

Nurturing Care to Improve Early Childhood Development:

Kenya Country Profile

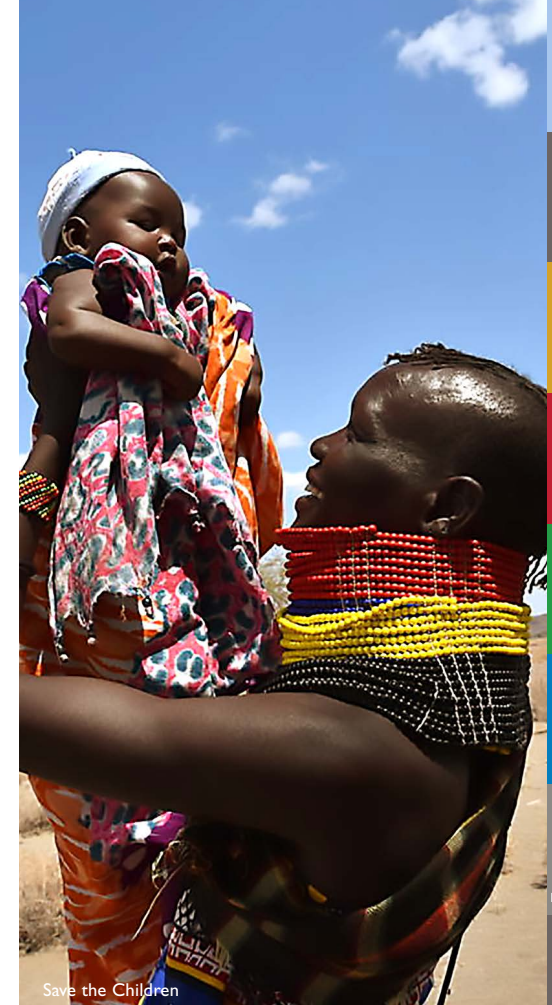
Introducing Nurturing Care

Research indicates that in low- and middle-income countries, 43 percent of children under five years of age are at risk of poverty, poor health, poor nutrition, and other adversities, which threatens their ability to reach their developmental potential (Black et al. 2017). In Kenya, 59 percent of children under five years of age are at risk of poor development based on a composite indicator of stunting, extreme poverty, or both (Lu et al. 2016).

The U.S. Agency for International Development (USAID) recognizes early childhood as a critical stage of human development. Children’s early experiences directly affect their physical, cognitive, emotional, and social development, with lasting impact on later success in school and life (Georgieff et al. 2018). The first 1,000 days—from pregnancy to age two years—are the foundation for lifelong learning and development. The brain develops more rapidly during the first 1,000 days than at any other period in life (Georgieff et al. 2018). Children grow best in an environment with nurturing care, which includes safe and secure surroundings, responsive parenting/caregiving, adequate maternal and child health care and nutrition, and opportunities for stimulation and early learning (Britto et al. 2017 see Figure 1).

There is growing momentum for integrated early childhood programming that engages multiple sectors, based on compelling new global evidence on the importance of reaching pregnant women and young children with holistic services. The 2016 Lancet series on early childhood development (ECD) and the World Health Organization’s (WHO) *Guidelines for Improving Early Childhood Development* (WHO 2020) emphasize the importance of holistic nurturing care through integrated services. Evidence from low- and middle-income countries indicate that combined caregiving and nutrition interventions are effective in improving children’s cognitive, language, and motor development compared with the current standard of care or nutrition interventions alone (Jeong et al. 2018). To date, there has been limited integration of responsive care and early learning in health and nutrition services. The Nurturing Care Framework (see figure) provides guidance to help children and families thrive through care for the individual child within a broader enabling environment of capable caregivers, empowered communities, supportive services, and enabling policies (WHO 2018).

This profile compiles national data alongside information on national policies and programs to highlight both the needs and opportunities for promoting optimal child development in Kenya.



Save the Children

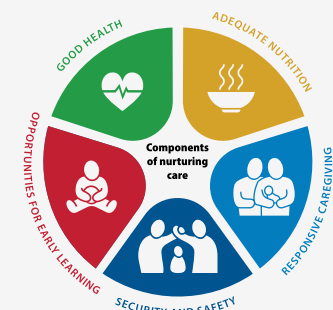


Figure 1: Components of Nurturing Care (WHO 2020)

-  QUICK LINKS
-  OUTCOMES
-  DATA
-  DATA
-  DATA
-  DATA
-  ENVIRONMENT
-  POLICIES
-  PROGRAMS
-  REFERENCES
-  DEFINITIONS

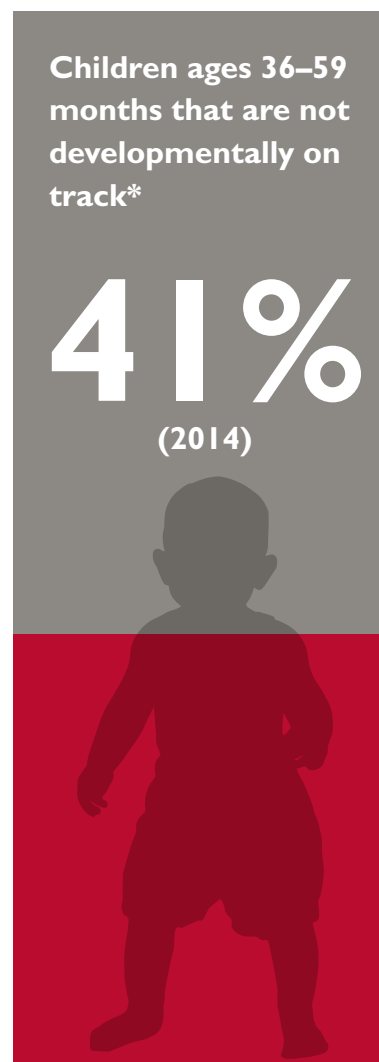
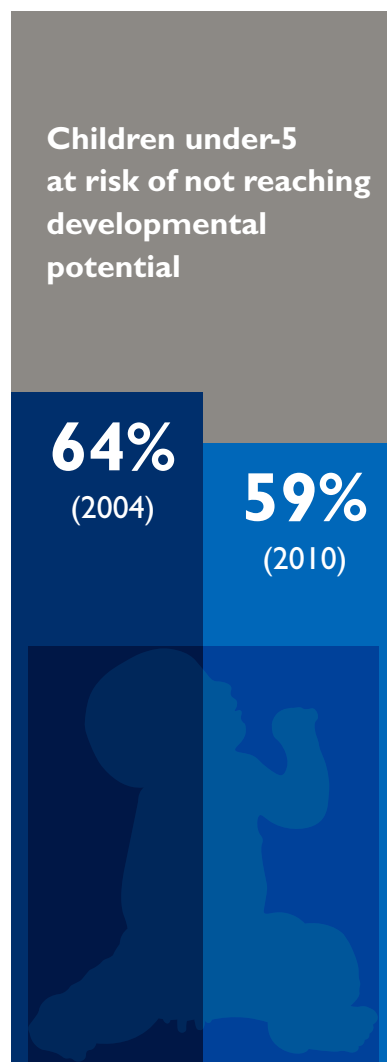
Child Development Outcomes

This profile presents data on nurturing care and early childhood development. The WHO's (2020) *Guidelines for Improving ECD* provide useful definitions of these two terms:

“Early childhood development: Refers to the cognitive, physical, language, motor, social and emotional development between 0–8 years of age.

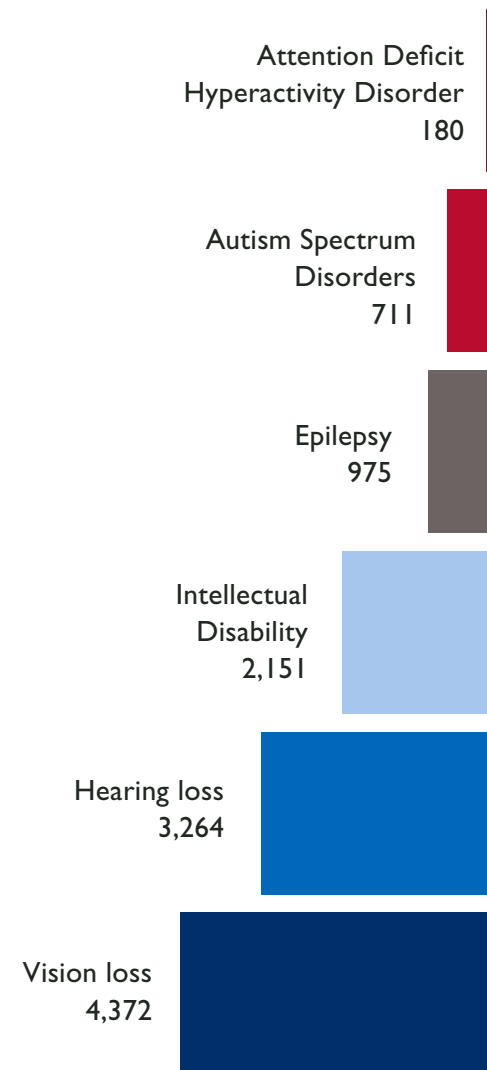
Nurturing care: Characterized by a caregiving environment that is sensitive to children’s health and nutritional needs, responsive, emotionally supportive, and developmentally stimulating and appropriate, with opportunities for play and exploration and protection from adversities.”

In brief, nurturing care supports children to survive and reach their full potential and ECD represents the outcomes measured. Nurturing care is important for everyone, and is especially important in the earliest years of a child’s life from ages 0 to 3 as this is a period of rapid brain development that sets the foundation for later health and wellbeing. Data are presented for only four – nutrition, safety and security, health, and early learning – of the five domains of nurturing care because there are currently no global indicators and data on responsive caregiving. Detailed indicator definitions and sources are located at the end of the document. To access an indicator definition, click on the title of the indicator. The data presented here provide a country-level overview, and there is likely in-country variability due to population demographics or geography.



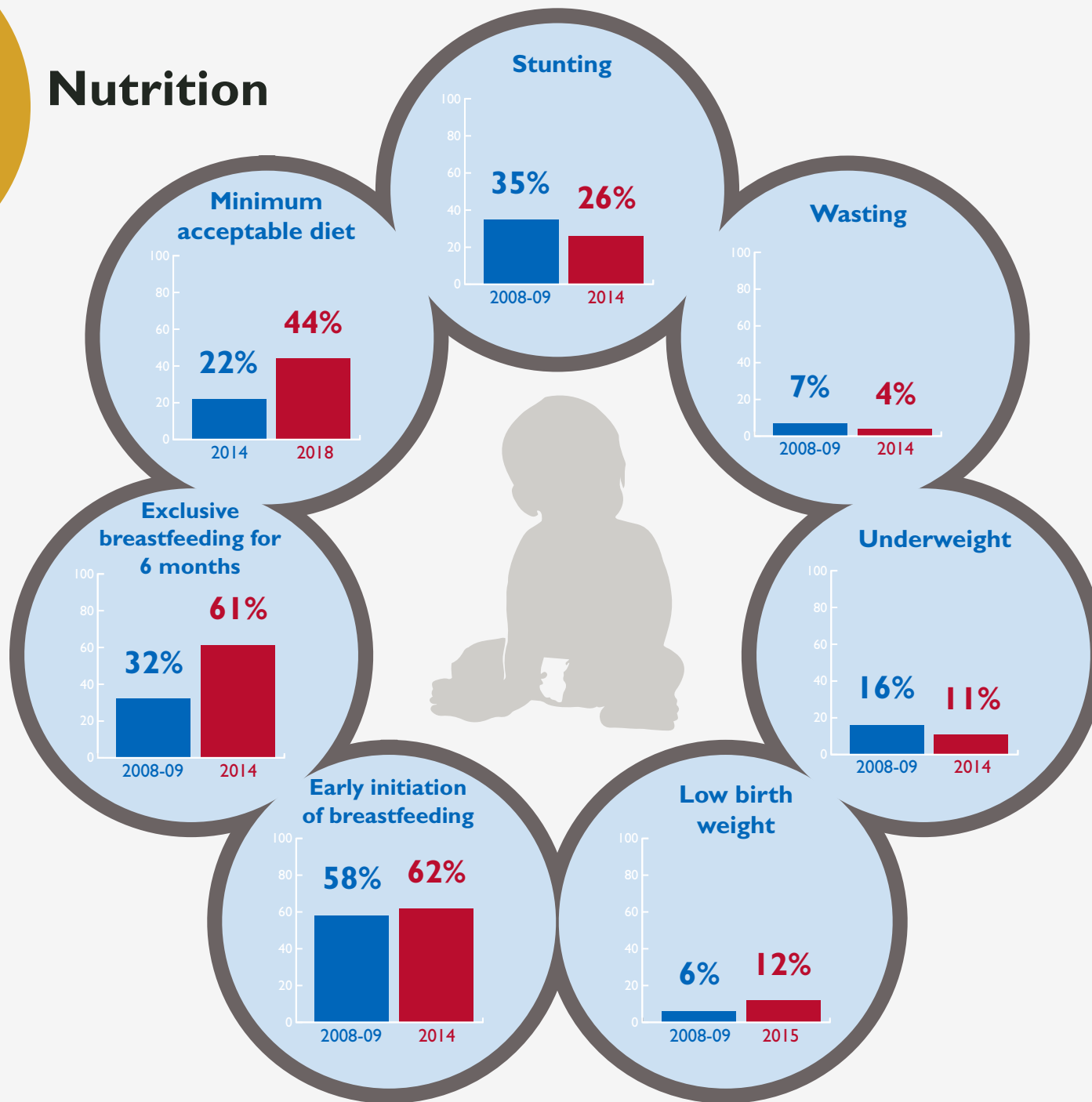
* Data is not nationally representative.

Developmental disability in **5** per 100,000 children under population





Nutrition





Early Learning



Health



Safety and Security



63%

Support for learning*
(2014)



36%

Attendance in early
childhood education*
(2014)



45%

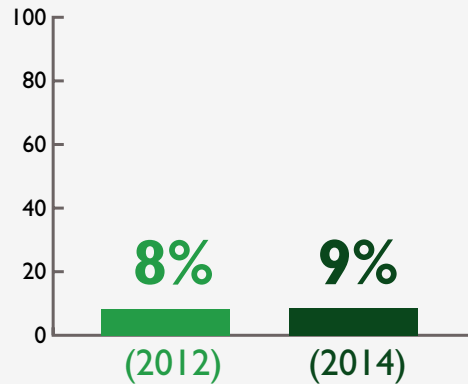
Availability of
playthings*
(2014)



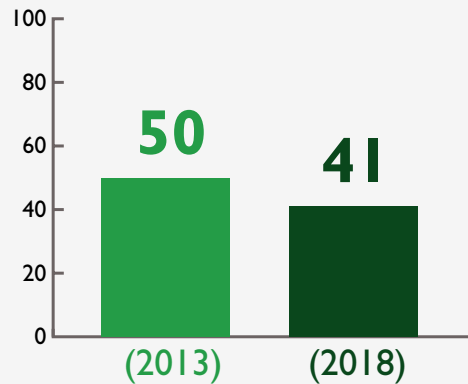
3%

Availability of
children's books*
(2014)

Preterm births



Under-5 mortality rate



12%

Positive discipline*
(2014)



46%

Inadequate supervision*
(2014)



46%

Children living in
poverty
(2016)



8%

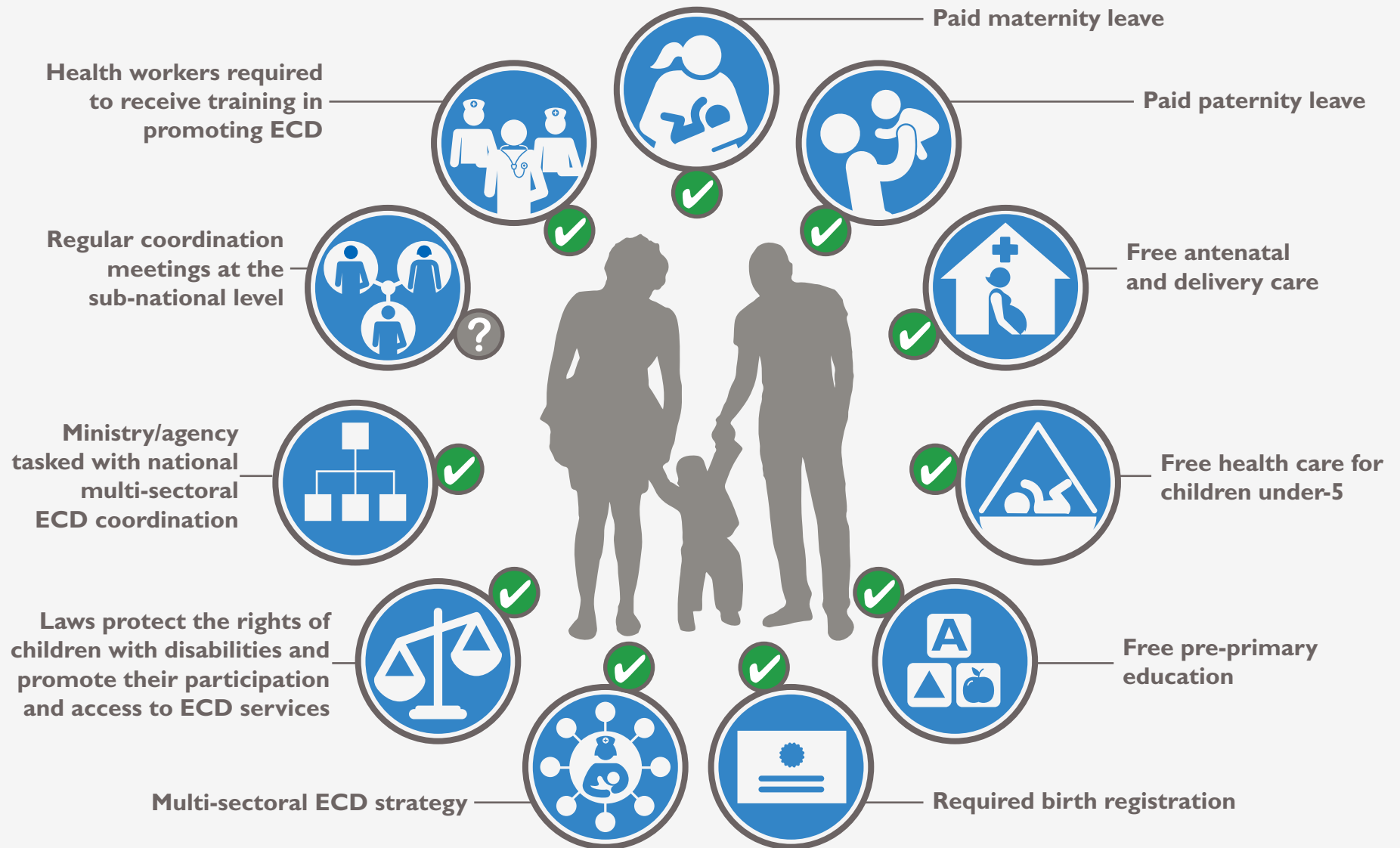
Children covered by
social protection systems
(2015)



* Data is not nationally representative.



Policy Environment for Supporting Improved ECD



Key: ✓ policy in place ✗ no policy ? information not available



Overview of Policies Related to Improving ECD

The Ministry of Health is responsible for multi-sectoral coordination for nurturing care in Kenya.

Ministry of Health

 **2020–2030**

Kenya's Community Health Policy

This policy provides guidance on the creation and implementation of a “strong, equitable, holistic and sustainable community health structure” to enable individuals, families and communities in attaining the best standard of health. The policy focuses on the provision of high-quality health services at the household and community level. Nurturing care interventions are listed under the Nurturing Care and ECD, New-born care, and Child Health and Immunization services included under the policy's Community Health Service Delivery package. The delivery package lists specific responsibilities such as community awareness, counseling, referral services and several others.

 **2018**

Newborn, Child and Adolescent Health (NCAH) Policy

A comprehensive healthcare policy from birth to adolescence. It provides a unified approach to planning, prioritizing, and implementing newborn, child, and adolescent health programs at national and county level across the continuum of care. Nurturing care interventions are included in this policy through integrated programming with child health, WASH, and other social determinants, as well as special needs and disabilities, as crosscutting themes for all age groups. A Technical Working Group on Nurturing Care sits within the NCAH unit.

 **2016**

The Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) Investment Framework

The investment framework proposes effective, efficient and innovative strategies to achieve sustainable, equitable and accelerated improvements in RMNCAH outcomes and thus meet key indicators on the SDGs.

The RMNCAH framework seeks to improve nutrition for healthy brain development in the early years and child development. It also promotes integrated delivery of essential nutrition services with essential health services at facility and community level, and reducing missed opportunities to deliver micronutrients (iron and folic acid, vitamin A, multiple micronutrients and zinc) to pregnant/lactating women and children. The “thrive” goal is really only emphasized in early childhood through improving nutrition, and lacks focus on other domains of children's development.

 **2014–2030**

The Kenya Health Policy

The policy aims to attain the highest possible standard of health in a responsive manner. A constitutional change in 2010 established the devolution of many government roles from the national level to the 47 counties. County governments are responsible for ECD, pre-primary education, health care and other services. The Kenya Health Policy has 6 objectives, one of which is providing “Essential health services” including access to comprehensive maternal, neonatal, and reproductive health service, integrating nutritional interventions in all disease management, quality diagnostic services, etc.

 **2010**

National Guidelines for Identification and Referral of Children with Disabilities and Special Needs

Early identification, referral and promotion of appropriate care-seeking behaviors focused on all children ages 0–18 years.



Ministry of Education

 2018

National Pre-Primary Education Policy

The policy identifies strategies to increase access, equity and inclusion, quality and relevance, governance and accountability, as well as research, monitoring and evaluation of pre-primary education in Kenya. Pre-primary education in Kenya targets children ages 4–5 years. Integration with child protection, health and nutrition is emphasized. Call for improving standardized training of pre-primary teachers to strengthen the workforce, including specific training on the identification of and referral of children with developmental delays.

 2006

National Early Childhood Development Policy Framework

The ECD Policy provides a comprehensive framework for early childhood services and programs. The National Council for Children's Services is the coordinating ministry overseeing services for age categories (conception to birth, birth to 3, 3–6, and 6–8 years) through a multi-sectoral and interdisciplinary approach. In addition, special attention on the provision for the needs and rights of the vulnerable and marginalized young children currently in arid and semi-arid (ASAL) districts, including children with special needs.

Other Institutions

2001

Children's Act

The 2001 Children's Act is an act of parliament that addresses a broad arrange of critical issues for young children's wellbeing in Kenya including parental responsibility, alternative care programs, childcare institutions, and giving effect to the principles of child's rights doctrines. The Children's Act addresses: (1) meeting children's needs holistically; (2) safeguarding the rights of the child; (3) ensuring that programs are child-centered; (4) recognizing parents and families as the primary caregivers and health providers, and hence empowering and supporting them to provide nurturing care; and (5) supporting and strengthening community-based early childhood services. The child act focuses on children ages 0–8 years.

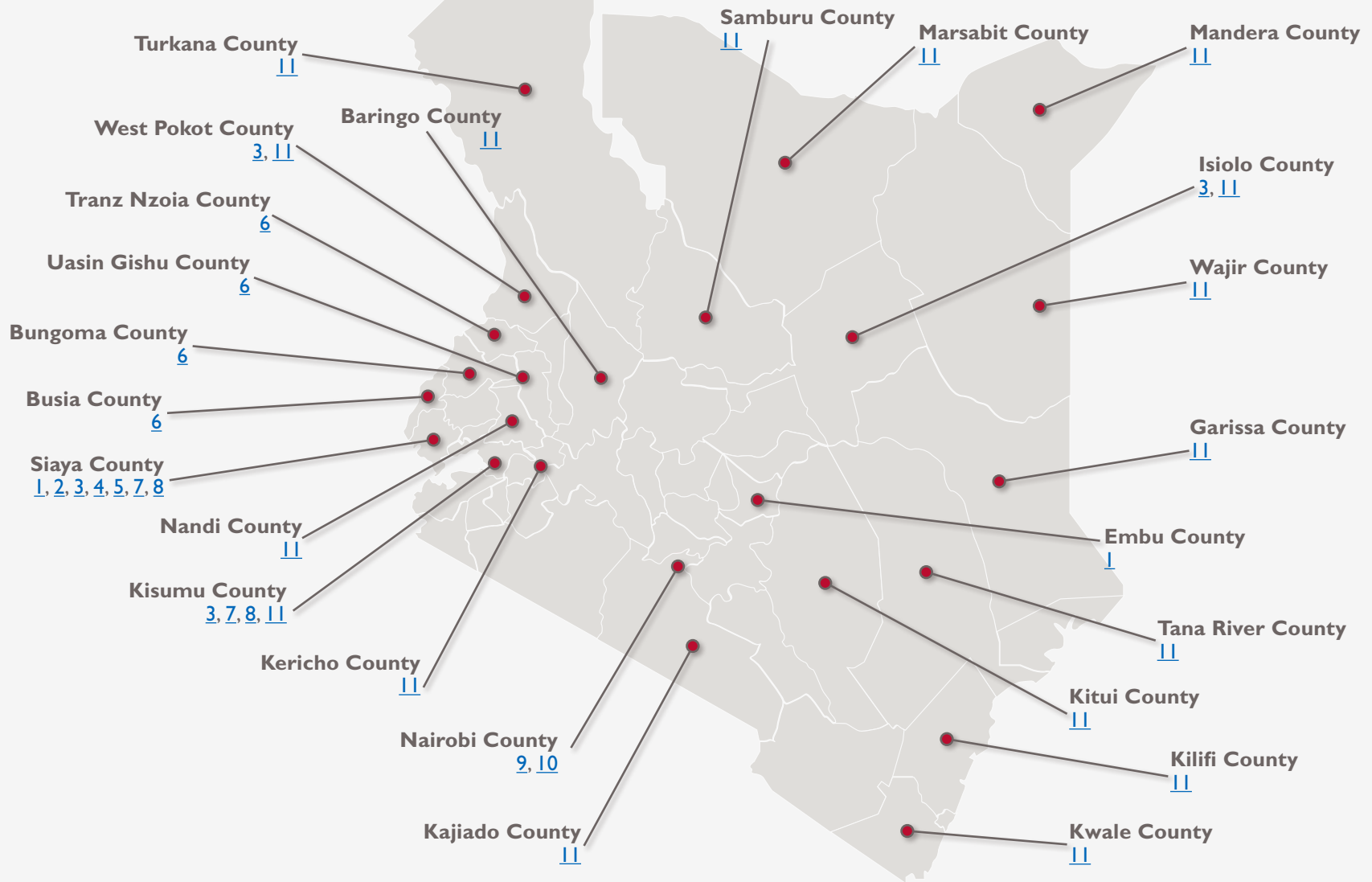


Fredrik Lerneryd / Save the Children



Current and Recent Programs for Improving ECD

Each number represents a different program. Click on the number to jump to the next pages to learn more.



Current and Recent Programs for Improving ECD

Program	Overview	Key Activities
1. Early Childhood Care, Development and Education (ECCDE) Program	<p>Implementer: Grassroots Development Initiatives Foundation-Kenya (GRADIF-K)</p> <p>Timeline: Not available</p> <p>Counties: Embu</p> <p>Key Government Partners: County Governments</p> <p>Funder: Not available</p>	<p>The GRADIF-K ECCDE Program promotes early learning for children by assisting ECD centers to develop cost-effective learning and teaching tools using available materials, providing health and nutritional support for children, and supporting capacity building for community members. GRADIF-Kenya Foundation are also reaching out to more 15,000 Children 0–3 year old with age appropriate interventions while still at home.</p>
2. A Strengthened Partnership for Nurturing Care	<p>Implementer: ChildFund</p> <p>Timeline: 2018 to 2021</p> <p>Counties: Siaya (Ugunja Sub-County)</p> <p>Key Government Partners: Ministry of Health; Department of Children Services</p> <p>Funder: Conrad N. Hilton Foundation</p>	<p>The project aims to address the needs for stimulation, responsive care and protection of young children aged 0–5 years in communities heavily affected by HIV and AIDS. The project reaches families through two service delivery modalities: household visits and group parenting sessions. Community Health Volunteers (CHVs), preschool teachers and community facilitators conduct the group parenting sessions on a monthly basis, with 17 sessions lasting 45–60 minutes each. Home visits by CHVs offer an opportunity to conduct individualized counseling sessions on specific issues that affect caregivers and their children. Through this approach, ChildFund reaches 4,669 caregivers and 4,754 children aged 0–5 years old.</p>
3. Timed and Targeted Counseling	<p>Implementer: World Vision</p> <p>Timeline: 2014–2019</p> <p>Counties: Siaya, Kisumu, West Pokot, and Isiolo</p> <p>Key Government Partners: Ministry of Health</p> <p>Funder: World Vision International and USAID.</p>	<p>Timed and Targeted Counseling (TTC) was first adopted by Kenya Ministry of Health in 2012, and then implemented in World Vision’ Area Development Program. The TTC intervention is implemented by the safe-motherhood action groups promoting positive behaviors among women, family, and community members. TTC deploys trained home visitors to engage families in dialogue, counseling and negotiation for better health practices. Visits are targeted to times in pregnancy and early childhood when these health messages are most relevant. Key behaviors include early attendance of antenatal care, delivery at a health facility, exclusive breastfeeding, male involvement, WASH, and potentially early learning. TTC has been incorporated into the national CHW program in Kenya, with the approach used for the full scope of CHWs’ work beyond MNCH.</p>
4. Expanding Early Childhood Development	<p>Implementer: PATH</p> <p>Timeline: 2012–2020</p> <p>Counties: Siaya</p> <p>Key Government Partners: Ministry of Health; Siaya County Government</p> <p>Funder: Conrad N Hilton Foundation with match funding from USAID APHIA Plus 2012–16</p>	<p>PATH engages with the national MOH, Siaya County Government, other governmental agencies, and nongovernmental partners to integrate child development monitoring and counseling on responsive caregiving and early learning into relevant health sector guidelines, tools, and policies. PATH adapted the Care for Child Development package into a range of easy-to-use, pictorial information, education, and communication materials. Service providers are trained to implement play sessions in health facility waiting areas, counsel caregivers on responsive caregiving and demonstrating age-appropriate early learning practices. A randomized controlled trial to determine the impact of their intervention is ongoing. Preliminary data suggest a positive effect on improving caregiver practices. Counselling for adolescent mothers on responsive caregiving and early learning are integrated into the DREAMS initiative. This has resulted in a 25% increase in retention of adolescent mothers using these safe spaces.</p>

BACK TO MAP



Program	Overview	Key Activities
5. mNurturingCare	<p>Implementer: PATH and Medic Mobile Timeline: 2018–2019 Counties: Siaya Key Government Partners: Ministry of Health; Siaya County Government Funder: CIFF</p>	<p>PATH and Medic Mobile piloted a mobile-based counseling and decision-support tool (mNurturingCare) with community-based health service providers. Pilot results show an increase in detection of children with suspected developmental delays, as well as a perception of overall improvement in quality of service delivery.</p>
6. Chamas for Change	<p>Implementer: Academic Model Providing Access To Healthcare (AMPATH) Timeline: 2012–ongoing Counties: Busia, Bungoma, Trans Nzoia and Uasin Gishu Key Government Partners: County Government's Ministries of Health Funders: Grand Challenges Canada, Hickey Family Foundation, Abbvie Foundation, CTSI and Faimer</p>	<p>Chamas for Change is a CHV operated peer support model empowering women with health education and microfinance literacy from early pregnancy to the third year postnatal. Central to this approach is the holistic integration of health, social and financial literacy to improve health and child outcomes. The program improves child developmental outcomes by enhancing parenting skills with a focus on parent-child interactions, while reducing parental stress and harsh punishment. CHV-led groups are held bimonthly and consist of 15–20 women led by two CHVs. The Sinovuyo Caring Families program was adapted to the Malezi Mema curriculum and parents receive assignments on early stimulation activities to practice with their children at home. Results showed a decrease in harsh punishment, parental stress, malnutrition and stunting. Also, an improvement in children's social and emotional development and preschool enrolment rates.</p>
7. Integrated Mothers and Babies course implemented in THRIVE II	<p>Implementer: Catholic Relief Services (CRS) Timeline: 2016-2018 Counties: Siaya and Kisumu Key Government Partners: Ministry of Health Siaya Funder: Conrad N. Hilton Foundation</p>	<p>The mothers and babies course (MBC) curriculum is a prevention model based on cognitive behavioral therapy with the aim of supporting pregnant women and mothers with children under two years of age to become more resilient, decrease risk for future depression, and manage daily stressors effectively. The iMBC/ECD integrates maternal mental health and the ECD curriculum comprising of early stimulation, positive parenting & discipline, infant and young child feeding and hygiene (an adaptation of the Care for Child Development). Points of entry include both home visits and care group sessions and are facilitated by CHVs. One-hour group sessions are delivered twice a month over seven months. After month 8, the group sessions continue delivering ECD educational sessions until the child reaches age 3. Home visits are targeted to more vulnerable families who need additional support.</p>
8. Strengthening the Capacity of Women Religious in Early Childhood Development (SCORE II ECD)	<p>Implementer: Catholic Relief Services (CRS) Timeline: 2017-2021 Counties: Siaya and Kisumu Key Government Partners: Ministry of Health Siaya Funder: Conrad N. Hilton Foundation</p>	<p>SCORE II ECD is delivered through group sessions and home visits. After month 8, once the MBC component is completed mothers continue attending the group sessions to receive additional ECD sessions up the child reaches age 3. Home visits are targeted to more vulnerable families who need additional support. In addition, Sisters do advocacy through radio and TV. In Kenya more than 50 Sisters from the nine congregations implementing SCORE ECD project are members of the various ECD Technical Working Group (TWG) either at Sub County or County levels. Parents learn the importance of mother-child interaction, early stimulation, responsive feeding, and caring for newborns. In addition, HIV-positive mothers and their husbands receive information on the importance of disclosure, talking to their child, attachment, language, and behavioral development.</p>

[BACK TO MAP](#)



Program	Overview	Key Activities
9. Mobile App	<p>Implementer: African Population and Health Research Center and Val Partners</p> <p>Timeline: 2018-2021</p> <p>Counties: Nairobi (Korogocho ward within Ruaraka sub-County)</p> <p>Key Government Partners: Private Sector working closely with Nairobi county and sub county health and ECD offices</p> <p>Funder: Grand Challenges Canada Saving Brains</p>	<p>In partnership with Val Partners, this project seeks to develop, implement and evaluate the use of mobile phone technology to help caregivers track their children's developmental outcomes, identify concerns, and prompt referrals. The mobile phone application will generate customized child stimulation messages based on the age of the child and previous feedback. Monthly home-visits over a period of approximately 12 months will be conducted by CHVs to establish if the child stimulation messages received by caregivers are being put into practice. Referrals and connections to other services for families in the areas of health and nutrition will be facilitated by the CHVs. A proposed study is planned to test the feasibility of using a mobile application by primary caregivers as well as measure its effect on child development. The results will inform the scalability and sustainability of the project.</p>
10. Kidogo	<p>Implementer: Kidogo Network</p> <p>Timeline: 2014– present</p> <p>Counties: Nairobi (primarily informal settlements)</p> <p>Key Government Partners: Private Sector, County Government</p> <p>Funders: Hilton Foundation, Jasmine Social Investments, Echidna Giving, Yajjilara, Jester Foundation, Wend Ventures and Dubai Expo</p>	<p>Kidogo improves access to quality, affordable early childhood care & education in Kenya's low-income communities through a social franchising approach. They provide training, coaching and support tools to help women ("Mamapreneurs") start or grow their own child care micro-business. This is complemented by Kidogo's Centres of Excellence, which are a hub for training, innovation and engaging with stakeholders. Kidogo's pedagogy is based on the Nurturing Care Framework and includes safe, stimulating environments, responsive caregiving, play-based learning, health, nutrition and WASH. Kidogo is Kenya's leading childcare network with 139 Mamapreneurs in 12 communities, reaching 2,886 children (0–5 years). Compared to a control group, Kidogo Kids were healthier and outperformed on all areas of development, particularly executive function and socio-emotional learning.</p>
11. Baby friendly community Initiative (BFCl)	<p>Implementer: UNICEF Kenya</p> <p>Timeline: 2018-2022</p> <p>Counties: Baringo, Kericho, Nandi, Kisumu, Tana River, Mandera, Garissa, Isiolo, Kitui, Kwale, Kilifi, Marsabit, Samburu, Wajir, West Pokot, Turkana and Kajiado</p> <p>Key Government Partners: Ministry of Health</p> <p>Funders: DFID, UNICEF (RR)</p>	<p>UNICEF is committed to supporting the continuum of care across the maternal, newborn and early childhood period, acknowledging that maternal health is critical in ensuring healthy babies and children. UNICEF also supports the continuum of care from the household, community and health facility, with an increasing emphasis on community health approaches.</p> <p>At the community level, UNICEF supports implementation of Baby Friendly Community Initiative (BFCl), which included integrated counseling on Maternal, infant and young child feeding and child development and caregiving. BFCl focuses attention to community level with an aim of enhancing the nutrition, health, growth and development of infants and young children, as well as strengthening care and support for their parents/ caretakers to sustain a baby friendly environment at community level. It also creates an opportunity for cross sectoral linkages at community level. UNICEF provides technical support to development of guidelines, training materials, IEC materials, implementation and monitoring of the programs.</p>

BACK TO MAP



References and Background Sources

Black, Maureen, Susan P. Walaker, Lia C.H. Fernald, Christopher T. Andersen, Ann M. DiGiorolamo, Chunling Lu, et al. 2017. "Early Childhood Coming of Age. Science through the Life-Course," *The Lancet* 389(10064): 77–90, doi: 10.1016/S0140-6736(16)31389-7

Brault, Marie A., Kenneth Ngunjiri, Connie A. Haley, Stewart Kabaka, Kibet Sergon, Seshome Destra, et al. . 2017. "The Introduction of New Policies and Strategies to Reduce Inequities and Improve Child Health in Kenya: A Country Case Study on Progress in Child Survival, 2000-2013," *PLoS ONE*, 12 (8): e0181777, doi. org/10.1371/journal.pone.0181777.

Britto, Pia .R., Stephen J. Lye, Karrie Proulx, Aisha K. Yousafzai, Stephen G. Matthews, Tyler Vaivada, Rafael Perez-Escamilla, et al. 2017. "Nurturing care: Promoting Early Childhood Development," *The Lancet* 389(10064): 91–102, doi: 10.1016/S0140-6736(16)31390-3.

Georgieff, Michael K., Sara E. Ramel, & Sarah E. Cusick. 2018. "Nutritional Influences on Brain Development," *Acta Paediatrica* 107(8): 1310-1321, doi: 10.1111/apa.14287.

Jeong, Joshua, Emily Franchett, and Aisha K. Yousafzai. 2018. *World Health Organization Recommendations to Support Early Child Development in the First Three Years of Life: Report of the Systematic Review of the Evidence*. Boston: Harvard T.H. Chan School of Public Health.

Lu, Chunling, Maureen M. Black, and L.M. Richter. 2016. "Risk of Poor Development in Young Children in Low-Income and Middle-Income Countries: An Estimation and Analysis at the Global, Regional and Country Level." *The Lancet Global Health*, 4: e916-22, doi: 10.1016/S2214-109X(16)30266.

Maternal and Child Survival Program. 2019. *Landscape Analysis of Survive, Thrive, and Transform Interventions for Children*. Washington, DC: USAID.

UNICEF. 2019. *Country Office Annual Report 2019: Kenya*. Nairobi: UNICEF.

World Health Organization (WHO), United Nations Children's Fund, World Bank Group. 2018. *Nurturing Care for Early Childhood Development: A Framework for Helping Children Survive and Thrive to Transform Health and Human Potential*. Geneva: World Health Organization.

WHO. 2020. *Improving Early Childhood Development: WHO Guideline*. Geneva: World Health Organization.

In addition to references listed here, information was gathered on programs through reviewing publicly available information from organizational websites or publications as well as via direct communication with program implementers.



Peter Caton / Save the Children



Indicator Definitions and Sources

DESCRIPTOR	INDICATOR DEFINITION	DATA SOURCE
Child Development		
Children under-5 at risk of not reaching developmental potential	Percent of children under-five years that were exposed to stunting or extreme poverty	Lu, Chunling, Maureen M. Black, and L.M. Richter. 2016. "Risk of Poor Development in Young Children in Low-Income and Middle-Income Countries: An Estimation and Analysis at the Global, Regional and Country Level." <i>The Lancet Global Health</i> , 4: e916-22, doi: 10.1016/S2214-109X(16)30266-2.
Developmental disability in children under-5	Rate of developmental disability per 100,000 children under-five years, disaggregated by six forms of developmental disability [epilepsy, intellectual, hearing loss, vision loss, autism spectrum disorder (ASD), and attention deficit hyperactivity disorder (ADHD)]	Global Research on Developmental Disabilities Collaborators. 2018. "Developmental disabilities among Children Younger than 5 Years in 195 Countries and Territories, 1990–2016: A Systematic Analysis for the Global Burden of Disease Study 2016." <i>The Lancet Global Health</i> , 6: e1100-21, doi:https://doi.org/10.1016/S2214-109X(18)30309-7.
Children ages 36–59 months that are not developmentally on track	Percentage of children (aged 36–59 months) not developmentally on track in at least 3 of the 4 following domains: literacy-numeracy, physical, social-emotional and learning	Re-analysis of Kenya National Bureau of Statistics. (2016). Multiple Indicator Cluster Survey 2013/14 for Bungoma, Kakamega and Turkana counties. Note: this data source is not nationally representative.
Early Learning		
Support for learning	Percentage of children (aged 36–59 months) with whom any adult household member has engaged in 4 or more activities to provide early stimulation and responsive care in the last 3 days	Re-analysis of Kenya National Bureau of Statistics. (2016). Multiple Indicator Cluster Survey 2013/14 for Bungoma, Kakamega and Turkana counties. Note: this data source is not nationally representative.
Attendance in early childhood education	Number of children age 36–59 months who are attending an early childhood education program	Re-analysis of Kenya National Bureau of Statistics. (2016). Multiple Indicator Cluster Survey 2013/14 for Bungoma, Kakamega and Turkana counties. Note: this data source is not nationally representative.
Availability of playthings	Percentage of children under age 5 who play with 2 or more types of playthings	Re-analysis of Kenya National Bureau of Statistics. (2016). Multiple Indicator Cluster Survey 2013/14 for Bungoma, Kakamega and Turkana counties. Note: this data source is not nationally representative.
Availability of children's books	Percentage of children under age 5 who have 3 or more children's books	Re-analysis of Kenya National Bureau of Statistics. (2016). Multiple Indicator Cluster Survey 2013/14 for Bungoma, Kakamega and Turkana counties. Note: this data source is not nationally representative.



DESCRIPTOR	INDICATOR DEFINITION	DATA SOURCE
Health		
Preterm births	Proportion of live births that preterm (before 37 completed weeks of gestation)	Chawanpaiboon, Saifon, Joshua P.Vogel, Ann-Beth Moller, Pisake Lumbiganon, et al. (2019). Global, Regional, and National Estimates of Levels of Birth in 2014: A Systematic Review and Modelling Analysis. <i>The Lancet Global Health</i> , 7: e37-46, doi.org/10.1016/S2214-109X(18)30451-0
Under-5 mortality rate	Deaths of children under five years per 1,000 live births	United Nations Inter-Agency Group for Child Mortality Estimation. 2019. Under-Five Mortality Rate—Total." Accessed from https://childmortality.org/data on July 28, 2020.
Nutrition		
Stunting	Percentage of under-fives falling below minus 2 standard deviations (moderate and severe) from the median height-for-age of the reference population	Kenya National Bureau of Statistics. 2015. Kenya Demographic and Health Survey 2014. Nairobi: Republic of Kenya. Data reported for 2008-09 and 2014.
Wasting	Percentage of children under 5 years of age falling below -2 standard deviations (moderate and severe) from the median weight-for-height of the reference population	Kenya National Bureau of Statistics. 2015. Kenya Demographic and Health Survey 2014. Nairobi: Republic of Kenya. Data reported for 2008-09 and 2014.
Underweight	Percentage of under-fives falling below minus 2 standard deviations (moderate and severe) from the median weight-for-age of the reference population	Kenya National Bureau of Statistics. 2015. Kenya Demographic and Health Survey 2014. Nairobi: Republic of Kenya. Data reported for 2008-09 and 2014.
Low birth weight	Proportion of births that are low birth weight (less than 2,500 grams)	Blencowe, Hannah, Julia Krusevec, Mercedes de Onis, Rober E. Black, Xiaoy An, Gretchen A. Stevens, et al.. 2019. "National, Regional and Worldwide Estimates of Low Birthweight in 2015, with Trends from 2000: A Systematic Analysis, <i>The Lancet Global Health</i> , 7: e849-60, doi: https://doi.org/10.1016/S2214-109X(18)30565-5 Kenya National Bureau of Statistics. 2010. Kenya Demographic and Health Survey 2008-09. Nairobi: Republic of Kenya.
Early initiation of breastfeeding	Proportion of children breastfed within 1 hour of birth	Kenya National Bureau of Statistics. 2015. Kenya Demographic and Health Survey 2014. Nairobi: Republic of Kenya. Kenya National Bureau of Statistics. 2010. Kenya Demographic and Health Survey 2008-09. Nairobi: Republic of Kenya.
Exclusive breastfeeding for 6 months	Proportion of children under 6 months who are exclusively breastfed	Kenya National Bureau of Statistics. 2015. Kenya Demographic and Health Survey 2014. Nairobi: Republic of Kenya. Kenya National Bureau of Statistics. 2010. Kenya Demographic and Health Survey 2008-09. Nairobi: Republic of Kenya.



DESCRIPTOR	INDICATOR DEFINITION	DATA SOURCE
Nutrition (continued)		
Minimum acceptable diet	Proportion of children 6–23 months who are fed a minimum acceptable diet	Kenya National Bureau of Statistics. 2018. PMA2020 Nutrition Survey Results: Kenya. Nairobi: Republic of Kenya. Kenya National Bureau of Statistics. 2015. Kenya Demographic and Health Survey 2014. Nairobi: Republic of Kenya.
Safety and Security		
Positive discipline	Proportion of children 1–4 years who reported using only non-violent forms of discipline in the past month	Re-analysis of Kenya National Bureau of Statistics. (2016). Multiple Indicator Cluster Survey 2013/14 for Bungoma, Kakamega and Turkana counties. Note: this data source is not nationally representative.
Inadequate supervision	Percentage of children under age 5 left alone or under the supervision of another child younger than 10 years of age for more than 1 hour at least once in the last week	Re-analysis of Kenya National Bureau of Statistics. (2016). Multiple Indicator Cluster Survey 2013/14 for Bungoma, Kakamega and Turkana counties. Note: this data source is not nationally representative.
Children living in poverty	Poverty headcount ratio at \$1.90 a day, age 0-14 is the percentage of population age 0–14 living on less than \$1.90 a day at 2011 international prices.	World Bank. 2020. Poverty and Equity DataBank. https://databank.worldbank.org/reports.aspx?source=poverty-and-equity-database# . Last Accessed July 28, 2020.
Children covered by social protection systems	Effective coverage of child and family benefits as part of main social security programs and social protection	International Labour Organization (ILO). 2017. World Social Protection Report 2017–2019: Universal Social Protection to Achieve the Sustainable Development Goals. Geneva: ILO.
Policies		
Paid maternity leave	The country has a paid maternity leave policy or law	The Employment Act, 2007. The Kenya Gazette Supplement No. 107, 2007-10-26, pp. 357–436. Nairobi: Republic of Kenya.
Paid paternity leave	The country has a paid paternity leave policy or law	The Employment Act, 2007. The Kenya Gazette Supplement No. 107, 2007-10-26, pp. 357–436. Nairobi: Republic of Kenya.
Free antenatal and delivery care	Antenatal care and delivery services are provided free of charge at public facilities	Dutta, A., T. Maina, M. Ginivan, and S. Koseki. 2018. Kenya Health Financing System Assessment, 2018: Time to Pick the Best Path. Washington, DC: Palladium, Health Policy Plus.
Free health care for children under-5	Child health services are free to all, or free for children under age-five under national health insurance schemes	National Council for Population and Development. 2012. A Look at the Child Health Services in Kenya: Brief. Nairobi: Republic of Kenya.
Free pre-primary education	Government provides free pre-primary schooling	Basic Education Act, 2013 (No. 14 of 2013). Nairobi: Republic of Kenya.



DESCRIPTOR	INDICATOR DEFINITION	DATA SOURCE
Policies (continued)		
Required birth registration	Law or policy requires registration of births	National Council for Law Reporting. 2012. Births and Deaths Registration Act, Chapter 149. Nairobi: Republic of Kenya.
Multi-sectoral ECD strategy	Country has an explicit multi-sectoral ECD strategy	Ministry of Education. National Early Childhood Development Policy Framework. 2006. Nairobi: Republic of Kenya.
Laws protect the rights of children with disabilities and promote their participation and access to ECD services	Laws in place to protect the rights of children with disabilities and promote their participation and access to ECD services, including healthcare and ECCE	Ministry of Education. 2009. The National Special Needs Education Policy Framework. Nairobi: Republic of Kenya.
Ministry/agency tasked with national multi-sectoral ECD coordination	Country has a ministry/agency tasked with multi-sectoral ECD coordination at the national level	Ministry of Education. 2006. National Early Childhood Development Policy Framework. Nairobi: Republic of Kenya.
Regular coordination meetings at the sub-national level	Regular coordination meetings between the different implementing actors at the sub-national level	Data not available
Health workers required to receive training in promoting ECD	Health workers required to receive training in delivering ECD messages (developmental milestones, childcare, parenting, early stimulation, et)	Ministry of Public Health and Sanitation. 2010. National Guidelines for Identification & Referral of Children with Disabilities and Special Needs. Nairobi: Republic of Kenya.



USAID ADVANCING NUTRITION

Implemented by:
 JSI Research & Training Institute, Inc.
 2733 Crystal Drive
 4th Floor
 Arlington, VA 22202

Phone: 703-528-7474
 Email: info@advancingnutrition.org
 Web: advancingnutrition.org

September 2020

USAID Advancing Nutrition is the Agency's flagship multi-sectoral nutrition project, addressing the root causes of malnutrition to save lives and enhance long-term health and development.

This document was produced for the U.S. Agency for International Development. It was prepared under the terms of contract 7200AA18C00070 awarded to JSI Research & Training Institute, Inc. The contents are the responsibility of JSI and do not necessarily reflect the views of USAID or the U.S. Government.

