

# POLICY BRIEF

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THE AGA KHAN UNIVERSITY  
INSTITUTE FOR HUMAN DEVELOPMENT

## Leveraging the Community Health Strategy and Multi-Sectoral Partnerships Towards Scaling up Nurturing Care in Rural Communities

### Executive summary

In Kenya, 38% of children are at risk of not attaining optimal development due to premature mortality, developmental delays, and disabilities owing to multiple risk factors.

To support the national and county governments' efforts at improving child outcomes, the Madrasa Early Childhood Programme (MECP) implemented the WHO/UNICEF *Care for Child Development (CCD)*. With support from the Johnson and Johnson Foundation, the intervention was executed in Kilifi County between 2013 and 2018.

Health care system's critical role is ensuring every child's right to survive and thrive. Stakeholders have identified the first three years of life as the most viable entry point for implementing CCD. Thus, through the provision of a comprehensive set of services that reaches this age group, the most critical window for both risk and opportunity is sufficiently covered.

To achieve sustainability and scale-up, the *Nurturing Care Framework for Early Childhood Development* and the *Kenya Community Health Strategy*, both of which promote a holistic multisectoral approach in childcare service delivery underpinned the roll-out of the CCD intervention in rural Kilifi County. Once stakeholder buy-in and collaboration was secured; the CCD package was adapted to the local context; health care workers (HCW)'s and community health volunteers (CHV)'s capacity was built; the entry points were identified (i.e. MCH, Maternity and Nutrition clinics); and, at community level, the caregiver-child dyads to promote nurturant responsive caregiver-child interactions were selected. Outdoor play spaces were established in three public health facilities. The results attained included:

1. Leveraging the Kenya Community Health Strategy to implement CCD in a rural setting.
2. Multi-sectoral collaboration.
3. Integration of CCD intervention within existing frameworks.
4. Increased responsive caregiving.

Therefore, adopting integrated service delivery models comprising HCWs, and remunerated CHVs, with general tasks and as part of integrated primary health care teams is a critical priority in scaling up early childhood development (ECD).

## Introduction

In Kenya, 64,500 children die every year before age five mostly due to preventable causes (*UNICEF Kenya Country Kit 2020 – 2022*). Three quarters of these deaths occur before a child's first birthday. Further, the proportion of children U5 who are stunted (low height-for-age) due to malnutrition, remains high at 26.2%, whilst 11% are not fully immunized (*KDHS, 2014*). These data continue to effectively slow down Kenya's efforts to achieve; 'quality early childhood development, care and education', and 'health, learning and psychosocial well-being', for all children as envisioned in the 2015-2030 Sustainable Development Goals (SDGs).

The early years are crucial in influencing a range of health and social outcomes across the life-course. There is consistent and strong evidence which indicates:

- i. *Brain development is most rapid in the early years. When the quality of stimulation, support and nurturance is deficient, child development is seriously affected.*
- ii. *The effects of early disadvantage on children can be reduced. Early interventions for disadvantaged children lead to improvements in children's survival, health, growth, cognitive and social development.*
- iii. *Children who receive assistance in their early years achieve more success at school. Compared to those that lacked assistance, especially from rural areas, they have higher employment rates and earnings, better health, and lower levels of welfare dependence and crime as adults.*
- iv. *The Government of Kenya has the capacity to make major and sustained improvements in society by implementing policies that take note of this powerful body of research. Policies that negate the Science of ECD miss important opportunities to address the root causes of many of the nation's most pressing social concerns. In the early years, the health care system has a pivotal role to play, as it is *the point of first contact* and can serve as a gateway to other early childhood services. However, to be effective, services at all levels need to be better coordinated and to converge at the family and local community in a way that puts the child at the center.*

## Overview of issues

The *Nurturing Care Framework for ECD* employs state-of-the-art evidence on how early childhood development unfolds. This sets out the most effective policies and services that will help parents and caregivers provide nurturing care for babies (*Nurturing Care Framework for ECD, 2018*). It is designed to serve as a roadmap for action; helping mobilize a coalition of parents and caregivers, national governments, civil society groups, academics, the United Nations, the private sector, educational institutions and service providers, to ensure that every child gets the best start in life.

However, in Kenya:

- National and county ECD activities for planning, training, supervision, and M&E are usually sectoral with literally no interministerial policies to mandate multisectoral coordination.
- Integrated approaches to ECD are difficult to establish at the national level due to competing budgets, differing ministerial guidelines, and a lack of experience in integrated programming.
- Sectoral ECD planning and services still predominate in most counties, primarily due to national sectoral budgets and sectoral funding from international donors.
- Many planners and ECD practitioners have not yet understood the distinctions between multisectoral coordination and service integration for ECD.
- Capacity building, educational materials and methods used are often based on caregivers' cultural belief systems and ideals regarding child-rearing.
- Rural areas and informal settlements continually experience inequities in public investment, and inability to pay for private sector services.



Fig. 1 Components of Nurturing Care for ECD

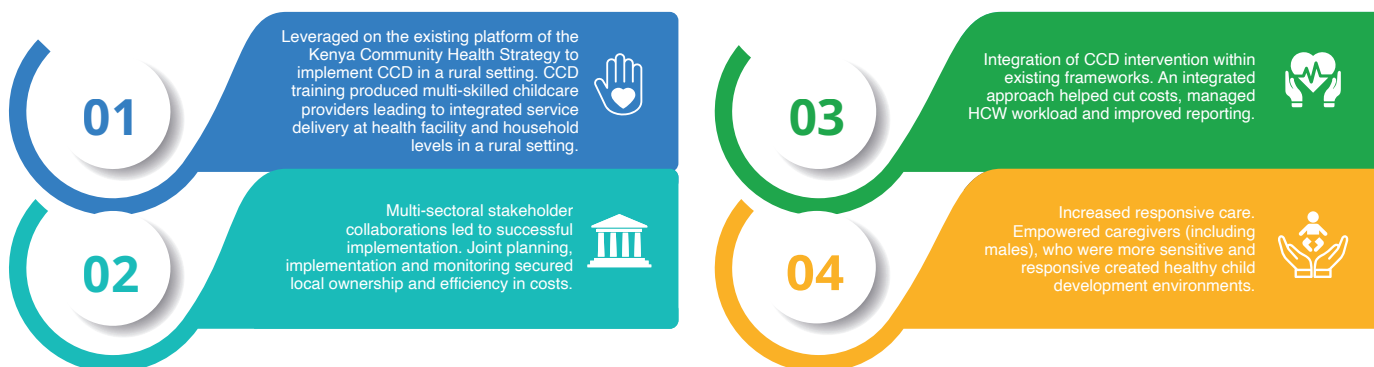
## Approaches

MECP is one of the few agencies in Kenya addressing pertinent matters relating to ECD, especially in rural areas. It is an established ECD resource hub in coastal Kenya. At the time of its initial engagement, no ECD activities involving play and communication were being implemented through the health sector in Kilifi County.

To examine the experiences of MECP in implementing CCD, the Aga Khan University's Institute for Human Development employed a mixed-methods approach that involved:

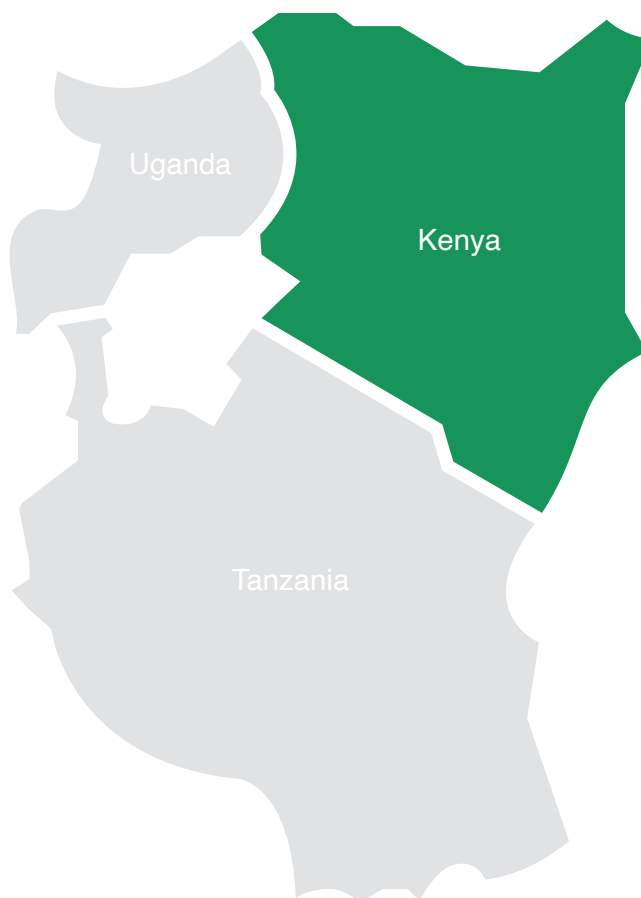
- I. Reviewing of grey literature including project reports.
- II. Key informant interviews with program implementers and CCD master trainers.
- III. A validation exercise.

## Results and lessons learned



## Policy recommendations

1. Invest urgently in services that give young children, especially the most deprived, the best start in life.
2. Expand access to effective and essential ECD services in homes, schools, communities and health clinics.
3. Make family-friendly ECD policies a national, county and private sector priority.
4. Collect data on essential indicators of ECD and track progress.
5. Provide dedicated leadership for ECD programmes and coordinate efforts more effectively across sectors.



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