

## KENYA LEARNING BRIEF

### Lessons Learned from A Strengthened Partnership for Nurturing Care 2018–2021



#### Project Background

ChildFund is a child-focused international development organization implementing through local partners to provide assistance to children facing poverty and other challenges in 20 countries. For the critical early years of life, ChildFund’s programs aim to achieve the maximum sustainable benefit for infants and young children and their caregivers by integrating child protection with responsive caregiving, early stimulation, health, nutrition and early learning approaches.

Through funding from Conrad N. Hilton Foundation, ChildFund led a multi-country initiative, “A Strengthened Partnership for Nurturing Care” implemented in Kenya and Zambia to address the needs of young children aged 5 years and below and their caregivers affected by HIV and AIDS in sub-Saharan Africa. In Kenya, an estimated 1.4 million adults (aged 15+) are living with HIV while an estimated 580,000 children are orphaned due to AIDS. Additionally, in Kenya, 59 percent of children under 5 years of age are at risk of poor development (Lu et al 2016).

REACH	
Local Partner	Kisumu Development Program
Government Partner	Departments of Health, Education, and Social Services, Children’s Development
Communities	Sidini, Sigomre, Ugunja
Caregivers and children reached	4,203 caregivers and 4,378 infants and young children
ECD Centers Reached	30
Community support groups reached	52
Facilitators trained	299
Mentors trained	30

Kenya’s parenting program was designed with two distinct phases implemented between January 2016 and October 2021 in the Ugunja Sub-County in Siaya County through the local partner Kisumu Development Program. **Phase I** of the program aimed to ensure that children aged 0-5 affected by HIV/AIDS would meet developmental milestones supported by responsive male and female caregivers. **Phase II** continued to provide support to young children and their caregivers. The program also aimed to build subnational

and community-based child protection capacity to validate child protection risks for infants and young children as well as to establish, monitor and document plans to address these risks, as well as strengthening multisectoral collaboration for nurturing care.

# Hilton Project Design and Implementation

## Project Design

ChildFund's distinctive, locally led approach involved close collaboration with local partners and government agencies involved in nurturing care throughout the program cycle, including the initial assessment, design, monitoring and evaluation. Through this approach, ChildFund's positive parenting program was uniquely positioned to identify and respond to communities' comprehensive needs while leveraging and strengthening existing local structures.

## Program Implementation

Young children experience nurturing care first and foremost in the home, supported by enabling environments in the community along with national-level policies. For this reason, the program prioritized strengthening caregiver skills through home visits and group sessions covering the five interrelated domains of nurturing care.

ChildFund's positive parenting program was exclusively implemented through local partners. Trained community health volunteers conducted two monthly home visits, with each session lasting 45-60 minutes, for 9-12 consecutive months. The sessions were taught in series and caregivers had the opportunity to engage in one-on-one individualized counseling on issues on nurturing care.

In addition, the community structures utilized routine community health talks to conduct group parenting counseling sessions. Twice a month, trained early childhood development (ECD) teachers held sessions for caregivers of children enrolled in 30 selected ECD centers, with each session lasting 45-60 minutes for 9-12 consecutive months. Facilitators also used existing community groups to reach caregivers of children under 3. Through the group sessions, caregivers learned about nurturing care, specifically child development, play and communication, health, nutrition, child protection issues and early learning opportunities.

While there were significant disruptions due to COVID-19, the program adopted COVID-19 safety measures to safely resume key activities by late July 2020: Community health volunteers engaged caregivers through home visits, community facilitators conducted socially distant parenting group sessions, and ECD centers resumed enrollment.

## Systems Strengthening and Sustainability

Under the leadership of the Government of Kenya at both national and sub-national levels, ChildFund collaborated closely with relevant governmental ministries and departments of health, education, social development, children services, and registration of births and deaths, as well as national government administration officers among others to increase quality and access to critical services for young children and their families. Through these partnerships, government partners' capacity was strengthened in ensuring protective, nurturing and stimulating home and community environments for infants and young children. By working at household, community and government levels, ChildFund provided strategic, layered and sequenced support to strengthen nurturing care for infants and young children. This also embedded ownership and sustainability of interventions beyond project life.

**Multisectoral coordination for nurturing care:** Sustained focus on collaboration among health, child protection and education sectors is critical to program success when targeting multisectoral outcomes. During the implementation of project interventions, ChildFund Kenya worked with relevant national and sub-national levels of government ministries and departments to strengthen the provision of nurturing care support. ChildFund involved the multisectoral coalition in the planning, implementation and monitoring of the project. The Early Childhood Development director from Siaya County praised the multisectoral coordination, commenting, “We have always been battling with the idea of forming these multisectoral teams across the six sub-counties in the county. Then luckily or fortunately, we found ChildFund had come up with one which is very active, very involving, and very participatory. They have roped in several departments from both the county government and the national government, who are participating in the multisectoral team towards the nurturing care program.” The director also pledged to not only continue the program but to expand it as well: “We want the program to be sustained. We want the tempo to be sustained. We want all the rural households to be saturated with nurturing care messages so that everybody in Siaya [...] is also involved in this program. So the next step is to ensure that the nurturing care program [...] continues for years and years to come.”

***The project aimed to build evidence around the provision of nurturing care in Kenya through three distinct studies.***

### **1. Process Evaluation**

This process evaluation examined the implementation of the project. In addition to assessing the fidelity of project implementation, this evaluation examined how the project engaged male caregivers in nurturing care, evaluated baseline data collection, assessed the impact of the COVID-19 pandemic, and assessed how child protection issues and multisectoral coordination have taken place over the course of the project.

### **2. Participatory Evaluation**

The project conducted a participatory evaluation using the Most Significant Change (MSC) methodology to facilitate an ongoing process of empowerment and capacity development of intended participants including both caregivers and nurturing care practitioners beyond the life of the project. The evaluation provided an opportunity for stakeholders and participants to reflect on project progress, generate lessons learned and plan future priorities around nurturing care.

### **3. Endline Evaluation**

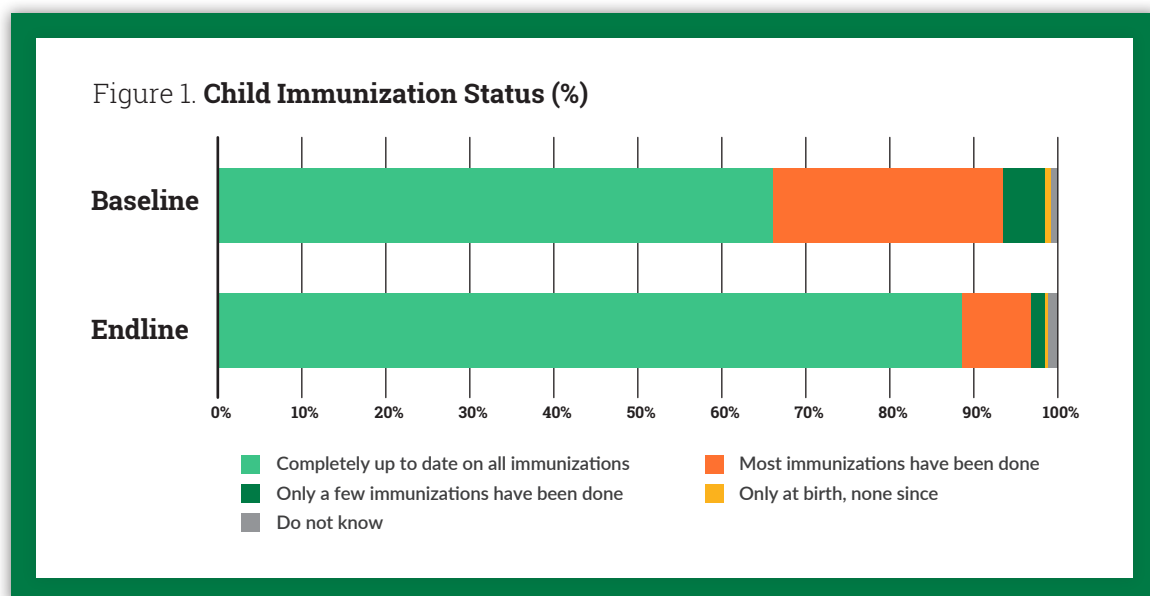
This evaluation aimed to identify changes in outcomes and output indicators as between baseline and endline by examining four key areas. First, the evaluation collected qualitative and quantitative data to understand if the project strengthened multisectoral nurturing care coordination among Ugunja Sub-County government multisectoral partners, development partners, and Kisumu Development Program to expand nurturing care knowledge and services to vulnerable caregivers of infants and young children aged 0-5. Second, the evaluation examined if the project strengthened community-based child protection to improve the safety and security of infants and young children aged 0-5 in targeted communities. Third, the evaluation measured if targeted Ugunja Sub-County ECD centers had improved nurturing care services. Fourth, the evaluation measured the extent to which social behavior communication change messages were integrated into formal Ugunja Sub-County multisectoral government partners' activities and community-based structures' activities.



# Program Outcomes and Next Steps

A child’s early development is the result of interaction between the child and stimulating and responsive environments that provide protection from adversities, offer early learning opportunities and meet nutritional and health needs. ChildFund trained 30 mentors and 299 facilitators, ultimately reaching 4,203 caregivers and 4,378 infants and young children in Kenya. The project reached 52 community support groups, 4 male groups, and 30 ECD centers.

Quantitative research and anecdotal caregiver feedback indicate that the program strengthened nurturing care for young children across all domains. By the end of the program, 51% of caregivers reported that their child had fruits or vegetables daily, an increase from 44% at baseline. At endline, almost all children (89.1%) were reported as being completely up to date on all immunizations as compared to only 66.7% of children at baseline. Almost all caregivers at endline were able to identify signs of child abuse, an approximate 14% increase from baseline. Similarly, almost all caregivers indicated they were aware of how to report cases of child abuse, with a 27% increase in the number of caregivers who said they would report cases of child harm/abuse to the government. It should be noted that there is not a specific unified channel for reporting abuse in Kenya. During the household surveys, most caregivers (91.1%) reported that children under 5 years of age had access to play materials, an increase from 79.2% at baseline. In addition, over three-quarters of caregivers said they read to their child, an approximate 32% increase from baseline. Furthermore, all caregivers during focus group sessions said they had received some form of training on self-care. At both baseline and endline, 52% of caregivers at both time points indicated they felt they had enough time for themselves, suggesting that self-care may be a potential area for future programming.

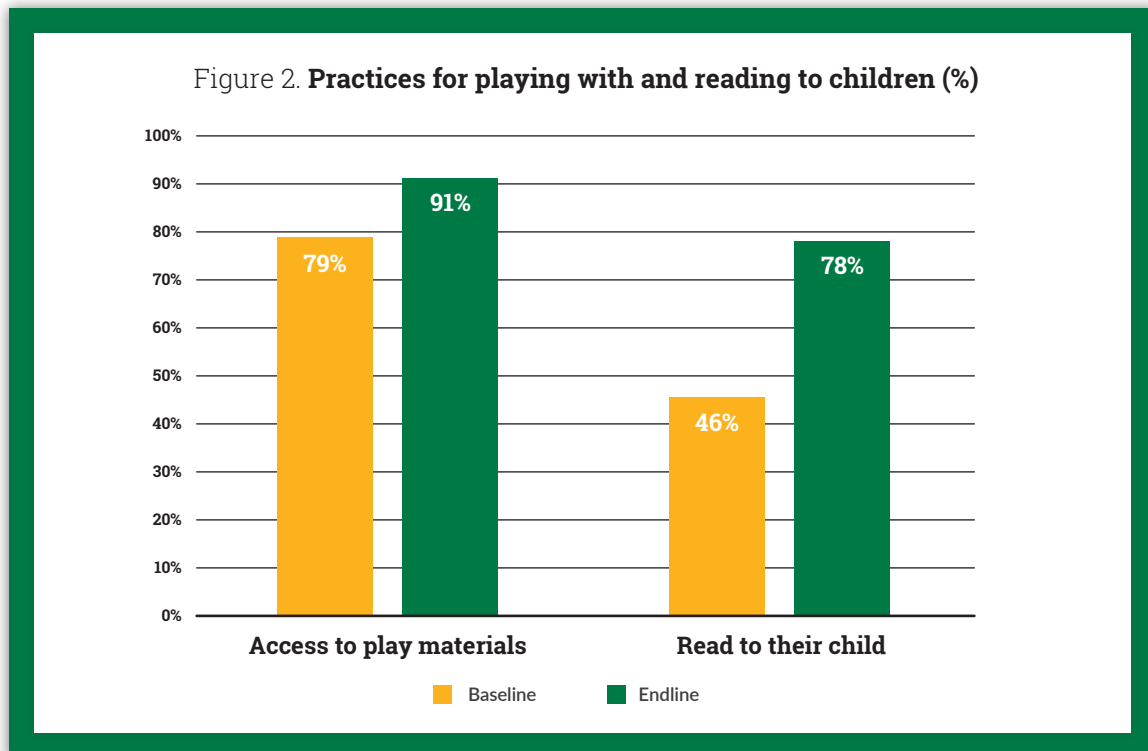




As previously mentioned, nurturing care for young children occurs primarily in the context of home enabled by community- and national-level policies and structures. While the project focused on systems strengthening and sustainability, additional efforts are needed to ensure that young children reach their developmental potential. Through the project evaluations, key areas emerged for future action, specifically additional assistance for policy development and establishing clear-cut procedures, roles and responsibilities for each actor within the

multisectoral setting. Key informants also expressed a need for a convening authority, sectoral-specific work plans, costed implementation plans, and follow-up for monitoring and evaluation. Furthermore, local project partners also identified the need for a child protection policy. In addition, it was unclear through the evaluations if the programs adequately supported adolescent caregivers. A future area for programming and research could be adopting new strategies to support adolescent caregivers.

ChildFund’s vision is that these findings and lessons can continue to encourage program improvements and future adaptations so that all young children and their caregivers can receive effective and responsive nurturing care interventions.



# Annex

## Supports for caregivers during preconception, pregnancy, childbirth

### Health

- Awareness raising on prompt access to health care services and immunizations
- Community management of mental health conditions
- Promotion of health and hygiene practices
- Promote adherence to COVID-19 prevention practices
- Promote antenatal visits for pregnant women and adolescents
- Awareness creation on avoiding preventable childhood illnesses – malaria, diarrhea and pneumonia

### Nutrition

- Counseling on adequate and healthy diet during pregnancy
- Promotion of exclusive breastfeeding for infants below the age of 6 months
- Counseling on infant and young child feeding, responsive feeding and continued breastfeeding for young children aged 7-23 months of age
- Promotion of intake of iron and folic acid supplements during pregnancy

### Opportunities for Early Learning

- Education about early stimulation, growth and child development
- Support for parents on play-based learning for infants and young children
- Counseling on age-appropriate play and communications activities for caregivers to engage in with their children
- Promotion of making of low-cost and no-cost playthings using locally available resources

### Safety and Security

- Support birth registration for infants and young children aged 5 years and below
- Knowledge and support on positive parenting (parent education programs)
- Knowledge and prevention of child maltreatment, abuse and neglect
- Knowledge of the reporting and referral mechanisms for child maltreatment, abuse and neglect
- Promotion of positive discipline practices in resolving conflicts between caregivers and their children
- Mapping of risks and protection mechanisms for protection of infants and young children aged 5 years and below
- Supporting the government in strengthening of formal child protection structures and system
- Establishing informal child protection structures and linking them with formal structures to strengthen child protection for infants and young children under age 5
- Strengthen community capacity and action on child protection for infants and young children under 5

### HIV and AIDS

- Create awareness on prevention and management of HIV and AIDS
- Promote the prevention and management of mother-to-child transmission of HIV
- Advocacy to reduce social and economic barriers, stigma and discrimination against persons/children living with HIV
- Strengthen community capacity and action



#### Contact