

## BUILDING A BRIGHTER FUTURE FOR VULNERABLE CHILDREN:

### AN EARLY CHILDHOOD DEVELOPMENT (ECD) POLICY BRIEF

There is increasing consensus among health and education practitioners, researchers, and policy-makers that the first few years of life are a crucial period for a child's development. The rapid development of mental, physical and socio-emotional capacities that take place during this period – specifically for children aged zero to three years – require substantive and sustained investments in Early Childhood Development (ECD) to ensure that every child is given the opportunity to reach their full developmental potential. Current research indicates that every year, an estimated 219 million children from low and middle-income countries – 43 per cent of whom are under five years – fail to meet their full cognitive and social potential.<sup>1</sup> Furthermore, only 18 per cent of children in developing countries have access to pre-primary learning programs.<sup>2</sup>

Addressing this gap in service delivery requires multi-sectoral interventions that cut across sectors of health,



education, nutrition, social protection, and women's empowerment.<sup>3</sup> In addition, governments in developing countries need to work closely with civil society, the private sector, academic institutions and the donor community to provide universal access to ECD services. Only through collaboration will countries such as Kenya be able to achieve the UN's Sustainable Development Goal (SDG) of universal access to quality ECD by 2030.

In Kenya, nearly half of the population live below the poverty line, and approximately four million children are unable to thrive due to poor health and nutrition, lack of a stimulating physical and psychosocial environment, and limited learning opportunities.<sup>4,5</sup> Many of these children live in informal settlements, where socio-economic indicators are jarringly low. In Nairobi alone, one of the fastest growing cities in East Africa, over 60 per cent of the population live in the urban informal settlements<sup>6</sup> on four per cent of the city's land.<sup>7</sup> In these areas, health indicators show a prevalence of stunting among children at approximately 57 per cent.<sup>8</sup> This is more than double the national average in Kenya.

#### ECD Challenges in Nairobi's Urban Informal Settlements

In Nairobi, local and national authorities have been unable to provide childcare services to meet the needs of a rapidly growing population.<sup>9</sup> Thus, privately owned childcare centres must fill the gap in service delivery to meet the increasing demand. As many parents work or search for employment within the city, children are often left alone, with family, or taken to childcare centres. Most childcare centres, often referred to as "babycare" centres, are home-based, attached to faith-based institutions, or operate within low-cost private or government schools. In the absence of high-quality ECD centres for children aged three years and under, many parents are forced to turn to informal childcare services which offer inadequate support to meet children's developmental potential. Ample research indicates that the health and education gaps formed during the first three years of life can manifest in low levels of school achievement, lower incomes, and poor health outcomes. In urban informal settlements, these gaps are exacerbated. Furthermore, inadequate ECD services pose a significant threat to quality of life and directly impact the socio-economic well-being of Kenyans.

#### Lack of minimum standards and regulation of childcare centers

- Although primary education and public health care is free for children in Kenya, county governments lack a legal and policy framework within which to provide adequate support to ECD services for children aged three and under. There is

a pressing need for local authorities to establish registration processes, regulatory guidelines, minimal standards, and ECD training and licensing for babycare centres. It is imperative that the standards established are realistic and not prohibitive for the contexts in informal settlements.

#### Limited Knowledge of ECD Principles

- Evidence from behaviour genetics research, epidemiological, and experimental studies shows that parenting practices have a major influence on children's development.<sup>10</sup> Yet, parents and caregivers often have limited understanding of ECD principles, and many remain in dire need of mentoring on nutrition, hygiene, psychosocial stimulation, as well as the development and optimal use of low cost play materials. Enhancing caregivers' awareness on the benefits of child-focussed, responsive and moderately controlling parenting attitudes will help create an enabling environment for better self-esteem, academic achievement, cognitive development and fewer behaviour problems.<sup>11</sup>

#### Affordability concerns

- The wide-ranging cost of childcare in informal settlements often consumes a significant portion of a family's income.<sup>12</sup> Many working parents living in restricted economic conditions find it difficult to afford the daily, weekly, or monthly costs of childcare services. A study addressing vulnerability within Nairobi's urban informal settlements showed significant variation in income and expenditure, with lowest quartile incomes spending over 100 per cent of their income on food. There are also significant gender disparities with female breadwinners earning 62 per cent of what their male counterparts earn for the same type of work.<sup>13</sup> Analysis of coping mechanisms have shown that the most frequently used coping strategy (reflected in 69 per cent of the households surveyed) is reduction in food consumption, followed by borrowing (52 per cent) and, finally, withdrawing children from school to manage the economic shortfall.<sup>14</sup> Reliable and affordable childcare alternatives are of increasing importance in a rapidly urbanizing context where women's participation in the labour force is rising and where the number of households headed by single mothers is increasing.

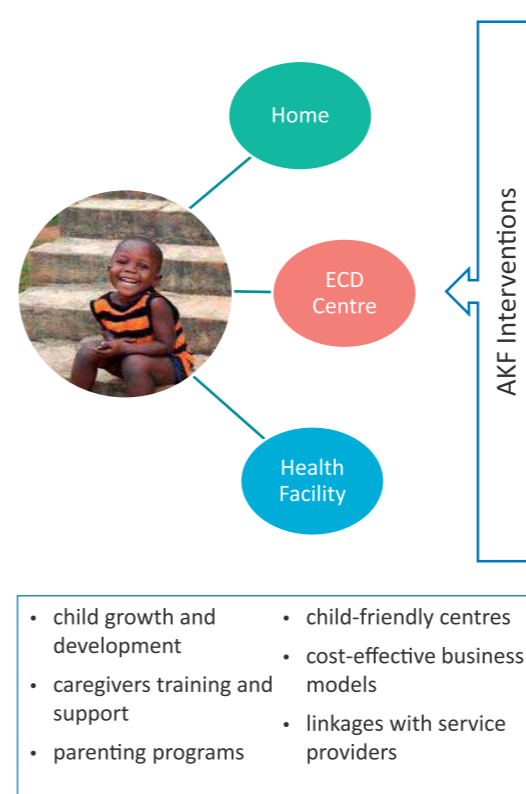
#### Lack of a comprehensive national integrated ECD policy

- Kenya's Integrated National Early Childhood Development and Education Policy emphasises supporting pre-primary care and education for children aged four and five. Policy review processes and standard guidelines ought to embrace an integrated approach to ECD and a multi-sectoral coordination of state and non-state actors for all children aged between zero to eight years. This will acknowledge the significance of improving ECD services for children aged zero to three years. This sub-group of children are the least serviced, but most in need of interventions that prevent irreversible stunting during their early formative years.

What is the babycare consortium doing to improve ECD service delivery?

The babycare consortium comprises Aga Khan Foundation (East Africa),

Kidogo, Aga Khan University Institute for Human Development (AKU-IHD), and Daraja Civic Initiatives Forum (DCIF).<sup>15</sup> With support from the Conrad N. Hilton Foundation, the consortium partners are piloting two quality and contextually relevant childcare models for urban informal settlements in Baba Dogo, Kibera, Kangemi and Kawangware.



AKF(EA) has over three decades of expertise in ECD strengthening and is committed to transforming the quality of life for young children and their families. Embedded within the sub-county system, AKF's model is to provide integrated ECD services through the three domains of influence of the young child: the home, health facility and the babycare centres. Using a community health approach, the pilot project in the Babadogo ward of Ruaraka Constituency has created strong linkages with local public health facilities to ensure children receive growth monitoring at babycare centres and healthcare services through home visits by Community Health Volunteers (CHVs). Using Government staff as master trainers,<sup>16</sup> the approach also provides ongoing mentorship and supervision to not only caregivers in the 18 target babycare centres, but also CHVs.<sup>17</sup> Comprehensive Training on the Science of ECD and WHO/UNICEF's Care for Child Development<sup>18</sup> is provided to caregivers and CHVs respectively. In addition, parents participate in monthly parenting education sessions to enhance their awareness of the link between nutrition and stimulation for optimal child development. In this model, caregivers are better equipped to facilitate stimulating and age-appropriate activities, understand the importance of providing nutritional meals for children, and facilitate the provision of safe secure spaces for children to thrive.

Kidogo, a social enterprise formed in 2014, has been running a parallel program to assess the use of private social franchising model in Kisumu Ndogo ward in the Kibera Constituency, and Kangemi ward in the Westlands Constituency.

Using a unique "Hub and Spoke" model, Kidogo established two best-practice ECD hubs that act as centres of excellence and developed a social franchising programme with five local babycare centres. This franchising programme supports women to improve the quality and sustainability of their own babycare centres and provide improved ECD to children under the age of three. Kidogo's holistic ECD programme ("The Kidogo Way") focuses on creating safe and child friendly spaces, empowers local caregivers with ECD knowledge, introduces health and nutrition programmes and utilises a play-based, holistic early learning curriculum. Kidogo facilitates training on these topics at the hub centre, and provides





weekly follow-up mentorship visits by a dedicated Spokes Outreach Officer. By partnering with a pilot group of five babycare centres, an initial impact study shows that Kidogo has enhanced the quality of the caregiving environment by 20 per cent<sup>19</sup> overall, and improved business literacy and earning potential of its “mamapreneurs”. Kidogo’s work has, therefore, led to improved physical, psycho-social and cognitive development of 300 young children.

The consortium is also working with AKU-IHD to integrate lessons learned from related initiatives into project design and generate ongoing research for both AKF(EA) and Kidogo models. The babycare consortium engages with county government, corporate, and civil society stakeholders to contribute to the knowledge base on ECD interventions for children aged zero to three. By reflecting, documenting, and exploring areas of synergy between the two models, the overarching goal of the pilot projects is to elevate this issue to key decision-makers and plan for a sustainable scale-up of innovative ECD delivery models across East Africa.

### Challenges and lessons learned

Over the last two years, AKF and Kidogo have shared expertise on best practices and implementation challenges in order to refine their respective pilots and to inform the design and implementation of scale up approaches.

AKF(EA), DCIF and Kidogo faced the following challenges during the implementation phase: managing conflict in centres with multiple owners, navigating tribal politics within target communities, handling continuous changes of government Master Trainers at the county level, overcoming sustainability concerns regarding monthly allowances for CHVs, communicating ECD principles to parents with limited ECD knowledge, overcoming resistance to change within target babycare centres, managing high community expectations, and implementing high-quality activities on a limited budget. Lessons learned from both pilot projects are expected to inform current and future programme design, scalability, policy and programming around ECD initiatives in informal settlements.

### Key lessons learned

- Maintain stakeholder buy-in at inception and ensure consistent engagement throughout the project implementation as an integral part of the project sustainability strategy.<sup>20</sup>
- Include CHVs and local leaders on project deliverables from the onset.
- Conduct caregiver training on weekends and holidays to maximise participation.
- Offer training in English and Kiswahili wherever possible, or provide translation services.
- Provide consistent caregiver mentoring to maintain project sustainability.
- Ensure babycare centres remain affordable and accessible.

### Recommendations for enhancing ECD in Urban Informal Settlements

Although the long-term benefits of investing in child development are well-established, many developing country governments have yet to prioritise integrated approaches to ECD programming. Ensuring access to quality ECD programmes and pre-primary learning opportunities is key for achieving SDGs 4<sup>21</sup> and 2.2.<sup>22</sup> These goals include promoting inclusive and equitable

quality education and reaching international targets to reduce stunting and wasting in children under five years of age.

The babycare consortium has identified challenges with the quality, affordability, and availability of childcare for children under three in informal settlements, as well as gaps in the Integrated National Early Childhood Development and Education Policy. In order to address these concerns and improve ECD care, we propose the following recommendations:

- Increase multi-sectoral collaboration on ECD<sup>23</sup> programming for children aged zero to three years.
- Include and pay attention to children aged zero to three in all relevant policy frameworks.
- Implement minimum quality standards and operational guidelines for babycare centres, and encourage county governments to establish quality government subsidised childcare facilities in low-income communities.
- Create ECD certification programmes for home-based caregivers.
- Encourage county governments to regulate health and nutritional support for children attending babycare facilities.<sup>24</sup>

The ability for consortium partners to implement or encourage uptake of these recommendations will not be possible without ongoing support from key government actors – particularly the Ministries of Health, Education and Gender, Children and Social Development – as well as development agency partners. Concerted efforts from both state and non-state actors is also required to support scaling up interventions nationally and regionally. Furthermore, enhanced investment in ECD can pave the way for children living in informal settlements to thrive in safe and clean environments that are conducive to optimal child development.

<sup>1</sup> Britto, P. R., Lye, S. J., Proulx, K., Yousafzai, A. K., Matthews, S. G., Vaivada, T., & MacMillan, H. (2016). Advancing Early Childhood Development: From Science to Scale 2 Nurturing Care: Promoting Early Childhood Development.

<sup>2</sup> Global Business Centre for Education: Early Childhood Development Policy Brief. (2016).

<sup>3</sup> Early Childhood Development: The Foundation of Sustainable Human Development for 2015 and Beyond. (2014).

<sup>4</sup> Economic Survey. (2014). Kenya National Bureau of Statistics.

<sup>5</sup> United Nations Human Settlements Programme, (2006) Nairobi Urban Profile, Rapid Urban Sector Profiling for Sustainability (RUSPS).

<sup>6</sup> GOAL Kenya, (2013). IAPF Midterm Evaluation.

<sup>7</sup> U.N. Habitat. (2008). The State of African Cities: A framework for addressing urban challenges in Africa. Geneva: Edited by Programme UNHS.

<sup>8</sup> UNICEF, (2012). The State of Worlds Children: Maternal and Child Health Services for the Urban Poor, A case study from Nairobi, Kenya.

<sup>9</sup> Nairobi Urban Profile, Rapid Urban Sector Profiling for Sustainability (RUSPS), United Nations Human Settlements Programme, 2006.

<sup>10</sup> Collins WA, Maccoby EE, Steinberg L, Hetherington EM, Bornstein MH. Contemporary research on parenting: The case for nature and nurture. *American Psychologist* 2000;55(2):218-232.

<sup>11</sup> Pa Sanders, M. R., Morawska, A. (2007). Can Changing Parental Knowledge, Dysfunctional Expectations and Attributions, and Emotion Regulation Improve Outcomes for Children? *Parenting Skills*.

<sup>12</sup> Pike, I. Muthuri, S., Njeri, M., Kabiru, Clark, S. (2015). Daycare in an Informal Nairobi Settlement: a snap shot of Korogocho.

<sup>13</sup> Beyer, L. I., Chaudhuri, J., Kagima, B. (2016). Kenya's focus on urban vulnerability and resilience in the midst of urban transitions in Nairobi. *Development Southern Africa*, 33(1), 3-22.

<sup>14</sup> Amendah, DD, Buigut, S & Mohamed, S, 2014. Coping strategies among urban poor: Evidence from Nairobi, Kenya. *PLoS ONE* 9(1), e83428.

<sup>15</sup> The babycare consortium project titled “Building a Brighter Future for Vulnerable Children in Nairobi’s informal settlements” is currently operational and supported by the Conrad N. Hilton Foundation.

<sup>16</sup> Ministry of Health Nutritionists and District Centres for Early Childhood Education (DICECE) Officers from the Nairobi County Department of Education

<sup>17</sup> Ministry of Health Volunteers under the Community Health Strategy.

<sup>18</sup> WHO, UNICEF. (2011). Care for Child Development. Geneva: WHO.

<sup>19</sup> Institute of Human Development - Aga Khan University. (2016). Impact Study, Kidogo. Nairobi.

<sup>20</sup> Stakeholders include but are not limited to: Babycare owners, parents, community members, local county governments, health practitioners, and private sector actors.

<sup>21</sup> Sustainable Development Goal 4: Promoting inclusive and equitable quality education and promote lifelong learning opportunities for all.

<sup>22</sup> Sustainable Development Goal 2.2: End all forms of malnutrition, including achieving by 2025 the internationally agreed targets on stunting and wasting in children under five years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women, and older persons.

<sup>23</sup> This collaboration would involve relevant civil society organisations, private sector actors, County and National Governments.

<sup>24</sup> A Policy Framework for Education and Training: Reforming Education and Training in Kenya. (2012). Ministry of Higher Education, Science and Technology.

### Funded By



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