nithi, the Department of Education primarily drives ECD efforts, managing schools, teachers, and policies, though it collaborates with health and social services depending on the task like nutrition in Nairobi or health programs in Tharaka Nithi. Mombasa stands out with the Department of Health

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taking the lead, supported by a flexible Technical Working Group that alternates leadership between health and education. Siaya's coordination centers on the Governance office, guiding a multi-sectoral team effort across education, health, and agriculture, while Trans Nzoia shares leadership among departments like health and education based on specific programs, such as child nutrition or schooling. Nationally, the National Council for Children's Services (NCCS) oversees all child-related matters under the 2022 Children Act, working alongside the Ministry of Education's National Early Childhood Committee, though roles often overlap and lack full integration. While multi-sector teamwork is common, bringing together education, health, and other areas no single entity fully unifies ECD coordination everywhere, leaving gaps in consistency and awareness that need addressing for better results.

Roles and responsibilities

The roles of various entities involved in ECD across different counties reflect a multi-sectoral approach, where each organization plays a distinct yet complementary role. Governmental bodies, such as the Departments of Education, Health, and Social Protection, provide essential services ranging from education and child protection to nutrition and immunization. Non-governmental organizations (NGOs) contribute significantly to the delivery of health, nutrition, and educational support, while local actors, including community-based organizations and civil society, enhance the reach and effectiveness of ECD initiatives.

Coordination meetings

Coordination meetings focused on ECD vary in frequency, who attends, and what they cover, depending on local needs and broader circumstances. Typically, these meetings take place every three months, such as with county steering groups in Garissa, stakeholder discussions in Trans Nzoia, or national committees, though some occur monthly or whenever urgent issues arise, like policy work in Kajiado or pressing tasks in Mombasa. Attendance can be strong, especially from health, education, and gender teams in Garissa and Siaya (often with most people showing up), but it differs elsewhere, like in Nairobi and Trans Nzoia, where participation depends on how relevant the topic is to each sector. Nationally, senior leaders delegate responsibilities to others to keep things moving. Topics include updates on ECD matters (like teacher shortages or meal programs in Garissa and Nairobi), planning and dividing up resources (such as project work in Tharaka Nithi or budgets in Mombasa), and teamwork to tackle issues (like teenage pregnancies in Trans Nzoia or child safety nationwide), with meetings lasting from a few hours to several days based on the depth of discussion. Although these meetings bring together government, partners, and community members, challenges like inconsistent timing (Trans Nzoia), long breaks between sessions (Kajiado), and uneven participation highlight the need for more regular, inclusive efforts to improve how ECD information is used and programs are carried out.

> *"I think when you talk about coordination, the first line of action or response is the Department of Education, Early Child Development, ECD, and then Vocational Training. So we have a whole department under the county. So that is the first line of coordination. So that is where the ECD issues are domiciled. And then from there we have a working group or technical working group. So, we have the Department of Education, ECD and*

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Vocational Training, Department of Gender, Social Protection, Youth Culture, Trade and Enterprise Development and department of Finance…" (GAR_KII_DSS_1)

"Yes, in Kenya there is a coordinating body, and the Minister of Education is the key because we host the National Early Childhood Committee, which is derived from various sectors, such as Ministry of Health, other ministries, MDAs like TSC, like KICD for curriculum, and many others. National Council for Children's Services, they are also members, and this body meets annually to coordinate the services of ECDE" (NAT_KII_MOE_1)

The focus of the coordination structures

Coordination structures across various counties and at the national level focus on children but also tackle bigger community issues, with their priorities shifting by region. In Garissa, groups like the County Steering Group and departments such as Health and Agriculture handle ECD topics like school enrollment and food programs, while also working on things like household nutrition and county-wide planning. Kajiado's efforts center on child welfare but stretch to gender violence and general education, while Nairobi mixes pre-primary schooling with community concerns like nutrition for all ages and environmental awareness. Siaya blends nurturing care for young kids with broader goals like food security and family support, while in Tharaka Nithi departments such as health, education, and others, support kids alongside county-wide tasks like budgeting and infrastructure. Trans Nzoia targets child nutrition but also looks at adults and the elderly, and nationally, bodies like the National Council for Children's Services focus on child safety and growth while touching on family health and community needs. Funding for these efforts is patchy, leaning heavily on outside partners like UNICEF or county budgets, with no steady money set aside just for coordination, making it tough to keep everything running smoothly.

"What I know is that they are solely focusing on nurturing care but you see, as a government, government has broad mandate. I told you this coordinating team is from different government departments. We have governance, we have department of trade, we have agriculture, we have health and that basically means they also must focus on their key mandate as per their department. So nurturing care is just, they are just trying to integrate nurturing care within the systems that are already there." KII_SIA_NUT_001

"Generally when it comes to ECD, you know, it's under domiciled, it's under the children from zero to five, and these are all children. That's why it's supposed to focus on children. Generally coordination may not be that much as expected, but this is the idea, the structure, which is supposed to be in place and its existence, but it's not vibrant." (GAR_KII_HLT_3)

"It is mainly on children and normally, the children's department normally coordinates it. Initially, it started as a thing for gender-based violence, violence against children because of the Child Protection Act, but eventually encompassed most aspects of ECD. So normally they coordinate that, and I think also the county commissioner is a part of it." (NRB_HLT_003)

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Funding for coordination activities

Funding for ECD coordination across Kenya varies widely, often leaving gaps that hinder consistent efforts. In Garissa, Kajiado, Nairobi, and Trans Nzoia, there are no consistent funds set aside for coordination. These counties rely heavily on external partners like UNICEF, or AMPATH to cover costs like meeting spaces, meals, or travel, with county budgets chipping in only for broader programs, not coordination itself. Mombasa gets some help from groups like Kidogo and Nurture First, but the county government doesn't pitch in directly, and funds often fall short. Siaya mixes small county contributions with bigger support from partners like the Hilton Foundation, though they perceive that these resources are not always reliable. Tharaka Nithi blends county and partner funds—sometimes fully covered by groups like the World Food Programme, other times shared—while nationally, the government pays for bodies like the Council of Governors, but extra help from UNICEF or others isn't guaranteed. Across all areas, funding challenges mean coordination depends heavily on outside help and patchwork budgets, making it tough to keep things running smoothly.

> *"Yes, I know these agencies, I think they do support the meetings, because even when rolling out the school meals programs normally there are work plan meetings, strategy meetings as such, and they will be funded more. It could be co-funded county and the agencies, but I know the agencies play a good role in that. Co-funding yes. You know, even in our sectoral forum, food security, sometimes the county government can fund…" (GAR_KII_AGR_1)*

> *"Like now we have UNICEF, the JFS, even if these other PPOs, even these are the small CSOs they fund. Most of the meetings we attend they fund and they come and give technical advice. So, regarding the issue of funding, I cannot say that we have enough resources. I said cash is a scarce resource." (NAT_KII_DCS_1)*

Challenges on coordination of ECD

Across Kenya, funding and organizing meetings for Early Childhood Development coordination face big hurdles that slow down progress. In all 7 counties, erratic and inadequate funding hampers the regularity and effectiveness of meetings. Counties rely on funds from partners or their own tight budgets, but it's often not enough for things like travel, venues, or staff support. Confusion over who's in charge adds to the mess, with Garissa lacking a clear lead group, Kajiado and Trans Nzoia wrestling between county and national roles, and Nairobi seeing departments work in silos. In addition, busy schedules and competing tasks like in Mombasa and Siaya limit attendance. Nationally, efforts are fragmented, with no single plan tying everything together, and financial challenges limit how often people can meet or act. These challenges show a need for steady funding, clearer leadership, and better teamwork to make ECD coordination work.

> *"The limitations are in terms of we have, we have competing programs and activities. So I think the coordination of the ECD issues and Child Protection has not been somehow, maybe given the necessary attention it deserves." GAR_KII_DSS_1*

> *"So, while there are national entities that are responsible for policy interventions regarding different segments of the ECD framework, the mechanism of coordinating that is still very*

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loose, or nonexistent, if I may call it that. And where it exists, it is project-based… a comprehensive framework where you can be able to say, now, this is what we need, this is what is happening, this is the intervention areas, and you have the responsibility and the resources to do, I can say that is not something I can touch." (NAT_KII_COG_1)Factors preventing the formation of a coordinating body for ECD

Formation of a dedicated Early Childhood Development (ECD) coordinating body across counties and at the national level faces several challenges. In Garissa, participants noted that the Ministry of Education lacks drive, funding is scarce, donors are worn out, and security issues make things harder, with some believing the Health Department might step up more effectively if it led the effort. In counties like Kajiado, Trans Nzoia, and beyond, similar challenges such as limited effort, tight budgets, and poor collaboration among health, education, and child protection sectors persist. Nationally, the delay in launching a key policy stalls progress, keeping important meetings and a unified ECD team from taking shape.

Suggestions to fix this include Garissa wanting one active leader like the Education Department, Kajiado asking for regular meetings, Tharaka Nithi needing steady funds, Mombasa suggesting meetings away from offices, and Trans Nzoia pushing for teamwork across all departments. The big needs are clear leadership, enough money, and a willingness to work together to get ECD on track. Suggestions to enhance coordination include establishing a single, well-funded coordinating body, ensuring regular meetings, and fostering cross-sectoral collaboration. At the national level, the delayed launch of the IECD policy has stalled efforts to formalize coordination structures, emphasizing the need for swift policy implementation to drive more effective and sustainable ECD initiatives.

"If ECD solely were the work of Ministry of Health, especially at our department in nutrition, we would have gone far ahead and maybe say it all depends. Because if we have the Ministry of Education, we have the ECD one, maybe they are not proactive in advocating for inclusion and all that. That can be one. It can be an issue related to funding, low funding. It can be donor fatigue. We have had partners who used to work here very actively, probably they felt fatigue. It can be an insecurity issue to do with insecurity. Yeah." (GAR_KII__NUT_1)

"What is not there and maybe because the policy has not been launched, is we've not had the first meeting for the National steering committee, and then under that, we need to have the National Technical Committee, right? So maybe when the policy is launched, that's what I'm saying. That would be the key support that would be needed to have now those national level meetings, however, as it is right now, we still meet maybe under one the TWG called by health, or the TWG called by education, or a TWG called by NCCS, but not yet as the national ECD technical committee or the National ECD steering committee." NAT_KII_MOH_1

"Okay one of the challenges could also be on issues finance because now like if finances are provided then we appoint someone now who coordinates, brings stakeholders on board and you may even need to move around because it is not something where you just sit at a county level office, discuss and then you do because it has to be scaled down to the community" TNZ_KII_HLT_1

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One of the key challenges that I forgot , mostly we have realized that when we convene our meetings in the office, people are not commitment because they may be called for other functions if we hold that meeting in our offices. If we get an opportunity or get a partner who can be able to take people for a meeting outside their offices I think it could be more instrumental." MSA_EDU_1

b) Collaboration across government agencies, NGOs, private sector partners, and donors at both county and national levels

Key partners

Results indicate a wide range of efforts to advance Early Childhood Development (ECD) through collaborations involving government, non-governmental organizations, and private sector and donor partners across various counties and at the national level. Government ministries like Health, Education, and Social Protection lead the charge, working with sectors such as Agriculture, Water, Gender, and Child Protection, to deliver comprehensive services, especially to marginalized communities. Meanwhile, non-governmental collaborations bring together international organizations like UNICEF, local NGOs, faith-based groups, and community initiatives to support child development in areas like education, health, nutrition, and protection, relying on shared expertise and resources. Additionally, private sector and donor efforts, driven by organizations such as the World Bank, USAID, and the Hilton Foundation, alongside companies like Safaricom and Mombasa Cement, contribute funding, technical support, and projects in infrastructure, nutrition, teacher training, and research. However, all these partnerships face challenges, including funding shortages, logistical issues, policy delays, informal coordination, misaligned priorities, and inconsistent private sector engagement, which can slow progress despite the strong collective commitment to ECD.

> *"Now we relate most the sectors we relate most with are Education and Agriculture, Education, Agriculture and Water and Sanitation, yeah, and the partners that we relate most with, of course, the pioneer partners who supported all this is [The Hilton Foundation], which has supported several other partnerships to support different components of nurturing care." KII_SIA_MOH_001*

Definition of roles and responsibilities

The results further reveal structured yet varied approaches to defining roles and responsibilities in ECD collaborations. Government ministries often take the lead in service delivery, guided by policies and legal mandates, while NGOs, community-based organizations, and civil society groups provide technical support, training, and resources, with coordination supported by national guidelines, formal agreements like Memoranda of Understanding (MOUs), planning meetings, and multi-sectoral teams such as county steering groups. These partnerships aim to ensure clarity, avoid overlap, and improve efficiency, though challenges like unclear roles, policy gaps, and over-reliance on external partners sometimes hinder progress. Similarly, collaborations with the private sector and donors, prominent in areas like Mombasa and Nairobi, rely on MOUs and joint proposals to assign responsibilities—donors typically fund projects while implementing organizations handle execution—though less-involved regions like Garissa and Kajiado often

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depend on informal arrangements. Across all these efforts, adaptable frameworks, regular reviews, and clear expectations enhance accountability and effectiveness, yet the need remains for clarity in roles to strengthen ECD initiatives.

> *"I can say it is from a discussion because sometimes we might think that we are doing a particular role, but once we meet we find that they are totally different. So I think it is a consensus that we come together and leveraging on the strength of each particular party and how they can be able to work around, that's what you can be able to say in terms of really, we cannot be able to say like we come up with the clear roles but it's upon us initiating the discussion and each particular party being able to really see what they can go to work on" KAJ_CSO_001*

> *"We have MOU, we have MOU for every organization and we have a partnership team. We have an MOU committee so they discuss the MOU, and they will come up with activities together and then they implement it." NRB_HLT_002*

Information and resources shared

Collaborations between government agencies, and NGOs enable the exchange of data, financial support, materials, and expertise, supported by joint planning meetings, policy frameworks, and digital platforms, which help address gaps in education, health, nutrition, and child protection. Similarly, collaborations with donors like UNICEF and the World Food Programme (WFP), alongside private sector contributions of funding and materials, foster knowledge sharing, policy development, and capacity building, with best practices and reports enhancing advocacy and decision-making. Though some regions such as Siaya County benefit from clear coordination systems that boost transparency and efficiency, challenges such as limited resources, logistical hurdles, inconsistent information flow, co-financing demands, and confidentiality issues can slow progress. Nonetheless, a strong commitment to pooling resources and maintaining open dialogue across these diverse partners highlights the potential for a unified approach to improve ECD services and outcomes for young children.

> *"Most of the time you will find human capital is how the county government is able to support. Sometimes we may finance an activity but mostly the partners provide the financial part of it and human capital in terms of expertise. The county government depending on the program will provide the rest. TNZ_DCS_1*

Communication

The essential role of communication in driving collaboration for ECD at both county and national levels is highlighted. A blend of formal channels—like emails, official letters, and in-person meetings—and informal ones—such as WhatsApp and phone calls—supports information sharing and decision-making, with digital tools and virtual platforms boosting efficiency and responsiveness. Government and NGO interactions often use formal methods for policy discussions and high-level planning, while quick updates and problem-solving rely on informal channels, with communication frequency varying from daily operational exchanges to quarterly or annual strategic reviews based on need. Similarly, partnerships with NGOs and community groups feature regular meetings, consortium discussions, or project-driven exchanges, though

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inconsistencies in frequency suggest a need for more uniform approaches. With the private sector and donors, email leads as the main formal channel, backed by phone calls and meetings, with updates ranging from weekly to bi-annual depending on the region—places like Garissa and Nairobi excel with steady reporting, while Kajiado and Mombasa thrive on clear agreements.

> *"Any communication, especially for the ECD department, must go through the principal secretary, minister of education. If I want to communicate something to any organization, WHO, MOH, NCCS, or any other sector, I must draft a letter to the PS to reach those organizations. In other words, we also form technical working group if we want to do something. We form a team from different sectors, being nominated by their respective office bearers from wherever they are coming from, and then we form a team to work on something." NAT_KII_MOE_1*

Decision making

The findings highlight the collaborative and structured nature of decision-making processes in ECD initiatives across counties and at the national level, involving different stakeholders. Decision-making typically relies on consultative approaches, with groups like County Steering Groups, multi-sectoral teams, and executive committees guiding policies, resource distribution, and program actions, often through formal meetings, though informal discussions and data also shape efforts in areas like health, nutrition, and education. Among government and NGOs, decisions align with existing policies and partnerships, with some regions favoring broad input from various stakeholders while others lean on centralized government control, where partners may plan, mobilize resources, or advise. With private sector and donors, regions like Garissa and Mombasa emphasize joint discussions, while Nairobi and Siaya use repeated meetings to build agreements, often backed by formal agreements like MOUs; nationally, decisions draw on data and layered consultations to balance local insights with broader goals. Despite these strengths, challenges like political pressures, delays, resource shortages, inconsistent coordination, and limited stakeholder inclusion in some areas underscore the need for more uniform and inclusive decision-making to enhance ECD outcomes.

> *"Those decisions can only be made at the level of ECEC; ECEC also meets on a quarterly basis. Now, if there is any decision to be made, it will be depending on need, because, you know, as MST, we depend so much on member, on stakeholders, if there are issues that they feel need to be discussed, they must bring them on board. KII_SIA_MST_001*

Collaboration challenges

Key obstacles hindering collaboration in Early ECD initiatives across government agencies, NGOs, private sector partners, and donors at both county and national levels include limited resources, bureaucratic delays, and inconsistent funding, which disrupt program continuity and sustainability, alongside poor coordination, high staff turnover, and political influences that strain partnerships and slow decision-making. Communication breakdowns, misaligned priorities, and a lack of clear frameworks often lead to duplicated efforts and inefficiencies, while competition for visibility, security issues in some areas, and inadequate digital tools further complicate collaboration with NGOs. Partnerships with the private sector and donors face additional hurdles,

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such as complex funding processes, strict donor requirements, and reliance on intermediaries, as seen in Garissa, alongside delays in Kajiado, mismatched expectations in Mombasa, and short-term focus clashing with long-term goals in Nairobi; Siaya struggles with restricted funding and communication gaps, and nationally, tight reporting deadlines and costly expertise add pressure. Despite these issues, stakeholders see potential in improving collaboration through ongoing dialogue, better planning, clearer policies, and stronger coordination efforts.

> *"The Big Brother Syndrome, (name of organization- deidentified), obviously, because there are times when you make a decision, but they want to go and consult their consortium. They also have a consortium of the Big Five Brothers. So the Big Brother Syndrome is there. They would want to override some of the decisions that you are making as a local NGO." NRB_CSO_010*

c) Possible improvements

Improving collaboration between Early Childhood Development (ECD) initiatives and various stakeholders, including government entities, non-governmental organizations (NGOs), community-based organizations (CBOs), civil society organizations (CSOs), the private sector, and donors, requires a comprehensive, multi-faceted approach. Strengthening coordination mechanisms, such as regular multi-sectoral meetings, joint planning, and creating robust county-level frameworks, is essential to align goals, resources, and efforts. Key recommendations include prioritizing ECD in policy development, enhancing funding, and ensuring actionable implementation to foster sustainability. Integrating ECD initiatives within broader sectors like health, education, agriculture, and social protection while addressing local needs will support holistic child development outcomes. Results further show that the development of clear collaboration frameworks, such as Memoranda of Understanding (MOUs) and policy guidelines, as well as effective data sharing and capacity-building for all stakeholders, are vital for enhancing impact and sustainability.

d) Desired entities to collaborate with on ECD

Stakeholders from diverse sectors, including government bodies, NGOs, private sector entities, academic institutions, and local communities, emphasize the need for strategic partnerships to address the complex and multifaceted challenges facing ECD. Key areas of collaboration include health, nutrition, education, and infrastructure, with a particular focus on involving local stakeholders such as parent associations, faith-based organizations, and community-based groups. National and international donors, including organizations like USAID, DFID, and Caritas International, are also seen as vital partners in addressing resource gaps. The study underscores the importance of clear coordination frameworks, data-driven approaches, and capacity building to ensure effective, sustainable, and inclusive ECD programming.

e) Data Utilization for ECD Policy and Decision-Making

The kind of data available

The data available for ECD decision-making across regions and nationally encompasses a wide range of sectors, including health, education, nutrition, and child protection, though it varies in accessibility, integration, and comprehensiveness. Health data, sourced from systems like the Kenya Health Information System (KHIS) and Demographic Health Surveys (KDHS), includes

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immunization rates, malnutrition indicators (e.g., stunting, wasting), and vitamin A supplementation, while education data from the Ministry of Education covers enrollment, teacher-student ratios, and infrastructure details like classrooms and sanitation facilities. Nutrition data tracks feeding programs and household-level indicators, and child protection data, such as from the Child Protection Information Management System (CPIMS), captures cases of neglect and abuse. Additional sources include county-specific plans (e.g., CIMES, CIDPs), community assessments, and international reports from UNICEF and others, though gaps persist in safety, responsive caregiving, and developmental milestones. Fragmentation, reliability issues, and the lack of centralized repositories often limit its utility, necessitating better integration and real-time collection efforts.

> *"We have the county nutrition action plan that gives us the level nutrition across the county and recommends the kind of interventions. For us we are interested in addressing malnutrition at the household level. So it is a check on how we are faring in terms of addressing nutrition at the household level and that's a source." – GAR_KII_AGR_1*

Data sources and access

Data sources for ECD are diverse, drawing from health systems like the Kenya Health Information System (KHIS), Demographic Health Surveys (KDHS), and the Child Protection Information Management System (CPIMS), as well as education databases such as the Ministry of Education's NEMIS and county-specific tools like the County Integrated Monitoring and Evaluation System (CIMES). Access to this data varies, with health and nutrition data often readily available through national platforms and routine facility reports, while education and child protection data are managed by respective ministries or local organizations, supplemented by surveys like SMART and partnerships with UNICEF and USAID. However, challenges include fragmented storage across departments, inconsistent reliability, limited real-time updates, and restricted access due to lack of centralized repositories or coordination, as seen in Kajiado and Siaya. Efforts to improve access involve electronic systems like ECHIS, county statistics bureaus, and cross-sectoral collaborations, though gaps in comprehensive coverage and integration persist, hindering efficient utilization.

> *"We have child protection information management system, where we collect data of all cases reported to our office. So, we collect data for defilement cases, neglect cases, alternative care cases, truancy cases, basically any cases that has been reported to us we record it in the Child Protective Information Management System. Which then again it is a national platform that informs, resource allocations at the state department level so that data is used for lobbying." – MSA_DCS_1*

Data utilization for decision making

Across the regions and at the national level, data plays a pivotal role in decision-making by identifying needs, guiding resource allocation, and shaping targeted interventions. Stakeholders, including government agencies, NGOs, and organizations like UNICEF, leverage diverse data such as enrollment figures, malnutrition rates, immunization coverage, and demographic trends to inform policies, plan budgets, and address gaps like absenteeism, infrastructure deficits, and child

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health issues. For instance, in Siaya, KDHS data on stunting drives nutrition programs, while in Nairobi, infrastructure data targets school improvements. However, challenges such as unreliable or outdated data, fragmentation, and underutilization hinder its full potential, particularly nationally, where integration into child-focused decisions remains inconsistent. Proposed solutions emphasize improving data accuracy, accessibility, and real-time collection, alongside integrating multi-sectoral data into cohesive strategies like County Integrated Development Plans to enhance service delivery and child outcomes.

> *"It's very useful. For example, I've just accessed data that is telling me, it will tell me how many children were supplemented, which facility. We will be able to even see, the facility doesn't have commodities like vitamin A. I'm able to look through all my data and I can be able to even say, this facility has more commodities, you can give to this. Or this one is not giving out, we are able to call them and ask them why they are not giving vitamin A supplementation. So we can use that data for decision making on our side" TNZ NUT 1*

Utilization and update frequency of data in decision-making

The frequency of data utilization for ECD decision-making varies widely, reflecting sectoral needs and operational frameworks. Daily engagement is common in health and child protection, with real-time updates in systems like KHIS and CPIMS, while education and nutrition data are typically updated monthly or quarterly to inform staffing, feeding programs, and interventions. Some sectors, such as agriculture in Siaya, update data every five years, whereas others, like finance in Garissa or planning nationally, align with annual budget cycles. Continuous monitoring occurs in specific programs, such as Village Hope Core in Tharaka Nithi, while periodic reviews—monthly, quarterly, or biannually are standard for broader evaluations and strategic planning. Challenges include outdated or inaccessible data in Kajiado and gaps in unreported cases in Mombasa, highlighting the need for consistent, reliable updates to support responsive decision-making.

> *"I want to imagine every month you need to have a report. So, for us, the ones we deal with, we ensure that by the end of the month, it should be daily. But by the end of the month, we have data for our interventions within the month. So, it's most definitely updated promptly. If it is the one for health also, it is updated monthly and probably quarterly, we get the quarterly reports. So, it's real-time data that can be useful to come up with the interventions." – KAJ DSS 001*

Data quality and impact of data quality on ECD decision-making

Results on data quality and its impact on Early Childhood Development decision-making across the counties and nationally reveal a spectrum of strengths and challenges. High-quality, credible data supported by trained personnel, structured systems like KHIS, and validation processes is widely valued for enabling informed planning and resource allocation, as seen in Garissa and Siaya. However, inconsistencies, outdated information, and gaps in areas like responsive caregiving, informal schools, and real-time updates, noted in Kajiado, Nairobi, and Tharaka Nithi, undermine its reliability and effectiveness. Respondents highlight issues such as data manipulation, delays, underreporting (e.g., mortality rates nationally), and fragmented databases,

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which hinder holistic ECD interventions. While efforts like routine audits and technology integration improve quality, poor data can lead to misinformed decisions, such as misallocated resources or missed opportunities, emphasizing the need for timely, accurate, and integrated data to enhance ECD outcomes.

> *"The areas where we lack data, for example, up to today we do not have correct data on informal schools, the ones we call the APBETS. So that one gives us some headache and it does not enable us to make accurate decisions." – NRB_EDU_001*

Challenges in using data for informed decision-making

Challenges in using data for informed decision-making impede effective ECD interventions, stemming from issues of data quality, accessibility, and infrastructure. Inconsistent data quality—due to human errors, outdated information, and manipulation—alongside delays and gaps in updates, as reported in Kajiado and Tharaka Nithi, undermines reliability and timeliness. Fragmented systems and lack of centralized repositories, noted in Siaya and Nairobi, hinder integration across sectors like health, education, and child protection, while limited access due to bureaucratic restrictions, poor connectivity, or resource shortages, such as in Mombasa and Trans Nzoia, restricts utilization. Logistical barriers, including inadequate training, equipment, and funding, as seen in Garissa and nationally, further limit implementation of data-driven decisions. These challenges result in misaligned resource allocation, missed opportunities, and delayed responses, emphasizing the need for improved data systems, training, and real-time integration to enhance ECD outcomes.

> *"Yes, we are rolling out ECIMS. ECIMS is an electronic county integrated management information system. We want to digitize data, so that all data is in one platform, so that any data that I require, there's just a click away. I don't need to call the department, don't need to... because if we feed all data to that system, then it becomes easier for us to make decisions quicker. That is what we want to do to improve our data." KAJ_FIN_001*

> *"I would say that we keep on sharpening the E-system, the E-system of handling data. Yes, we ensure that we completely, completely move away from any paperwork and all that to improve data. And then keep on training people on data management. Yes, training is very key." TNC_KII_PHO_1*

Influence of political, social, and economic environment on ECD data usage

The utilization of ECD data across the counties and at the national level is profoundly shaped by interwoven political, social, and economic factors that both enable and constrain effective decision-making. Politically, while goodwill exists in some regions (e.g., Siaya and Tharaka Nithi), resource allocation is frequently skewed by favoritism, elite capture, or short-term political agendas, as seen in Garissa and Nairobi, where visible projects like classrooms overshadow comprehensive ECD initiatives; national policies like Vision 2030 further lack actionable tools, exacerbating implementation gaps. Socially, cultural norms such as mobility in Garissa's agro-pastoralist communities, patriarchal decision-making in Kajiado, or resistance to antenatal care

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nationally hinder data collection and program uptake, though community engagement efforts, like sensitization in Mombasa or incentives in Siaya, show progress in overcoming resistance. Economically, limited resources, inflation, and infrastructure disparities (e.g., Trans Nzoia's preventive health shift or Tharaka Nithi's ecological divides) restrict data systems and access to services, with poverty and food insecurity in Kajiado and national contexts further marginalizing vulnerable groups. Collectively, these dynamics underscore the need for systemic improvements—enhanced political commitment, inclusive data systems, and resource prioritization to harness ECD data for equitable, evidence-based interventions across diverse Kenyan settings.

> *"Sometimes, we can have political interference, whereby maybe when you are carrying out a project, I know this MCAs, and everyone will want a project to go to their area. And sometimes you are not able to do where the need is most felt because, you know, it's a tag of war, and whoever is strong will win. So sometimes you just have to flow for you to keep your job and not to be stressed instead of fighting, and maybe at the end of the day you'll be stressed and you'll not be happy as you perform your role." TNZ_AGR_1Suggestions to improve data systems*

Suggested solutions to improve data systems

Suggestions to improve data systems center on digitalization, integration, and capacity building to enhance accessibility, accuracy, and decision-making. Key recommendations include establishing centralized repositories or dashboards, as proposed in Siaya and Kajiado (e.g., ECIMS), and integrating multi-sectoral data (health, education, child protection) into unified platforms, as suggested in Mombasa and nationally. Digitizing data collection with tools like ECHIS and GIS systems, highlighted in Garissa and Tharaka Nithi, aims to enable real-time updates and reduce inefficiencies of paper-based methods. Stakeholders also emphasize regular training for data handlers, as noted in Nairobi and Trans Nzoia, alongside sustainable funding and resources, a priority in Mombasa. Proposals for standardized tools, routine Data Quality Assessments (DQAs), and collaboration with local and national entities, as seen in Siaya and Trans Nzoia, seek to ensure reliability and consistency. Nationally, devolving data systems to address county-specific needs and leveraging AI for advanced analytics further aim to bridge gaps, fostering evidence-based ECD planning and equitable resource allocation.

> *"Yes, we are rolling out ECIMS. ECIMS is an electronic county integrated management information system. We want to digitize data, so that all data is in one platform, so that any data that I require, there's just a click away. I don't need to call the department, don't need to... because if we feed all data to that system, then it becomes easier for us to make decisions quicker." – KAJ_FIN_001*

f) Understanding of nurturing care (CHAs/CHPs)

Participants consistently highlighted the key components of nurturing care, including proper nutrition, health care (such as immunization), responsive caregiving, safety, and early learning. These elements are essential for fostering children's physical, emotional, cognitive, and social development. Across the counties, nurturing care is recognized as foundational not only for

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individual well-being but also for strengthening communities by promoting healthier, more resilient children.

Implementation of nurturing care

Community Health Assistants (CHAs) and Community Health Promoters (CHPs) play a vital role in addressing key aspects of child health, nutrition, safety, and education, tailoring their interventions to meet the specific needs of each region. Their efforts range from promoting proper feeding practices and immunization to advocating for school attendance and enhancing child protection. By actively engaging caregivers, addressing child protection concerns, and fostering community collaboration, they create a supportive environment for children's growth and development.

Awareness, training, and training resources received

The data highlights a dynamic and multi-faceted approach to Early Childhood Development (ECD) training and resource acquisition. Data from Garissa, Kajiado, Mombasa, Nairobi, Siaya, Tharaka Nithi, and Trans Nzoia reveals that participants gain knowledge through a combination of personal experiences, formal education, and community-based training programs. While many learned nurturing care from family traditions or fieldwork, formal training sessions provided by organizations such as AMREF, PATH, Save the Children, and local government bodies play a crucial role in equipping participants with the necessary skills to support child health, nutrition, and development. Resources such as Mid-Upper Arm Circumference (MUAC) bands, weighing scales, thermometers, and educational materials are vital for practical application, though some regions face challenges regarding resource availability and financial constraints. Despite these challenges, the continuous learning and resource sharing through community networks ensure that caregivers are well-equipped to implement nurturing care practices, ultimately fostering better outcomes for child development.

g) Role in promoting nurturing care interventions

Household-level interventions

Roles and responsibilities

The roles and responsibilities of CHAs and CHPs across the regions are crucial in promoting and implementing nurturing care interventions at the household level. These community health workers play a central role in providing health education, conducting referrals, and addressing key issues such as child nutrition, immunization, hygiene, and family planning. They engage with families to ensure that children receive appropriate healthcare and developmental support, while also addressing broader social issues like gender-based violence and mental health. By conducting regular community visits, providing capacity-building for caregivers, and promoting collaboration with local leaders, CHAs and CHPs foster an integrated approach to nurturing care. Their ongoing efforts to engage both parents, particularly fathers, and other community members ensure that health practices are effectively implemented, contributing to improved child and maternal health outcomes.

Engagement with families to promote nurturing care practice

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CHAs and CHPs play central roles in this process, using diverse strategies such as home visits, community dialogues, and collaboration with local leaders and organizations. These efforts focus on addressing key health issues such as nutrition, immunization, hygiene, and child development, while also promoting broader family support systems, including the involvement of fathers. By tailoring interventions to the unique needs of each household and fostering open, ongoing communication, these health workers have been instrumental in creating an environment where nurturing care practices are understood, adopted, and maintained.

Success stories in promoting nurturing care

Through targeted education, timely interventions, and strong community support, these health workers have played a critical role in improving maternal and child health outcomes. Noteworthy successes include addressing malnutrition, enhancing vaccination rates, encouraging family planning, and improving access to medical care for both children and mothers. The success stories not only reflect the effectiveness of community-based health interventions but also underscore the importance of ongoing education, empathy, and the collaborative efforts of health workers, families, and local organizations in creating healthier, more informed communities.

Health facility-level interventions

Roles and responsibilities

The roles and responsibilities of CHAs and CHPs at the facility level are pivotal in enhancing healthcare access, service delivery, and community health outcomes. CHAs serve as the bridge between health facilities and the community while CHPs play a crucial role in promoting health practices at the community level. Together, they address key issues such as raising awareness, facilitating referrals, defaulter tracing, follow-ups, and fostering stronger health system linkages. Their collaborative efforts in health education, outreach, and follow-up ensure continuity of care, improved health outcomes, and greater community trust in healthcare services.

Collaborations with health facility staff in the implementation of nurturing care

Collaboration between CHAs, CHPs, and health facility staff plays a critical role in the successful implementation of nurturing care interventions. Across the various counties, strong partnerships have been fostered through coordinated efforts in areas such as maternal and child health, immunization, and addressing malnutrition. CHAs and CHPs facilitate seamless referrals, monitor health outcomes, and engage in community outreach, while working closely with healthcare providers to ensure continuity of care and timely interventions. These collaborative efforts have significantly improved healthcare access, service delivery, and community health outcomes, although occasional challenges related to perceptions of undervaluation and resource constraints highlight areas for further improvement.

Effective interventions

Several interventions implemented by CHAs and CHPs have significantly improved child health and well-being across various counties. Key successes include the management of malnutrition, timely immunization efforts, and the prevention of mother-to-child HIV transmission, all of which have contributed to improved health outcomes. Community-based programs, such as Dialogue

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Days and Health Action Days, have been instrumental in raising awareness and fostering engagement, leading to better nutrition and vaccination rates. Outreach services have proven particularly effective in increasing healthcare accessibility, especially in remote areas, while collaborative efforts between healthcare providers and community health workers have strengthened follow-up care and service delivery. Furthermore, targeted interventions in maternal and child health, including antenatal care, nutrition education, and family planning, have enhanced the overall health of communities. These efforts, supported by strong community participation and healthcare collaboration, reflect a holistic approach to improving child health and ensuring sustainable outcomes for vulnerable populations.

Challenges and suggested solutions in delivering nurturing care services

The CHAs) and CHPs face numerous challenges in providing nurturing care services at the household level and in health facilities across various regions. Key obstacles include community resistance driven by cultural beliefs, skepticism, and misconceptions about medical interventions, as seen in Garissa, Kajiado, Mombasa, and Tharaka Nithi, alongside logistical barriers such as flooding, remote locations, and inadequate transportation, which hinder outreach efforts. Poverty and financial constraints limit access to healthcare and necessities like nutrition, while resource shortages such as unavailable vaccines, medications, and malnutrition supplements disrupt service delivery in Nairobi, Siaya, and Tharaka Nithi. Additional challenges include poor collaboration between CHAs, CHPs, and facility staff, leading to communication breakdowns and referral issues, as well as insufficient recognition, support, and infrastructure for health workers. Proposed solutions involve community education and engagement with local authorities, religious leaders, and influencers to build trust and acceptance, as implemented in Garissa and Kajiado. Logistical support, such as transportation assistance, better infrastructure, and provision of essential supplies, is recommended across regions, alongside improved collaboration between health and education sectors, enhanced record-keeping, and feedback mechanisms for referrals, as suggested in Nairobi and Mombasa. Strengthening CHA and CHP capacity through training, stipends, and stress management, while addressing misinformation and facility-level inefficiencies, further aims to enhance service effectiveness.

> *"I think there is also a challenge of multi-sectoral collaboration. When you are in health, like you have a school here, you as a health care worker, you can't just go and start. There are so many bureaucracies. At some point, there are some things you've been doing. I'm talking mainly with the education part of it. You must get a letter from the bosses. At that time; there are so many wrangles here and there. So you as a person, as a health care worker, you just give up. So, I think the collaborations of other sectors, this is my argument to that." NRB_FGD_CHAs*

h) Collaborations between CHAs and CHPs

Coordination and communication

Collaboration between CHPs and CHAs is fostered through structured systems, including regular meetings, action days, and dialogue forums, complemented by digital platforms such as WhatsApp, phone calls, and SMS for real-time communication. The integration of technology,

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such as the Electronic Community Health Information System (ECHIS), enhances data tracking and reporting, enabling efficient monitoring of household visits, referrals, and resource distribution. This dynamic, multi-layered approach to communication and coordination ensures timely responses to emerging health challenges, fosters community engagement, and promotes mutual support between CHPs and CHAs. The adaptability and flexibility of these systems are crucial in addressing local health needs and ensuring the sustainability of health interventions.

Successful collaborative activities

Successful initiatives, such as immunization campaigns, family planning awareness, and health education programs, have been driven by strong partnerships, effective communication, mutual respect, and financial incentives. Key success factors include structured teamwork, government recognition, and the active involvement of stakeholders, which have empowered CHAs and CHPs to address local health challenges. These collaborations have led to improved health outcomes, such as increased hospital deliveries, higher vaccination rates, and better access to essential health services. The integration of community structures, such as local leaders and organizations, further strengthens these efforts, ensuring a unified approach to addressing the diverse health needs of communities.

Collaboration challenges and solutions

Collaboration between CHAs and CHPs across the seven counties faces significant challenges that hinder the effective provision of nurturing care in communities. Key issues include poor communication due to unresponsive phones, network problems, or lack of airtime, as seen in Garissa, Siaya, and Tharaka Nithi, often exacerbated by logistical constraints like financial limitations and transportation difficulties, particularly in remote areas. Low education levels and illiteracy among CHPs, notably in Garissa and Mombasa, impede tasks such as household registration using technology, while generational differences and varying professional experience, as observed in Nairobi and Trans Nzoia, lead to misunderstandings and lack of respect. Irregular or delayed stipend payments, reported in Kajiado, Nairobi, Siaya, and Trans Nzoia, demotivate CHPs, contributing to attrition and inconsistent reporting. Additionally, CHAs are often overburdened with facility-based work or managing multiple community units, as in Kajiado and Mombasa, reducing their availability to support CHPs. Other challenges include inadequate protective gear and mental health strain in Nairobi, and poor follow-up on referrals in Trans Nzoia, all of which disrupt service delivery. These barriers collectively undermine the collaboration essential for effective community health care.

> *"Some of my CHPs are too old and some are illiterate. So, my interaction with them depends with my understanding them. Sometimes dealing with the illiterate CHPs is a challenge, we are doing household registration with technology gadgets. So, you may find one has not moved much so instead of shouting at them, I just show them the process with love. In this way you find they can catch up. You know these are adults and sometimes they have their issues to handle. For example, you want to do household registration but you CHP says he has funeral to attend. So, in this case you are forced to understand and reschedule the program." MSA_FGD_CHAs*

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Suggested solutions to enhance collaboration between Community Health Assistants (CHAs) and Community Health Promoters (CHPs) include improving communication through better phone access, airtime support, and infrastructure like signal boosters, as proposed in Siaya and Mombasa. Financial incentives such as timely stipends, transport allowances, and out-of-pocket support from CHAs, recommended in Garissa, Kajiado, and Tharaka Nithi, aim to boost motivation and attendance at training sessions. Professional development strategies, such as frequent training, refresher courses, and replacing illiterate CHPs, are suggested in Garissa, Siaya, and Trans Nzoia to address educational gaps and improve skills. Providing identifiers like name tags in Garissa and essential tools like protective gear in Nairobi enhances professionalism and safety. Close supervision, guidance with patience (especially for older or illiterate CHPs), and regular stakeholder meetings, as highlighted in Mombasa, Kajiado, and Trans Nzoia, foster support and accountability. Additionally, addressing mental health through support systems in Nairobi and improving referral follow-up in Trans Nzoia strengthen service delivery and collaboration effectiveness.

Additional support and resources to enhance CHP and CHA collaboration

The results emphasize the critical need for additional resources and support to strengthen the collaboration between CHAs and CHPs across the regions. Key areas identified include improved communication tools such as mobile phones and data packages, regular training to keep both CHAs and CHPs updated on medical practices, and financial support for transportation and work-related costs. Participants also emphasized the importance of official recognition, such as certificates or badges, to validate their roles and increase professionalism. Additionally, incentives, stipends, and allowances were identified as essential to improving motivation, participation, and commitment.

Conclusion and Recommendations

Conclusion

To strengthen Early Childhood Development (ECD) outcomes across Kenya, a robust, government-led multi-sectoral coordination mechanism is imperative to unify efforts, optimize resources, and ensure data-driven decision-making. The current landscape reveals inconsistent coordination, fragmented leadership, and funding challenges that hinder effective ECD service delivery, as seen in counties like Kajiado and Mombasa, and nationally with overlapping roles between entities like the National Council for Children's Services and the Ministry of Education. Establishing a centralized ECD coordinating body, ideally led by the Ministry of Education in collaboration with Health and Social Protection, would streamline policies, integrate sectors like education, health, nutrition, and child welfare, and address gaps in awareness and funding. This body should leverage digital platforms, such as a national ECD dashboard, to consolidate data and enhance real-time tracking, while securing sustainable government funding supplemented by partner contributions to ensure consistent coordination meetings and capacity building. By fostering cross-sectoral collaboration and clarifying roles, Kenya can transform its ECD ecosystem into a cohesive, impactful framework that prioritizes child development holistically.

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To bolster Early Childhood Development (ECD) in Kenya, fostering seamless collaboration across government agencies, NGOs, private sector partners, and donors at both county and national levels is critical to overcoming resource constraints, aligning priorities, and enhancing service delivery. The current patchwork of partnerships—while rich with entities like UNICEF, the Ministry of Education, and private players like Safaricom faces challenges such as inconsistent funding, unclear roles, and communication gaps, as evident in counties like Garissa and Mombasa. Establishing formalized, multi-sectoral collaboration frameworks, underpinned by clear Memoranda of Understanding (MOUs) and regular joint planning sessions, would streamline efforts, reduce redundancies, and ensure equitable resource distribution. By integrating digital platforms for real-time data sharing, securing sustainable funding through public-private partnerships, and prioritizing capacity building, Kenya can transform its ECD ecosystem into a cohesive, impactful network that leverages diverse expertise and resources to address the holistic needs of young children effectively.

To maximize the impact of Early Childhood Development (ECD) policies and decision-making in Kenya, a transformative approach to data utilization is essential, addressing the current patchwork of fragmented, inconsistent, and underutilized data systems. While diverse data from sources like KHIS, NEMIS, and CPIMS informs health, education, and child protection efforts, challenges such as unreliable updates, limited accessibility, and political-economic distortions evident in counties like Kajiado and Garissa, undermine its potential to drive equitable outcomes. Establishing a national ECD data framework, anchored by a centralized digital platform, would integrate multi-sectoral data, ensure real-time updates, and empower stakeholders with actionable insights. Coupled with robust training, standardized quality controls, and policies that mitigate external influences, this approach can align resources with evidence-based priorities, bridging gaps in nutrition, education, and safety to foster holistic child development across diverse contexts.

To enhance the delivery of nurturing care components by Community Health Assistants and Community Health Promoters across Kenya, a strategic overhaul of support systems, training, and collaboration frameworks is essential to empower these frontline workers in fostering holistic child development. While CHAs and CHPs effectively promote nutrition, health, safety, and early learning through household and facility-level interventions, as seen in successes like improved vaccination rates in Siaya and malnutrition management in Trans Nzoia, persistent challenges such as community resistance, logistical barriers, and poor inter-staff coordination undermine their impact. By prioritizing comprehensive training, equipping them with digital tools and adequate resources, and fostering stronger partnerships with health facilities and communities, Kenya can amplify the reach and efficacy of nurturing care. This approach will not only address gaps in awareness and resource access but also build a resilient, community-driven ECD ecosystem that ensures every child thrives physically, emotionally, and cognitively.

Recommendations

Government-Led Multi-Sectoral Coordination Mechanisms

1. **Operationalize and cascade coordination of children's services to the sub-national levels through the NCCS:** At the county and sub-county levels, develop coordination units that report to the NCCS.

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2. **Develop a Centralized Digital ECD Platform:** Implement a national ECD data dashboard by linking county-specific systems (e.g., ECIMS in Kajiado) with national databases like KHIS and NEMIS, to enable real-time data sharing and monitoring across sectors.

3. **Secure Sustainable Funding:** Allocate a specific annual budget line for ECD coordination activities within county and national budgets, reducing reliance on external partners like UNICEF, and ensuring funds for meetings, training, and infrastructure support.

4. **Standardize Coordination Meetings:** Mandate quarterly multi-sectoral coordination meetings at county and national levels with clear agendas on ECD priorities (e.g., nutrition, education, and child safety), ensuring consistent attendance from key stakeholders like education, health, and NGOs.

5. **Enhance Capacity Building:** Launch a nationwide training program for ECD coordinators and data handlers, focusing on digital tools, data quality, and cross-sector collaboration, to improve system efficiency and stakeholder engagement.

Collaboration across Government Agencies, NGOs, Private Sector Partners, and Donors

1. **Formalize Collaboration Frameworks:** Develop and implement standardized MOUs across all counties and nationally, clearly defining roles for government agencies (e.g., Health, Education), NGOs, private sector partners, and donors to enhance accountability and coordination in ECD initiatives.
2. **Establish Regular Multi-Sectoral Forums:** Initiate quarterly collaboration meetings at county and national levels, involving key partners like donors, local NGOs, and private entities (e.g., Safaricom), to align goals, share resources, and address ECD priorities such as nutrition and education.
3. **Implement a Shared Digital Platform:** Launch an ECD-specific digital collaboration tool, integrating data from government systems (e.g., KHIS, NEMIS) and partner contributions, enabling real-time information exchange and decision-making across stakeholders.
4. **Secure Sustainable Funding Partnerships:** Create a public-private funding coalition, by engaging donors like the World Bank and private firms to co-finance ECD projects, reducing reliance on inconsistent external support and ensuring long-term sustainability.
5. **Enhance Capacity Building:** Roll out a biannual training program for government staff, NGO workers, and private sector representatives, focusing on data use, collaborative planning, and ECD best practices to strengthen partnership effectiveness and local ownership.

Data Utilization for ECD Policy and Decision-Making

1. **Create a National ECD Data Framework:** Establish a unified policy framework under the Ministry of Education and Health, mandating the integration of ECD data from health (KHIS), education (NEMIS), and child protection (CPIMS) systems into a single, accessible repository to guide national and county-level decision-making.
2. **Deploy a Centralized Digital Dashboard:** Launch an ECD-specific digital platform enabling real-time data collection and sharing across counties, using tools like ECHIS and

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GIS, to improve accuracy and responsiveness in addressing issues like malnutrition and school enrollment.

3. **Implement Routine Data Quality Assessments (DQAs):** Initiate quarterly DQAs across all counties and nationally, standardizing data collection tools and validation processes to eliminate inconsistencies, manipulation, and gaps, ensuring reliable inputs for ECD planning.
4. **Enhance Capacity Building for Data Use:** Roll out a nationwide training program for government officials, NGOs, and local data handlers, focusing on digital literacy, data analysis, and interpreting ECD indicators to strengthen evidence-based policy formulation.
5. **Mitigate Political and Economic Influences:** Develop guidelines to insulate ECD data usage from political favoritism and economic constraints, prioritizing funding for data systems and incentivizing community-level data collection to address social barriers, such as cultural resistance in pastoralist areas.

Understanding of Nurturing Care and service provision (CHAs/CHPs)

1. **Strengthen Training Programs:** Launch a standardized, biannual training initiative for CHAs and CHPs across all counties, focusing on nurturing care components (nutrition, health, responsive caregiving, safety, early learning), delivered by partners like AMREF and PATH, to enhance skills and address knowledge gaps.
2. **Equip with Digital Tools and Resources:** Provide CHAs and CHPs with smartphones, data packages, and tools like MUAC bands and thermometers, integrating them with systems like ECHIS to enable real-time data reporting and improve household-level interventions.
3. **Enhance Financial and Logistical Support:** Allocate county-specific budgets to ensure timely stipends, transport allowances, and protective gear for CHAs and CHPs, reducing financial strain and improving outreach in remote areas like Garissa and Kajiado.
4. **Foster CHA-CHP Collaboration:** Establish monthly coordination meetings and action days supported by WhatsApp groups and signal boosters in low-network areas, to improve communication, referral follow-ups, and mutual support, addressing challenges seen in Mombasa and Nairobi.
5. **Engage Communities and Stakeholders:** Implement a nationwide community sensitization campaign, collaborating with local leaders, religious figures, and NGOs to counter-cultural resistance and misinformation, boosting acceptance of nurturing care practices as demonstrated in Siaya and Tharaka Nithi.

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References

Every Woman Every Child. (2015). *The global strategy for women's, children's, and Adolescents' health (2016–2030)*. United Nations.

Republic of Kenya. (2017). *The Kenya Integrated Early Childhood Development Policy Framework*. Ministry of Education.

Republic of Kenya. (2017). *National Pre-Primary Education Policy*. Ministry of Education, State Department of Basic Education.

Wegner, D., Teixeira, E.K & Verschore, J. R. (2019). Modes of Network Governance: What Advances have been made so far. *Janeiro-Marco* 16(1):001-026.

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