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RELIEF**

SUSTAINING AND SCALING UP CHANGE IN EARLY CHILDHOOD DEVELOPMENT

LEARNING EXPERIENCE FROM KENYA



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Cover photo: A child in an early childhood education centre (Credits MECP-K)

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ABBREVIATIONS

AfECN	Africa Early Childhood Network
AKF	Aga Khan Foundation
AMURT	Ananda Marga Universal Relief Team
ANDY	Action Network for the Disabled
BAK	Build Africa Kenya
CBC	Competency-based curriculum
CBR	Community-based rehabilitation
CCD	Care for child development
CHC	Community health committee
CHV	Community health volunteer
CHW	Community health worker
COVID-19	Coronavirus disease 2019
CPV	Child protection volunteer
CSO	Civil society organisation
CWD	Children with disabilities
ECD	Early childhood development
ECDE	Early childhood development and education
ECDNeK	Early Childhood Development Network for Kenya
FBO	Faith-based organisation
IELT	Inclusive Early Learning Toolkit
KANCO	Kenya AIDS NGOs Consortium
KICD	Kenya Institute of Curriculum Development
KISE	Kenya Institute of Special Education
KNEC	Kenya National Examination Council
MECP-K	Madrasa Early Childhood Programme – Kenya
NCF	Nurturing Care Framework
NGO	Non-governmental organization
OHI	Obstetric Hemorrhage Initiative
PCC	Parental Care Centre
PHC	Primary health care
PSG	Parent support groups
PWD	Person with disabilities
TAF	The Action Foundation
Tdh	Terre des homes Foundation Kenya
UN	United Nations
WASH	Water, sanitation and health

Executive Summary

Children all over the world face adversities that prevent their development as happy, healthy and confident individuals. In poorer countries, children are more likely to face challenges that inhibit their ability to reach their full potential.

In Kenya Rise and Shine worked with Action Network for the Disabled (ANDY), Ananda Marga Universal Relief Team (AMURT), Build Africa Kenya (BAK), Early Childhood Development Network for Kenya (ECDNeK), Lwala Community Alliance, Madrasa Early Childhood Programme – Kenya (MECP-K), Terre des homes Foundation Kenya (Tdh) and The Action Foundation (TAF). These partners work in an environment where governments, at the county and national level, have made commitments regarding early childhood development but are struggling with implementation.

Nonetheless, change has been taking place and for partners funded under the Rise and Shine programme this has been in building inclusive and enabling environments for children with disabilities; in realising nurturing and supportive families and communities; in increasing access to quality, integrated early childhood development (ECD) services; and in policy and structural change.

As in many such interventions, the pressing question has been how, over the long term, to sustain and even scale up change realised.

Collectively, as the Rise and Shine partners implemented their projects, they reviewed their results and performance. In doing so they identified and took advantage of opportunities for scaling up and sustaining the change realised.

These included:

(i) Using communities of practice to support nurturing care at the family and community level which also leads to improved demand for quality ECD services;

(ii) Supporting community-led innovations and community-demand-driven replication of innovative ECD solutions to scale. This is because it was demonstrated that local communities, given the space and skills to do so, can effectively identify and exercise agency in developing robust innovations to address their challenges and problems;

(iii) It was further demonstrated that community-level linkages and networks were not only effective in facilitating the learning and the exchange of experience but also in driving the replication of sustainable, community-led innovations; and

(iv) Implementation supported by networking and multi-sectoral collaboration and coordination; campaigns and policy advocacy; as well as developing relevant guides, manuals and toolkits in collaboration with a broad range of stakeholders with approval of key gatekeepers and government ministries, departments and agencies at county and national level.

1.0 Background

1.1 A global and national challenge

Children all over the world face adversities that prevent their development as happy, healthy, and confident individuals, while children in poorer countries are more likely to face challenges that inhibit their ability to reach their full potential.

4.9M

**children died
before
reaching their
fifth birthday
in 2022**

Progress has been made to address rates of infant and child mortality and from 2000 to 2022, under-five mortality rate declined globally by more than half ¹. However, in 2022 alone, a total of 4.9 million children died before reaching their fifth birthday². For many other children, developmental gaps are stark.

Based on just two risk factors of poverty and stunting, more than 43%³ of children in low- and middle-income countries are estimated to be at risk of not reaching their development potential⁴.

In Kenya, using the same risk factors, 53%⁵ of children are estimated to be at the risk of not reaching their development potential.

While some lower income countries have made some progress on child health, most countries have minimal provision in key areas such as pre-primary learning, community level safeguarding and responsive parenting.

However, there are further opportunities for change. In Kenya, funded partners work in environments where the national and county governments have made commitments but are struggling with implementation. However, where the work of such organisations have incorporated direct delivery and influencing, change has taken hold.

53%

**children
at risk
of not
reaching
their
development
potential
in Kenya**

1. UNICEF (2023). *Levels & Trends in Estimates in Child Mortality*.

2. ditto

3. Grantham-McGregor S, Cheung YB, Cueto S et al. Developmental potential in the first 5 years for children in developing countries. *Lancet*. 2007; 369: 60-70

4. Black MM, Walker SP, Fernald LCH, et al. Early childhood development coming of age: science through the life course. *Lancet*. 2017; 389(10064):77-90.

5. The Kenya Demographic Health Survey (2022) reported a nationwide stunting rate of 18% while the overall child poverty rate reported by The Kenya Poverty Report (2023) by the Kenya National Bureau of Statistics was 34.4%.

In corroboration, multi-dimensional child poverty in Kenya was reported at 53% by United Nations Children's Fund, **Learning from the integration of social protection and nutrition in Eastern and Southern Africa: Addressing child poverty, nutrition, and protection through the Nutrition Improvements through Cash and Health Education (NICHE) programme in Kenya.**

UNICEF Eastern and Southern Africa Regional Office, 2022.

1.2 Rise and Shine programme

In seeking a just world free from poverty, early childhood development has a strong relevance for Comic Relief's vision, with a focus on not leaving children behind, narrowing disadvantage gaps and improving life chances. By investing in children in their early years, we can help break the cycle of poverty. By investing in young children most likely to be left behind, we can help break the cycle of injustice.

The Comic Relief-funded Rise and Shine programme focused on holistic early childhood development (ECD), based on the Nurturing Care Framework (NCF) in Kenya, Malawi and the United Kingdom.

Figure 1: The elements of nurturing care



The Nurturing Care Framework takes the position that from the start, all children need nurturing care which includes good health, optimal nutrition, security and safety, opportunities for early learning and responsive caregiving⁶. Nurturing care is vital in children's early years to promote physical, cognitive, emotional and social development. Nurturing care starts before birth, when fathers, mothers and other caregivers can start talking and singing to the foetus, continues through the stages of healthy pregnancies, deliveries and post-natal care, and progresses through interactions with the infant that are responsive and emotionally supportive⁷. It helps protect young children from the worst effects of adversity. It leads to lifelong benefits for health, the possibility of productive and fulfilling lives, and social cohesion. In turn, these benefits get passed on inter-generationally.⁸

6. World Health Organisation, UNICEF, World Bank Group (2018). *Nurturing Care for Early Childhood Development. A framework for helping children survive and Thrive to transform health and human potential*

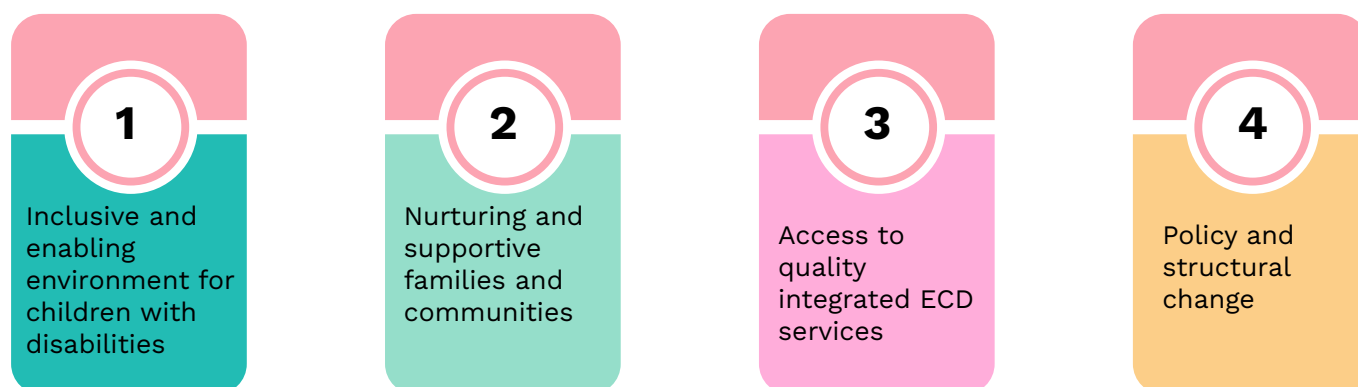
7. Murray L, Andrews E. *The social baby*. London: The Children's Project; 2002.

8. Richter LM, Daelmans B, Lombardi J, et al. Investing in the foundation of sustainable development: pathways to scale up for early childhood development. *Lancet*. 2017;389(10064):103–18

1.3 Learning together

Rise and Shine partners in Kenya sought to learn from each other since the programme began in 2020. Collectively, they reviewed their results and performance to identify outstanding practice to inform ongoing implementation and future interventions across four domains of change – inclusive and enabling environment for children with disabilities, nurturing and supportive families and communities, access to quality integrated ECD services and policy and structural change.

Figure 2: Domains of change



All the domains are directed at improved holistic development of children 0-6 years.

2.0 Results and Change

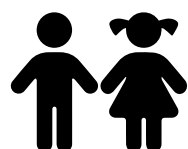
The project reached children; parents and caregivers; community members and volunteers; community structures and organisations; and ECD service providers together with duty bearers at local, county and national level. The interventions of the Rise and Shine partners generated change and outcomes under each domain of change for a broad range of beneficiaries at local, county and national levels – Figure 2.

2.1 Reach

The interventions of the Rise and Shine partners directly reached children to improve their health, wellbeing, learning outcomes and overall development; parents and caregivers to improve their ability to support their child's needs; community members, structures and organisations to grow their knowledge of how to best support children and strengthen their capacity to do so; and ECD service providers and duty bearers –through knowledge sharing, advocacy and campaigns –to increase children's access to quality⁹ ECD services.

9. Quality here means services responsive to the age-appropriate needs and priorities of children delivered promptly by trained and qualified persons.

Children reached



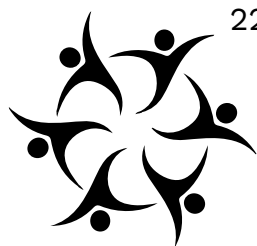
15,678
Pre-school children age 3
and above
1,404
Children with disabilities

Parents and caregivers reached



15,662 Parents and caregivers
750 Pregnant and lactating
mothers
25 Young mothers
23 Nutrition champions

Community members, structures and organisations reached



22,792 Community members
646 Community health volunteers¹⁰ and community health workers
367 Community resource persons, facilitators and grass-root leaders
144 Community-based organisations
40 Referral pathway actors
31 Community-based trainers and mobilisers
12 Child protection volunteers

ECD service providers and duty bearers reached



720 ECD teachers
185 County Government health, nutrition, education and
child protection officers
86 School boards of management
60 Ministry of Health staff
31 Members of Parliament

2.2 Inclusive and enabling environment for children with disabilities

In Kenya, male participation in childcare and early childhood development is minimal, especially in households with children with disabilities. Rise and Shine partners, based on learning from field experience, found that the promotion of male involvement in caregiving and safeguarding of children was best achieved by use of male change agents¹¹. This was in comparison with the use of community-based volunteers and spouses. A sustained increase in male involvement in responsive caregiving was attained by using male change agents to reach them, and additional measures to retain their participation in interventions. When male parents applied what they had learnt and noted improvements in the wellbeing of their children with disabilities, their commitment to participation in caregiving and safeguarding at household level increased so much that many of them offered to become change agents to reach out to other male parents. A detailed learning report [Encouraging Male Involvement in Early Childhood Development: Learning from Field Experience in Kenya](#) was published in 2022.

10. Community health volunteers were recruited by the government in Sept 2023 and have since been referred to as Community Health Promoters

11. Upward Bound (2022) *Encouraging Male Involvement in Early Childhood Development: Learning from Field Experience in Kenya* Upward Bound Company Limited



Photo 1: A parental engagement session at an ECD centre (Credits MECP-K)

Additionally, the combination of interventions such as community-based rehabilitation (CBR) meetings – which is discussed further in section 5 of this report; chaperoned interactions between children with disabilities and other children; training of parents and teachers on inclusive ECD led to positive attitudinal change towards children with disabilities (CWD). This, in turn, led to improved nurturing and social inclusion of children with disabilities together with improved CWD learning outcomes. Further, it contributed to increased provision of nurturing care to CWD by parents, teachers and the community as a whole.

2.3 Nurturing and supportive families and communities

Interventions by Rise and Shine partners which included health care training with a focus on nutrition and child development; gender-based parenting advice, training parents on business, responsive caregiving and positive parenting, together with training teachers on responsive caregiving led to three types of outcomes.

The first was increased awareness of antenatal and preventive care, communicable diseases, and birth preparedness, postnatal care among mothers. As a result, there was a rise in number of mothers practicing exclusive breastfeeding for their children over the first 6 months after birth, sanitation and healthcare for children under 3 years. This, in turn, led to households observing better nutrition practices for expectant and breastfeeding mothers contributing to healthy development for children under 3 years.

The second was increased awareness of responsive caregiving and positive parenting amongst caregivers and parents while the third was the establishment of income-generating activities by parents. Economically empowered and resilient caregivers and young mothers led to better parenting choices and social attitudes towards their children. These, in turn, contributed to improved provision of nurturing care by parents, teachers and the community to children 0-6 years.



Photo 2: A learning and play session for children in Korogocho informal settlement, Nairobi (Credits Tdh)

Economically empowering caregivers – AMURT’s success

The work of Ananda Marga Universal Relief Team (AMURT) demonstrated that household economic strengthening interventions are key to improving nurturing care and, in turn, improving early childhood development outcomes. AMURT sensitized 494 (42 males, 452 females) caregivers and young mothers on entrepreneurship and equipped them with skills on local market assessment, budgeting, financial literacy and developing linkages to financial institutions. The success of this initiative was demonstrated by the dissemination of the knowledge, by community health volunteers, to reach a total of 1904 (654 males, 1250 females) caregivers and young mothers. The microenterprises the caregivers and young mothers successfully launched generated income which contributed to ensuring their children were fed, healthy and schooled.

In addition, AMURT collaborated with the Department of Children Services and other stakeholders to identify 25 young mothers who were given the opportunity to enroll for skill-based courses of their choice in Vocational Training Centres. All of them successfully completed their courses and were awarded trade test certificates. Thereafter, AMURT supported some of them to initiate micro businesses and linked others to local employment opportunities. The result was economically empowered and resilient caregivers and young mothers ably accessing food and required ECD services for the wellbeing of their children.

2.4 Access to quality integrated ECD services

Interventions by Rise and Shine partners included the establishment of ECD centres and the improvement of the infrastructure at, and access to, such centres. Their interventions also included building the capacity of ECD staff on child protection, care for child development (CCD), and the development of play and learning materials; together with training community health volunteers (CHVs) and school boards of management on child protection and child-centred development.

Such interventions led to improved stimulation and early learning for children at the household level. They also led to integrated ECD centres in which learners actively participated in the learning process.



Photo 3: A deworming exercise for children administered by Build Africa Kenya together with Ministry of Health officials and supported by parents in Gilgil (Credits Build Africa Kenya)

The second broad set of interventions focused on supporting households and ECD centres to access a broad range of services for children. This led to improved service-seeking behaviour at ECD centres and the household level. The result was improved access to vaccination, nutrition, child protection, learning and other services for children at ECD centres and at the household level.

The third broad set of interventions was on demand-driven technical support to teachers and school leaders. This led to improved capacity to deliver quality ECD while responding to local challenges. This, in turn, contributed to the incubation of ECD innovations in pilot centres, adoption amongst peers and accelerated uptake of ECD innovations. Additionally, it led to evidence-based quality ECD interventions, improved response to early learning and stimulation needs of children 0-6 years and improved access to quality ECD services. This is discussed further in Section 4 of this report.

2.5 Policy and structural change

The interventions by Rise and Shine partners fell into the continuum of entry points from local, county to national levels. At the local level interventions included sensitizing community health volunteers (CHVs) and child protection volunteers (CPVs) on child protection and supporting them to address such issues. The interventions also included providing capacity support to county governments, which are legally mandated to provide ECD infrastructure and services. Further, the interventions included advocacy initiatives targeting local and national stakeholders.

These interventions led to more effective referral pathways to address child protection and related matters. They also led to stakeholders increasing financial and technical support for adequate ECD delivery. These, in turn, led to more effective responses and improved delivery of ECD contributing to holistic, well-funded and integrated early childhood development at the community and local level. This is further discussed in Section 7 of this report.

2.6 Sustaining and scaling up change

The results of the work undertaken by Rise and Shine partners pointed out opportunities for scaling up and sustaining the change realised. These included nurturing strong communities of practice at the local level; supporting community-led innovations and community-demand-driven replication of innovative ECD solutions to scale; networking and multi-sectoral collaboration and co-ordination; campaigns and policy advocacy; and developing guides, manuals and toolkits in collaboration with a broad range of stakeholders with approval of key gatekeepers¹² and government ministries, departments and agencies at county and national level.

3.0 Communities of Practice

Build Africa Kenya (BAK) implemented Parental Care Centres (PCC) which have created a community of learning that supports parents to share best practices and therefore enhance parental contribution towards holistic child growth and development. The PCCs were aligned with the fact that growth and development of children is mainly influenced by the family and that it was important for communities to facilitate an enabling environment to help families understand the roles they play in the overall development and learning of children.

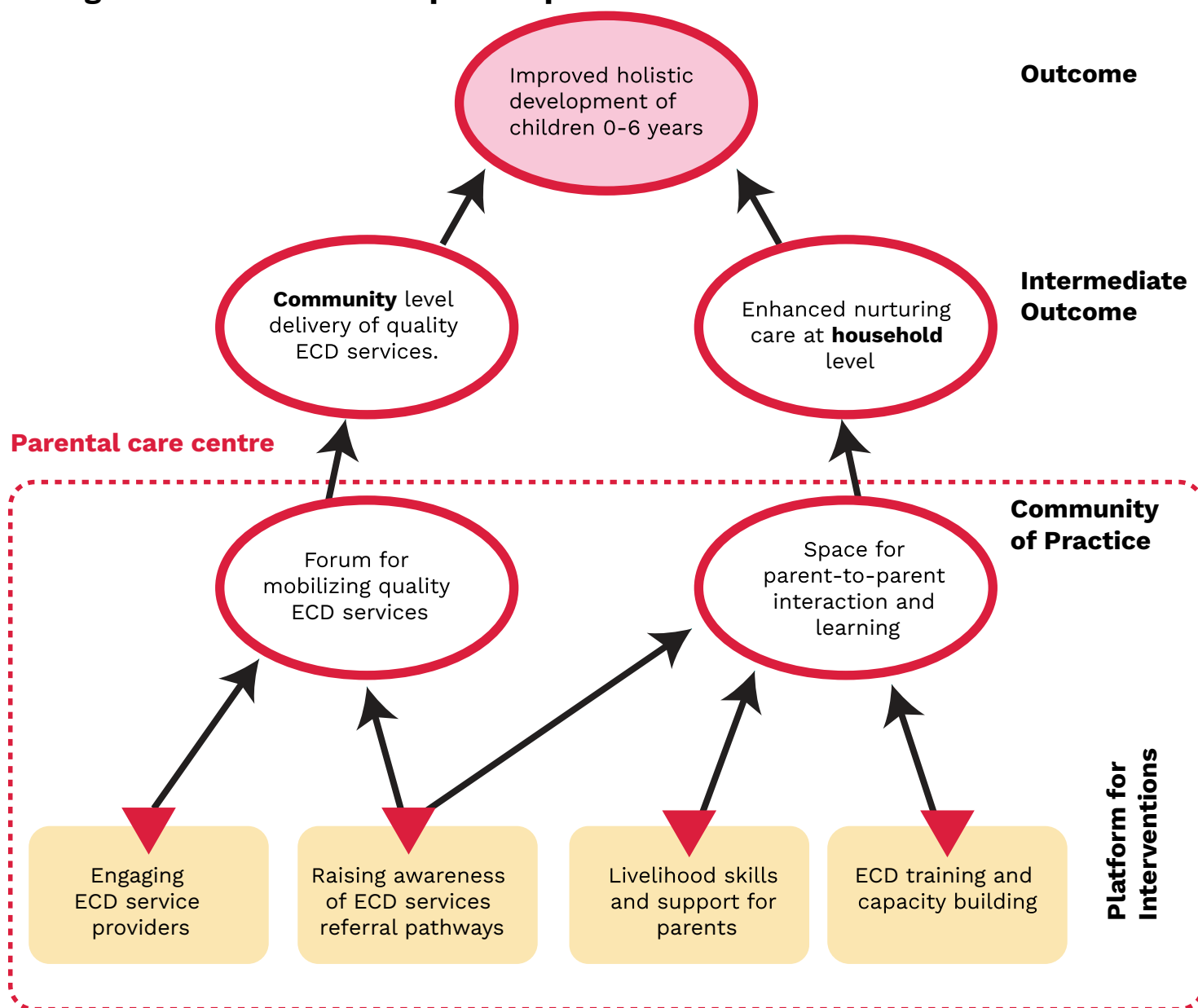
12. A gatekeeper, in this case, is usually someone who has the power to decide who gets particular resources and opportunities and who does not

BAK is an affiliate of Street Child International and works to provide children with the education they need to fight inequalities and barriers that stand in their way. BAK worked with 29 ECD centres in Nakuru County. BAK replicated its successful model in Laikipia County and Turkana County where it worked with 6 ECD centres and 8 ECD centres respectively.

3.1 Parental Care Centre model

BAK developed the PCC model to address overriding problems of lack of home-based ECD learning support. The objective was to increase parental holistic educational skills and aptitude development necessary for preschool children of age of at least 3 years.

Figure 3: The role and impact of parental care centres



It was coupled with community-based support and meetings amongst parents to ensure that the knowledge gained in the Parental Care Centres was applied by parents to support their children early development and education. This approach has greatly complemented teachers' efforts.

The parental care centres create a community of learning that supports parents to share best practices and so enhance parental contribution towards holistic child growth and development.

3.2 Success factors

Learning sessions identified the following factors as contributing the most to the success of the parental care centres and their sustainability.

1. Livelihood interventions

The BAK project was alive to the fact that caregivers play a critical role in early childhood development and that capacity-curtailling circumstances such as poverty posed a grave threat to successful delivery of nurturing care with children in vulnerable families further and severely disadvantaged. It was therefore critical to address household livelihood challenges.

2. Linkages

Collaboration and partnership with with county governments, ECD service providers and stakeholders is key to successful and sustainable delivery of ECD services to vulnerable communities where parental care centres were established. At the PCCs there were linkages with the Ministry of Health to provide immunization services and nutrition education and guidance to parents with the local administration and the Ministry of Education on safeguarding in school and community spaces as well as with the Ministry of Agriculture on the development of income generating activities for parents.

3. Documentation

Manuals were developed to guide parent and caregiver learning sessions. These included a Parents' Manual, Teachers' Mobilisers' Manual. In addition, the project developed Learners' Workbooks for the Manual and Community-based Trainers and Mobilisers' Manual. In addition, the project developed Learners' Workbooks for the children. The manuals and workbooks were developed with the help of an expert on information, education and communication material and were designed for both literate and illiterate users. These facilitated community-led training and catalysed learning at the parental care centres.

3.3 Conclusion

The experience of Build Africa Kenya demonstrates that if a holistic approach, which includes livelihood interventions, capacity building and linkage to government and ECD services providers in the delivery of ECD services is used in establishing parent care centres, then a sustainable community of practice is established.

Such communities of practice are effective in catalysing nurturing care in the two interrelated environments at the family and community level.

Communities of practice are effective in catalysing nurturing care in the two inter-related environments at family and community level; and are also effective in mobilising demand for quality ECD services.

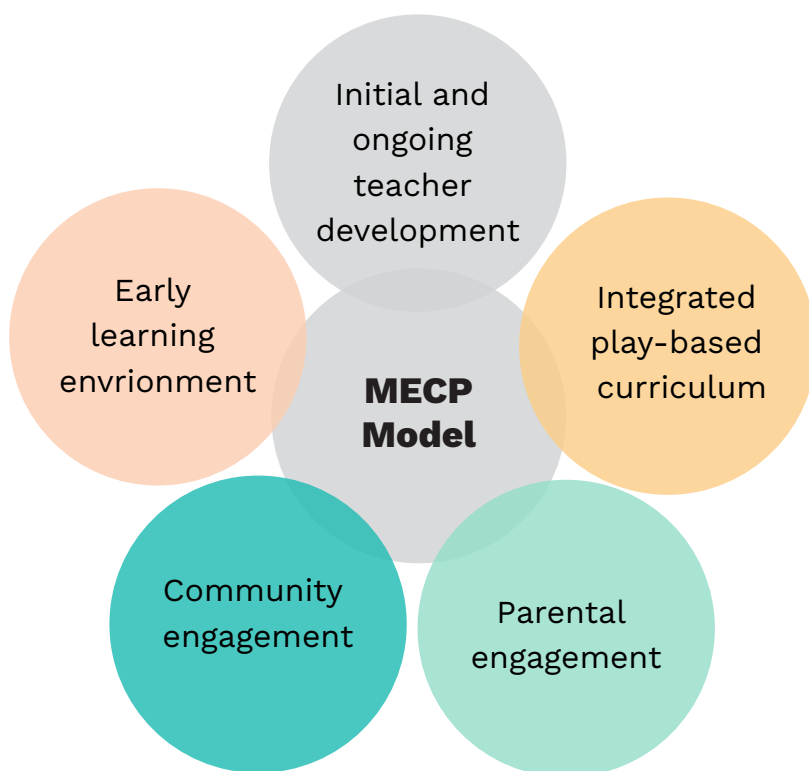
Such communities are also effective in mobilising demand for quality ECD services.

These local communities of practice lead to community-level delivery of quality ECD services coupled with enhanced nurturing care at household level, both of which contribute to improved holistic

development of children 0-6 years.

4.0 Community-led Innovations

The interventions undertaken by Madrasa Early Childhood Programme – Kenya (MECP-K) demonstrate sustainable development of community-led innovations. The work of MECP-K demonstrates the power of community-led development of innovations and the effectiveness of organic diffusion of such innovations.



MECP-K model

MECP-K developed a globally informed and locally rooted model that supports the holistic development of pre-primary children through four main areas:

- (1) parental engagement;
- (2) community involvement ;
- (3) professional development of teachers ;
- (4) play-based learning and school environment;

MECP - K is an ECD organization affiliated to the Aga Khan Foundation (AKF).The goal of MECP-K is to promote inclusive and equitable early childhood development care and services for children aged 0-8 from marginalized communities in Kenya to have the best start in life. By working collaboratively with local communities, frontline ECD workers, governments, and other stakeholders, MECP-K aims to increase access to high-quality ECD care and services to ensure children's physical, cognitive, emotional, and social needs are nurtured and supported.

The work of MECP-K demonstrated that local communities, given the space and skills to do so, can effectively identify and exercise agency in developing robust innovations to address their challenges and problems

4.1 Catalyzing community-led innovations

In the communities where MECP-K worked, each of the ECD centres had its challenges and unique local dynamics. Although the challenges could be clustered into low parental involvement, low teacher morale and inadequate materials for teaching and learning, each ECD centre required the participation of parents and the community to successfully address its challenges.

However, resource constraints called for innovative¹³ approaches in developing long-lasting solutions to support the development of the cognitive, socio-emotional and physical wellbeing of children.

Transformed communities

“The human centred design thinking approach we used has enabled preschool communities to step into new experiences that transform them into confident, open-minded, and optimistic designers of their own local solutions to day-day teaching and learning challenges.”

Key informant, MECP-K

MECP-K built the capacity of the teaching staff, management and governance bodies of ECD centres in the use human-centred design¹³ to identify learning challenges affecting children and to develop innovations to address them. In keeping with the human-centred design approach, community members participated in the design, development and implementation of innovations at the ECD centres to address their priority needs. This approach generated community-led and community-led identification of local problems, isolation of priorities and generation of innovative solutions.

The work of MECP-K demonstrates that local communities, given the space and skills to do so, can effectively identify and exercise agency in developing robust innovations to address their challenges and problems.

4.2 Diffusing and scaling up innovations

In its Lift Up Project, MECP-K supported innovations in 60 ECD centres. The ‘first’ ECD centres then incubated 5 “adopted” schools each, bringing the total number of ECD centres in the project to 300. The adopted schools were mentored, guided and supported in developing their innovations.

In the initial stages, MECP-K facilitated joint meetings between the incubation and adoption ECD centres to establish a network structure. The structure enabled the ECD centres to share experiences and learn from each other, further strengthening the dissemination of innovations amongst the ECD centres.

13. Innovation here refers to new lay out, organization, methods, material, devices, or equipment

14. Human-centred design has four main stages – clarify the problem, ideate – that is to develop ideas while amplifying creativity, develop a range of possible solutions, implement the innovation while encouraging adoption and growth.

The results of the work of MECP-K demonstrated that community-level linkages and networks were not only effective in facilitating the learning and the exchange of experience but also in driving the replication of sustainable, community-led innovations.

As a result, communities generated innovations that were:

1. Responsive to local needs and priorities;
2. Feasible in the context of locally available skills and resources; and
3. Sustainable even in low-resource environments.

The results of the work of MECP-K demonstrated that community-level linkages and networks were effective in facilitating learning and the exchange of experience. They were also instrumental in driving the replication of sustainable, community-led innovations.

The transformation of Beatrice

"In the past, if you came to my class you would hear me saying over and over, "Class, keep quiet! Stop pushing each other! Listen to what I'm saying! Repeat after me!" Then I attended training and mentorship in active learning methodologies organized by MECP-K. That changed the way I handle my classroom. What I learnt has also enabled me to implement the new competency-based curriculum. I am able to develop low-cost, environmentally friendly teaching and learning items using locally available resources. The enthusiasm of my class of 35 students with 16 girls and 19 boys is truly inspiring - they actively participate in every lesson. When I look back, I keep asking myself, 'What was I doing then? "Were my students learning?"

I also benefitted from human-centred design training. I learnt that my attitude and mindset are great drivers of change. That has changed me from being just an ordinary ECD teacher. I have become a designer of solutions for their everyday struggles. In addition, I actively support my peers in many ways and contribute to addressing daily challenges that our students face.

I also participated in parental engagement workshops which sharpened my active listening skills and approaches in organizing enjoyable caregiver-child activities. I now engage parents so that together we can solve problems and make a difference. I have observed that parent turnout for meetings has more than doubled, nearly 70% of them attend.

I am now a professional and successful teacher. I facilitate learning in the classroom. I also engage parents effectively. I am now a new teacher Beatrice!"

Beatrice is teacher at Ndavaya ECD Centre, Kwale County, Kenya

Lwala Community Alliance

The work of Lwala Community Alliance demonstrates the power of community-led innovations that influence change and adoption amongst government and other service providers. In 2007, the community of Lwala was suffering from the dual burden of high maternal mortality and HIV prevalence. Rather than wait for help to come to them, village members donated their land, resources, labour, and expertise to build Lwala Community Hospital. The mission of the organization is to build the capacity of rural communities to advance their comprehensive well-being. Lwala community Alliance was founded by a community that dared fight back against health inequity and the mission of the organisation is to build the capacity of rural communities to advance their comprehensive well-being.

4.3 Community-led health model

Lwala Community Alliance works with 4 pillars, namely:

- 1. Data:** Gathering real-time data and conducting surveys for evidence-based decisions;
- 2. Professionalizing community health workers (CHWs):** Recruit, supervise, pay and empower transformed traditional birth attendants and community health workers to extend care to every home;
- 3. Public health facilities:** Advance dignified patient-centred care through quality improvement support and training to government health facilities; and
- 4. Community meetings:** Provide oversight and accountability of health systems. They lead local health initiatives such as finding solutions to health challenges in the community.

Working for a lasting impact on children

“When CHWs, health facilities, and communities work together, the health system can achieve much more than improving the physical health of the child – it can also promote positive development that will have a lasting impact on their lives.

In addition to health and nutrition services, now CHWs and health facilities provide caregivers with information on how to practice responsive caregiving and provide opportunities for early learning. They also focus on the safety and security of the child, help caregivers enroll in health insurance, and ensure children are registered and have birth certificates.”

Key informant, Lwala Community Alliance staff member

4.4 Scalable community-level results

The community-led health model delivers to communities a number of key results, which are:

Unlocking better maternal health: Aided by new digital tools, community health workers accompanied pregnant women, monitored their health, and supported antenatal care and skilled delivery. To further curb loss of mothers during childbirth, Lwala trained traditional birth attendants converting them into skilled delivery champions and worked with them as part of community health workers. Lwala Community Alliance has also worked to improve access to the Obstetric Hemorrhage Initiative (OHI)¹⁵. The contribution of Lwala Community Alliance to maternal health and safe childbirth was documented in a cross-sectional study¹⁶ published by Frontiers in Global Women's Health.

Ending preventable childhood illnesses: Partnering with the county government to ensure children are vaccinated during routine immunizations. This includes training CHWs to provide information, connecting children with health workers who can administer the vaccines, and follow up to make sure children stay on

15. It is a bundle of protocols, tools and life-saving supplies. In Kenya, obstetric hemorrhage, or excessive bleeding after childbirth, is the leading cause of maternal death. Two conditions of pregnancy, labor and delivery are responsible for a great number of cases of Severe Preeclampsia and Post-Partum Hemorrhage. The initiative focuses on the four “R’s” of readiness, recognition, response and reporting which lead to a marked improvement in outcomes for mothers and babies.

16. Lefebvre, C.H. et al (2024) Factors associated with facility childbirth and skilled birth attendance in Migori County, Kenya and the effect of Lwala Community Alliance intervention: a cross-sectional assessment from the 2019 and 2021 Lwala household surveys Frontiers in Global Women's Health Volume 5 – 2024

schedule. It also supports facility-based staff to incorporate the malaria vaccine into health outreach events in the community.

Strengthening community governance in health: Lwala works to strengthen community health committees (CHCs) in Migori County. These CHCs identify health-related challenges affecting their community, work with CHWs and health facilities on creative solutions, and hold the government accountable.

Scaling up and replication

Lwala began their work in Rongo sub-county of Migori County. Their compelling results led to the communities supporting, and the county government¹⁷ spearheading, expansion to Nyatike and Awendo sub-counties in 2022 and Suna West and Kuria East sub-counties in 2023. The work of Lwala Community Alliance contributed to strengthening the county's health systems through advocacy, shaping county laws such as the (i) Primary Health Care (PHC) Act, which further strengthens the role of CHWs within the formal health system and (ii) Facility Improvement Financing Act, which improved the ability of health facilities to direct funds toward community needs. These results of the work of Lwala Community Alliance led, over a period of three years, to similar interventions in four other counties - Homa Bay, Kilifi, Mombasa, and Garissa.

A CHW-led parenting session

Elizabeth, a CHW, is hosting one of the monthly sessions. As the caregivers arrive they leave their children in a play area. It quickly fills with children. It has two additional CHWs managing it. One of them encourages the younger children to play with toys, their noisy activities can be heard from afar. The play area is also bubbling with the enthusiasm of older children singing and dancing as the second CHW engages them.

When about two dozen caregivers arrive, Elizabeth begins the session. She recaps their last session, which focused on breastfeeding practices and children's nutrition. She reminds them on how to monitor their child's nutritional status at home using a color-coded measuring tape to track upper-middle arm circumference. After the recap, she launches into play-based learning which is the topic of the day.

"Why is play important?" Elizabeth asks the caregivers. The caregivers burst into laughter as some of them give humorous responses to the question. One of them replies that it helps her to know that her child is happy. Elizabeth agrees that play helps a caregiver know whether the child is well and the lack of play helps quickly indicate if a child is feeling unwell. She then builds on their answers to lay out the reasons why play is important and the benefits of play to the development of a child. She concludes, *"It helps children interact with others. It helps them to explore their environment. It strengthens their imagination. It enables them to learn new things. It makes them alert and sharp."*

In the second part of the session Elizabeth discusses making play materials and then demonstrates how to make toys like balls and shakers from household materials.

The session closes with more laughter as caregivers are given the opportunity to ask questions and Elizabeth, with the participation of the caregivers, responds to them. The session comes to an end with an agreement on when the next session will be held. Caregivers pass through the play area to rejoin with their children as they head back home.

Courtesy of Lwala Community Alliance

4.5 Conclusion

The experience of MECP-K demonstrates that community-driven replication of community-led innovations generates sustainable child-centred scaling of ECD innovations. While the experience of Lwala Community Alliance demonstrates that community-led innovations, based on felt needs, which can be shown to be effective in the delivery of ECD services through evidence, lead to adoption and replication amongst duty bearers.

Therefore, innovations initiated at community-level are scaled-up by being replicated by other communities. This is especially in those cases where the innovation touches on ECD services for which responsibility for delivery lies at community level. Alternatively, innovations initiated at community level are scaled up by being replicated by government and ECD service providers. This applies in cases where the innovation touches on ECD services whose delivery is the responsibility of government and other service providers. Both replication pathways are shown, by the work of Lwala Community Alliance and MECP-K, to lead to sustainable scaling up of ECD innovations.

5.0 Enhancing Accountability and Service Delivery

The Action Network for the Disabled (ANDY) is a non-governmental organization dedicated to the achievement of equality, inclusion, and empowerment of children and youth with disabilities in Kenya by mainstreaming this group into all aspects of daily life. ANDY seeks to enhance the life prospects of children and youth with disabilities through education and sustainable livelihoods.

5.1 Community-based rehabilitation

Community-based rehabilitation (CBR) is a community action to ensure that people with disabilities have the same rights and opportunities as all other community members. The CBR is implemented through the combined efforts of (a) people with disabilities and their families (b) local leaders in the community (c) relevant government and non-government service providers in matters of health, education, vocational, social protection and disability mainstreaming.

The model goes beyond emphasis only on medical or educational services to a concern with equal rights and poverty reduction for people with disabilities. This includes, for example, equal access to health care, education, skills training, employment, family life, social mobility and political empowerment.

CBR is used by ANDY to work with the education sector to help make education inclusive at all levels and to facilitate access to education and lifelong learning for people with disabilities in the following ways:

1. Referrals of CWD to special schools from primary, secondary and tertiary levels;
2. Provision of lifelong learning activities for the severely disabled persons;
3. Early childhood intervention services; and
4. Integration of children with mild disabilities into the regular school system.

5.2 Parent champions

Parents of children with disabilities organize themselves into parent support groups (PSGs) and are represented on the CBR using Parent Champions who have continued to be effective at promoting disability rights, encouraging PSG membership, and directing parents towards early identification and assessment routes. As leaders, they deliver training in PSGs and actively lobby for better ECD services for children with disabilities with government officials and civil society through the CBR meetings and work within communities.

The conquering journey of Vinny

Vinny is a 6-year old boy who is diagnosed with brittle bone disease. The condition stalled his development and delayed his enrolment in school because he appeared to have not attained the school-going age. Through the Ready Steady Go project of ANDY – funded by Comic Relief - which aimed at promoting inclusive early childhood education through inclusive play programmes, Vinny was identified and enrolled into one of the project partner schools.

He has made a lot of friends among other pupils in school who always give him their support. He has become an inspiration to many. One of his teachers noted, *“Because of how Vinny has been able to stay in school and has now progressed to Grade 1, teachers who were doubting at the beginning now see children with disabilities as also capable pupils.”*

Vinny’s mother joined a parent support group which identified and undertakes income generating activities. Using the income she receives, Vinny’s mother has been able to retain Vinny in school as well as support Vinny’s siblings. *“I am a happy mother. My son is in school just like other children of his age. Through the project, I have also met other parents with children with disabilities and we always support each other. This has really encouraged me to continue to support Vinny,”* observed Lucy, Vinny’s mother.

Being consistently in school has also helped Vinny stabilize in his mobility. He has come a long way from the time when, despite his age, he was being carried on his mother’s back throughout the day.

*(Names have been changed to protect their identity)
Courtesy of ANDY*

CBR is also used by ANDY to support children with disabilities in particular and persons with disabilities (PWD) in general in attaining their highest possible level of health by:

1. Coordinating with the health sector to ensure access for all PWD;
2. Advocating for inclusive health services for PWD;
3. Creating awareness on health and early intervention services through radio talk shows and social media;
4. Developing and activating referral pathways as the need arises; and
5. Identification of CWD for both medical and educational assessment and provision of assistive devices.

Figure 5: CBR - space to engage duty bearers and stakeholders



The results of the work of ANDY demonstrates ‘bottom-up’ development of multi-stakeholder spaces centred on articulating and addressing the needs of children is effective in holding duty bearers accountable - to community members and amongst themselves - which yields improved responsiveness to the needs of children

5.3 Conclusion

The experience of ANDY demonstrates that at community level multi-sectoral collaboration and co-ordination is essential for quality service delivery with timely and appropriate response to the needs of children. It also demonstrates that ‘bottom-up’ development of multi-stakeholder spaces centred on articulating and addressing the needs of children is effective in holding government and ECD service providers accountable to community members which yields improved responsiveness to the needs of children.

6.0 Building Inclusive Change

The Action Foundation (TAF) is a registered NGO in Kenya whose mission is to build inclusive and resilient communities where children, women, and girls with disabilities can thrive. The work of TAF addresses the root causes of exclusion, discrimination, and violence against CWD as well as a systematic lack of inclusion in health and education services and negative social norms.

6.1 Home-based learning model

Children with disabilities lag in the attainment of foundational language and literacy skills. They are often denied access to school and are more likely to experience violence, neglect, and other forms of abuse. Supporting the optimal development and transformation of children with disabilities during their early years is crucial for their overall growth and preparedness for school.¹⁸ Notably, some children never make it to school due to the severity of their disability. In such cases, home-based learning gives them access to early learning and education.

Daily interactions with their caregivers, that is, parents or other people taking care of them, play an important role in promoting their development¹⁹. The home-based learning model is resource material designed to support the delivery of home-based learning activities for learners with disabilities who are not in school or who are not able to attend school due to the severity of their impairment or are in pediatric wards. Such learners include those with intellectual disability, deafness, blindness, autism, cerebral palsy, multiple impairments and profound disabilities.

6.2 Inclusive Early Learning Toolkit

The Action Foundation, building on an Activity Bank developed to enable caregivers at home to engage with their children during the coronavirus disease 2019 (COVID-19) pandemic and shutdown of schools, has developed a home-based Inclusive Early Learning Toolkit. It is based on a Competency Based Curriculum (CBC) and addresses five domains, namely, (i) daily living and religious activities; (ii) communication, socialization and pre-literacy skills; (iii) sensory-motor and creative activities; (iv) orientation and mobility; and (v) pre-numeracy.

Parents and IELT

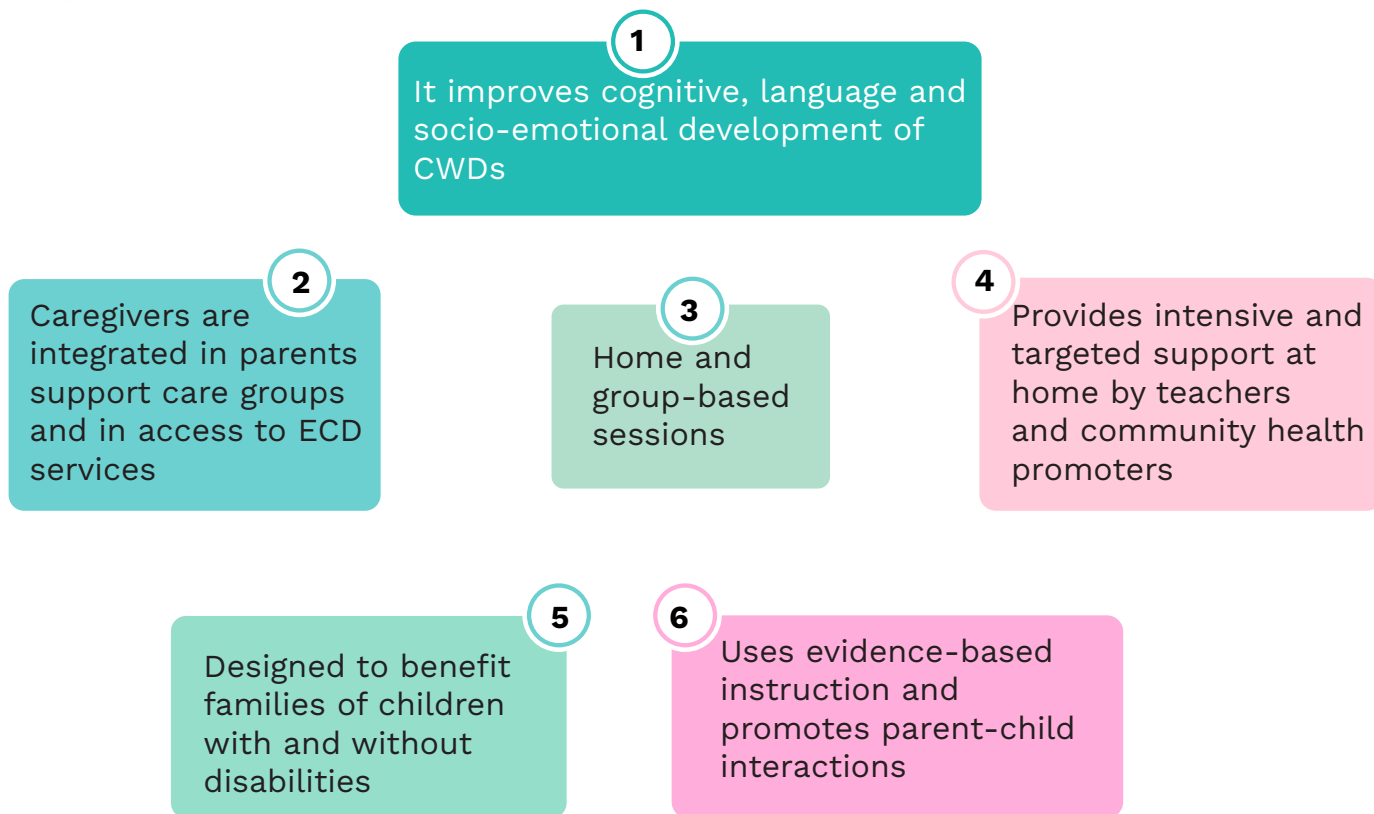
“Parents are the primary and the most consistent agents of a child’s development, wellbeing and learning. They shape their present and their future. That is why we are very keen on the inclusive early learning toolkit which we are currently implementing in 800 households in 3 counties.”

Key informant, TAF

18. Mathwasa J, Sibanda L. *Inclusion in early childhood development settings: a reality or an Oasis*. In: de la Rosa OaA, Angulo LMV, Giambrone C, editor. *Education in Childhood*. London: Intech. (2021).

19. World Health Organization, United Nations Children’s Fund, World Bank Group. *Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential*. Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO

Figure 6: The features of IELT



The inclusive early learning toolkit (IELT) is a community-based, participatory group early learning programme, that aims to provide a cost-effective solution to providing early childhood care and support for caregivers. The IELT provides for group participatory programmes for children with disabilities. It contains activities that caregivers can use to support their learners in meeting learning outcomes at the foundation level. Explicit instruction, structured play and exploration are the cornerstones of the IELT. In order to achieve each activity's learning target, caregivers are encouraged to take their learners through the activities repeatedly.

Emmanuel's miracle

"My name is Helen. I was part of the 2023 group that was trained on inclusive early learning by The Action Foundation. By applying what I have learnt, Emmanuel's motor skills have improved significantly. That to me is like a miracle. I first realized something was different with my son, Emmanuel when he was just 4 months old. After a series of hospital visits, he was diagnosed with cerebral palsy. It was devastating. Feeling lost and unsure of how to support Emmanuel, I faced overwhelming stigma from the community. At my lowest point, a neighbor in Kibera told me about The Action Foundation. It was a turning point for us. I reached out and found not just support but also practical tools to help Emmanuel's development.

It has been a game-changer for my child. The results of putting into action what I learnt in the five modules of the training are that Kevin is now more active in daily tasks such as feeding himself, dressing, and even helping with household chores. His speech has also shown a lot of improvement. He now attempts to form words. He responds to basic questions. Now he can engage in a simple conversation, often using gestures to communicate. During play, I talk to him more, and he responds with laughter, showing increased interest in interacting with me and others.

Having support from facilitators and caregivers with similar experiences and community health promoters has been incredibly empowering. It makes the journey less lonely. After a year in the program, I gained the confidence to have Emmanuel assessed. The results were very encouraging. We used them to apply to join Shine Academy and he was accepted. I have seen great progress in the life of Emmanuel. I see a much brighter future for him and I am truly, truly grateful to everyone who has supported us.”

Courtesy of TAF

The Action Foundation collaborated with organizations and experts specializing in disabilities to ensure that the content of the IELT was tailored to the specific learning and development needs of children with severe disabilities. The toolkit was developed with the guidance of experts from the Kenya Institute of Special Education (KISE), The Ministry of Education, the Kenya National Examination Council (KNEC) and the Kenya Institute of Curriculum Development (KICD). After its success in Nairobi County, the toolkit is under expansion to other eleven counties in a process that is expected to lead to further refinement before its adoption for national use.

6.3 Conclusion

The work of The Action Foundation demonstrates that innovative approaches to address the needs of CWD, when driven by community needs and developed with the participation of duty bearers, rapidly attain sustainable scalability. Indeed, up to 1.9 million children with disabilities between the age of 3 and 15 years stand to benefit from a nationwide utilisation of the inclusive early learning toolkit.²⁰

The results of the interventions by The Action Foundation demonstrate that innovative approaches to address the needs of children with disabilities, when driven by community needs and developed with the participation of duty bearers, rapidly attain sustainable scalability.

20. Based on the 2019 Kenya Population and Housing Census results

7.0 Campaigns and Policy Advocacy for Systems Change

The Early Childhood Development Network for Kenya (ECDNeK), formed in September 2015, coordinates ECD actors working on service provision, capacity development, research and advocacy in Kenya. The mission of the network is to promote, support and sustain an enabling early childhood development environment in Kenya. The network has been instrumental in engaging county governments and in influencing national policy and practice on, among other issues, childcare and resource allocation.

7.1 Engaging county governments

In the implementation of their interventions, Rise and Shine partners spent time building networks with like-minded actors in support of ECD. Subsequently, Rise and Shine partners and advocacy networks constructively engaged county governments in seeking to influence policy change and in discussions aimed at improving the delivery of ECD services. In Kenya, the national government is responsible for policy formulation and standard guidelines, capacity building and technical support to the county governments. The county government are responsible for the implementation of policies and the provision of services for devolved functions in, health, agriculture, preprimary education and childcare facilities.

Lwala Community Alliance supported Migori County in developing a county-wide child protection policy and supported the Ministry of Health in activating ECD reporting tools in their systems in Migori County.

In Nairobi County, for instance, Terre des homes Foundation Kenya (Tdh) contributed to the review of the Early Childhood Development and Education (ECDE) Nairobi County Bill 2020 together with county government officials and local ECD stakeholders.

The interventions by Rise and Shine partners also directly touched on the policy and practice around daycare centres. ECDNeK, in collaboration with the local ECD chapters, began engagement with the county governments in both Kajiado and Kiambu to develop a policy regarding childcare²¹ in the workplace.

7.2 Influencing national policy and practice

The ECDNeK held national ECD stakeholders' conferences which, besides sharing knowledge and experience, served as a platform for policy advocacy. In 2023, such a

21. Childcare, as defined by the World Bank (2022), is a service primarily aimed at caring for children while parents are working or otherwise unavailable.

conference, themed "From Policy and Evidence to Action", attracted 1,193 conference participants from 31 counties²² in Kenya, 11 countries and over 80 organizations comprising government officials, representatives of United Nations (UN) Agencies, civil society organisations (CSOs), faith-based organisations (FBOs), funding partners and donors, private sector and philanthropists. There were also ECD professionals, practitioners and academia. The conference interrogated systems supporting nurturing care for all children in Kenya and generated recommendations on systems thinking and the Nurturing Care Framework, leveraging intersectionality in implementation and co-ordination of ECD interventions, aligning knowledge and traditional practices to promote nurturing care, reframing inclusivity to ensure a good start for all children, and on early childhood education.

7.3 Resource allocation

Following the 2023 ECD National conference, ECDNeK endeavoured to sustain dialogue and action to promote ECD work in Kenya and launched the "ECDNeK Sensitization & Dissemination Webinar Series 2023-2024." The initiative was dedicated to fostering collaboration, promoting best practices, and driving policy change within the ECD landscape, with the unwavering belief that investing in the early years is an investment in a brighter, more equitable future for all. It provides space for ECD policymakers, practitioners, researchers and other stakeholders to engage and promote early childhood initiatives in Kenya.

In advocating for enhanced sustainability of ECD initiatives, Rise and Shine partners participated in and promoted discussions on the ECDNeK webinar series, focusing on:

- i. Institutionalizing county governments as ECD duty bearers;
- ii. Resource allocation - leveraging on devolved functions touching on children together with mobilising County Assemblies;
- iii. Budgeting process - need to mainstream ECD through providing data and technical support;
- iv. Revenue sharing - need to lobby for education index as part of revenue sharing model used in allocating funding to counties; and
- v. Advocating for the costing of functions at the county level.

Focusing on resource allocation as catalytic in sustaining and scale up change in ECD in Kenya, a hybrid learning event was held in July 2024. The objectives of the event were to:

1. Deepen understanding of the budgeting and resource allocation process at the national and county level;
2. Identify strategies to increase ECD resource allocations; and
3. Identify key interventions and action points necessary for sustaining and scaling up of ECD work.

22. Kenya has 47 counties

Participants included government policymakers, educators, parents, NGOs, researchers, community leaders, health professionals, UNICEF, International Budgeting Partnership (IBP), other international organizations active in Kenya and media representatives. The meeting generated an outline of the roadmap towards an advocacy action plan to raise ECD resource allocation.

The meeting highlighted the need for budget advocacy and identified opportunities for ECD actors to do so. These included:

- Influencing the inclusion of ECD in national and county level budget guidelines;
- Engaging in public participation processes to influence clarity around ECD interventions in the formulation of national and county government budgets;
- Advocating for an increase in budgetary allocations towards comprehensive ECD interventions based on the Nurturing Care Framework; and
- Monitoring the disbursement, spending and reporting of ECD budgetary allocations together with generation of evidence for further budget advocacy.

In the Government of Kenya budgeting guidelines for the financial year 2025/2026, ministries, departments and agencies were required, for the first time, to adopt Gender Responsive Budgeting and Child Sensitive Budgeting and were expected to identify interventions that addressed gender inequalities and children needs to enhance tracking and reporting.

7.4 Childcare

Childcare plays a critical role not only in a child's holistic development but also in the overall economic growth of a country²³. The Kenya Economic Survey Report (2023), shows that women fare poorly in social and economic inclusion. This is partly due to unique challenges in balancing work and domestic responsibilities, including childcare, which diminish their participation in community leadership and significantly impact their time on paid employment.

The need for childcare services in Kenya has been growing, particularly in urban areas and informal settlements, resulting in the proliferation of informal childcare centres²⁴. Many of these centres, however, fail to meet the necessary quality standards outlined in the Nurturing Care Framework, resulting in low-quality care for children.

The ECD Network for Kenya in partnership with the Africa Early Childhood Network (AfECN) and stakeholders in the childcare sector, worked in 2024 to intensify childcare advocacy campaigns through a nationwide awareness campaign on the importance of quality and affordable childcare. The campaign emphasized the vital

23. Grantham, K. & Somji, A. (2022) *Childcare Solutions for Women Micro and Small Enterprises*, Donor Committee for Enterprise Development (DCEd), Cambridge, UK

24. Early Childhood Care and Development in Rural and Urban Settings in Kenya, *Briefing Paper*, February 2022, African Population and Health Research center (APHRC)

role of childcare - specifically services for children zero to five years - in supporting children, families, businesses, and societies, emphasizing the need for safe, stimulating environments for children, particularly during their most critical developmental years.

ECDNeK worked to convene state and non-state actors in a National Childcare Dialogue event that was designed to include the sharing of success stories from grassroots implementers, evidence from research and sharing experiences from child caregivers with the aim of catalysing:

- i. Improved awareness and strengthening of the policy framework ecosystem, leading to increased investments in childcare;
- ii. Enhanced community engagement and involvement in advocating for and supporting quality childcare initiatives, fostering a sense of ownership and responsibility;
- iii. Government ownership and stewardship on matters of childcare, providing leadership to all stakeholders.

The results of the interventions by ECDNeK shows that enduring change requires not just legal and policy shifts but advocacy for systems changes to translate such shifts to prevailing practice.

7.5 Conclusion

The impact of the interventions of the Rise and Shine partners shows that evidence-based campaigns and advocacy – targeting government and key actors - contribute to policy and legal changes at national and county levels that enhance the nurturing of children. However, despite enabling legal and policy frameworks at the national and subnational levels, the provision of quality ECD services is still a challenge. Enduring change requires not just legal and policy shifts but advocacy for systems changes to translate such shifts to prevailing practice.



Photo 4: A mother with her child in a play area at a health facility (Credits Lwala Community Alliance)

About this report and authors

Comic Relief's Rise and Shine programme supports partners working on early childhood development, with a focus on not leaving children behind, narrowing disadvantage gaps and improving life chances. By investing in children in their early years, we can help break the cycle of injustice.

This report has been written by the learning coordinator consultancy team, commissioned by Comic Relief for the duration of the Rise and Shine funding period to facilitate a shared learning process for grantees and the wider ECD community. The team includes Lydia Asiko, Rose Odoyo, Teresa Akinyi Ph.D and Munaweza Muleji.

Editor: Emmanuel Satia Ph.D

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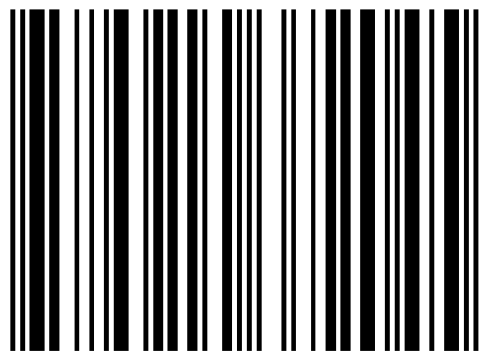
About Comic Relief

Comic Relief's vision is of a just world, free from poverty. Founded in 1985, Comic Relief supports partner organisations in the UK and around the world. We focus on early childhood development, gender justice, mental health, homelessness and insecure housing, and forced migration.

Rise and Shine Partners in Kenya

Action Network for the Disabled (ANDY)
Ananda Marga Universal Relief Team (AMURT)
Build Africa Kenya (BAK)
Early Childhood Development Network for Kenya (ECDNeK)
Lwala Community Alliance
Madrasa Early Childhood Programme – Kenya (MECP-K)
Terre des homes Foundation Kenya (Tdh)
The Action Foundation (TAF)

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