



EARLY CHILDHOOD DEVELOPMENT FOR 3000 RURAL CHILDREN IN KENYA

Proposal for Funding



Project Objective:

WEMIHS, an organization with 16 years of experience working for positive change in Kenya's most marginalized rural communities, is working with 20 communities in four sub counties of Mwingi North in Kitiuicounty to improve their development opportunities. As they depend on the land for their livelihoods, the impact of recurrent droughts in this semi-arid area, has brought greater poverty and hunger.

To transform circumstances and invest in longer term transformation, WEMHIS, a community focused NGO dedicated to healthy and empowered communities, has been working with the communities to invest in early childhood development.

WEMIHS ECD interventions aim to provide comprehensive services including providing meals for young children to improve nutrition, stimulated learning and play facilities by trained ECD teachers, mobile health care services for under-fives, as well as care provider education and referral services to deal with any protection issues.

Already the project has created a network of ECD centers and training volunteers and staff, as well as created greater demand for these services and strengthened the collective community efforts to better advocate to the local and county authorities for these services.

Despite the success, the work is not finished. Without additional financial support, there is a risk that the groundwork laid, will erode as critical investments needed to sustain the early childhood development services and lead to inter-generational change, do not materialize. While many in the community have come to realize the importance of this investment in their children and ready to contribute their own time to keep the services going, the community is poor and does not have sufficient additional resources to sustain the activities.

With additional financial investment, WEMIHS is seeking to expand support with focus on growing and sustaining early childhood development (ECD) services as well as strengthening community engagement. Activities targeting the 20 communities would include:

- Provide skills to increase community income and assets through agribusiness and better links to markets. This will help improve ecology of care at household levels and increase livelihoods for vulnerable families as well as help to financially sustain ECD.
- Increasing training & skill building linked to early child hood care and positive parenting for community members to better prepare their children for school.
- Mobilizing and train community members to manage and sustain quality ECD learning, care and protection and effective transition to free primary education e.g.; (establishment and maintenance ECD facilities, payment of skilled teachers, provision of adequate materials)
- Strengthen community networks for collective advocacy that will help policy makers and key actors prioritize ECD agenda in resource allocation in the area.



Background Summary

In 20 communities in Mwingi North in Kitui county in Eastern Kenya, a bold experiment has started. In 2012, parents and community leaders, with support from WEMIHS, joined together to invest in their children’s early development. In this semi-arid area, where most families depend on agriculture to earn a living, and women often spend a great deal of time in the fields, young children would often spend the day trekking in the hot sun after their mothers. When time came for the children to go to primary school, these children were ill prepared, having missed out on the benefits of early childhood education and development.¹

¹*The Lancet* nearly 250 million children in developing countries are at risk of poor development due to stunting and poverty. UNICEF estimates that millions more children are spending their formative years growing up in unstimulating and unsafe environments, putting their cognitive, social and emotional development at risk.

Investment in early childhood is one of the most cost effective ways of increasing the ability of all children to reach their full potential – increasing their ability to learn in school and, later, their earning capacity as adults. This is especially significant for children growing up in poverty. One 20-year study showed that disadvantaged children who participated in quality early childhood development programmes as toddlers went on to

Over the last few years, WEHMIS has built trust and worked with the communities to identify their greatest collective needs. Through its partnership with a network of small community organizations, it has focused its attention on early childhood

Social Indicators in North Mwingi, Kitui County

***66% of the HH had no guarantee of meals
70% of the population walk more than 5.5 km to reach a water point and health facility.
Over 90% of women deliver at home
About 87% of women were not able to take their children to a hospital in case they fall sick***

development for children aged between 0 and 8 years old. As an important investment as well as an entry point for collaboration, it has sought to create services where none existed before.

WEMIHS adapted an empowering approach that engaged communities as partners not only in identifying critical needs affecting early childhood development of boys and girls, but also in mobilizing locally available resources to achieve their desired outcome for children.

A Comprehensive Early Childhood Development Initiative (CECDI) was developed to help address key concerns identified by community and key actors through a Participatory Rural Appraisal (PRA) conducted by WEMIHS in four Sub-Counties of North Mwingi, Kitui County. Young children were identified to be among the largest population struggling daily for survival with limited access to proper health care, adequate nutrition, and creative stimulation. Opportunities or facilities most crucial to support early childhood development were limited. Those community support systems that did exist were overwhelmed by the demand for care and support of many vulnerable children.

From the start, the community by were very much the drivers in the process, contributing their own resources and assets to building of the centres. They provided resources such as land, building materials, and they also the physical labor to build the 15 centres that have been constructed. WEMIHS provided; materials for roofing, sanitation tanks, training for the ECD teachers, and materials for early childhood learning. Committees, composed of community members, were formed and given the task of overseeing the running of the ECDs to ensure that the ECDs were well managed.

Now from initially playing under the trees, the 17 of the 20 communities have their own early childhood development centers, where young children aged between 0 and 8 years old benefit from play and stimulation, a healthy meal to improve their nutrition and a safe environment. Run by community volunteers, the community early childhood center is helping children transition to formal education and

earn up to 25 per cent more as adults than their peers who did not receive the same support.

providing an opportunity to improve the long-term prospects of the region's human capital.

Realizing the complex needs of children and the importance of engaging local authorities, WEMIHS adapted a partnership approach and collaborated with key actors to complement her efforts particularly the Ministry of Education Early Childhood Department.

The community, empowered with skills on advocacy, have started and continue to play a greater role in demanding more local government support for these services. This included advocating for more support to build additional centers, (2 of the 17 centres were built from grants from the Local Development Fund), for support salaries for teachers and to provide the children at least one meal a day. While the county government has made efforts to address early childhood development needs and been responsive to the demands, the overwhelming need for comprehensive early childhood intervention, requires more funding than is available, as well as longer-term multi stakeholder partnerships.

These ECD centers started in these communities became known as 'Structures of Hope', as they gave children the right start in life to create a brighter future for everyone. The community now understand why and how by investing more in their children at this early age, was important and could increase their opportunities later in life. It has created demand that now must be strengthened and supported.

The impact brought improved social indicators. Coverage of immunization increased, more families were accessing family planning and reproductive health services and there was greater access to HIV testing and counselling. Training in good agricultural practices focusing on drought resistant crops and on nutrition using locally available foods such as sorghum, resulted in improved household food security and more nutritious meals for children.

Results from WHEMIS Community Engagement Project

- 17 early Childhood Centres built (3 built using government funding i.e. Constituency Development Fund (CDF) following requests from the cluster members
- Established and trained to ensure sustainability of ECD and child protection initiatives
- 28 clusters dialogue and committee provided women opportunity to engage in decision making.
- 800 most vulnerable households accessed practical skill transfer and support that

Long term Impact

In 2014, at the end of the 5 years, the CECDI program had made remarkable achievements by strengthening community support systems for early childhood development. WEMIHS worked with the community to establish community managed ECD centres that became important inclusive places, providing young children a safe environment as well as a package of services most critical for early childhood

development. These services are such as stimulated learning and play, feeding and health care services were available to a large number vulnerable children living in the community.

Though the project donor funding came to an end in 2015, the community transformation story continues but with much weaker support from WEMIHS. With additional funding, WEMIHS intends to scale up best practices and lessons learnt in CECDI to improve early childhood indicators in more communities in Kitui District by greater community participation and government engagement.

While the community now understands the importance of early childhood development for young children in the community, the investment will take more time to demonstrate longer term results in better outcomes for the children and their families. By continuing what has started, and investing in more local capacity and skills on early childhood development, as well as building the communities capacity to create sustained income to maintain the services.



Background context on target communities

Kitui District home to a total population of 1,180,307 in estimated 23,606 households, with an estimated 188,849 children under the age of five (Situation analysis report 2014), many who experience major challenges including high levels of food insecurity, poor access to quality health care and insufficient water due to harsh weather with recurrent drought and famine. The population of North Minguu sub counties is estimated to be 185,000 people.

At the beginning of the Comprehensive Early Childhood Development Initiative (CECDI) in Kitui district, WEMIHS carried out a participatory rural appraisal (PRA)

exercise to collect data on the status of early childhood development care and support systems to inform the project. In so doing, there was the establishment of baseline data allowing for the identification of the areas of grave concern as identified by the community. Evident from the PRA was the struggle for survival experienced by children with limited access to essential services, basic rights and opportunities.

The PRA highlighted the following concerns directly affecting child development in the area:

- The inability of the family to play its critical role in the delivery of quality care and support required for continued growth and development of the under 5 years.
- Weak community level support structures that are overwhelmed and unable to cope with injustice of poverty, marginalization and droughts.
- A failure by key actors to recognize the crucial community assets that include indigenous knowledge and practices and role in responding to early childhood development concerns;
- Inadequate collaboration among child service providing organizations to effectively provide care and support coordinated delivery of holistic ECD services
- Large population of poor families with young children struggling to access basic rights to essential services and opportunities e.g.; health facilities with skilled services, water, food, information and development program.
- Childhood illnesses and stunting, mainly caused by poor hygiene and sanitation, are some of the most common health challenges among children 3-8 Years.
- Failure to recognize the crucial role that indigenous knowledge and practices play in responding to early childhood development concerns.
- Low literacy levels and harmful cultural practices (early marriages and FGM).

WEMIHS Background:

WEMIHS is a registered charitable organization established in Kenya in 1998 to support marginalized communities improve access to health and education services. Around the time WEMIHS was established, the HIV and AIDS pandemic had hit the country, affecting many families and communities. A growing number of people were sick, with many dying and leaving children orphaned. There was also a lot of fear that increased the discrimination and stigma for those living HIV positive and their families.

The organization quickly harnessed its team to respond through increased community awareness of the virus, combating stigma as well as providing support to affected families and children. Over the last two decades, the organization has evolved, learning from its experiences, to now be well acknowledged for its high impact community based programmes.

Its work, rooted in community empowerment, has helped reach 23,000 beneficiaries, the large majority women and children. From helping HIV positive children in vulnerable households, to providing support to orphans under the care of aged grandmothers, to working with vulnerable adolescent girls in urban areas and increasing access to services for young children struggling to survive with limited opportunities

Background Context on Early Childhood Development in Kenya

Kenya has made significant strides in addressing obstacles to realization of child rights. It is a signatory to the UN Convention on the Rights of the Child (UNCRC) and the African Charter on the Rights and Welfare of the Child (ACRWC) which have largely been domesticated and incorporated into Kenyan law mainly through the Children Act of 2001.

It has also developed policies that respond to children welfare and development matters such as The Sessional Paper No. 1 of 2005, (*Policy Framework on Education, Training and Research*) which recommended for the development of a comprehensive ECD policy framework and service standard guidelines.

A recent report by the government on education reported low access to pre-schools (40% nationally and in some counties less than 20%). It also revealed that while free primary education (FPE) has increased the potential for all children to attend school, only few children are “ready to learn” and often struggle to stay in school. While the government has set a universal target that all children have access to early childhood services and are “school ready” with an adequate foundation to learn, there is a huge gap in how they can achieve this target, especially in rural areas where the needs are greatest.



Overview of the ECD Framework in Kenya

The ECD Policy Framework provides a co-ordination mechanism and explicitly defines the role of parents, communities, various Government ministries and departments, development partners and other stakeholders in the provision of ECD services. The service standard guideline has been developed as a separate document aimed at operationalizing the ECD policy framework. Further to that, the ECD functions have also been devolved to the county governments.

While the sector policies are crucial in providing standards and guidelines for provision of quality services for all children in their earliest years, devolution of ECD policies and functions to county levels are not yet fully functional to implement them. In addition, large populations of the already disadvantaged children e.g.; orphans, children living with disabilities, children in remote rural areas, continue to be most adversely affected and deprived access to these quality services.

Currently, the quality and range of early childhood services are poor and often not comprehensive. WEMIHS lessons learned and experience in implementing a successful ECD program in a semi-arid area, identified critical capacity gaps among civil society organizations (CSO) and community based organizations as well as the county government. CSOs are often not able to engage government on social accountability and demand both quality and access to services. While local counties, which are relatively new, often do not have the required capacity (both human resources and budget) to facilitate interpretation of policy to put it into practice and face competing priorities with limited resources.

Budget

Line Item	Activity	Cost USD
Income & Assets	Provide skills to increase community income and assets through agribusiness and better links to markets.	10,000
Parent & Community engagement	Increasing training & skill building linked to early child hood care and positive parenting for community members to better prepare their children for school. Mobilizing and train community members to manage and sustain quality ECD learning, care and protection and effective transition to free primary education e.g.; (establishment and maintenance ECD facilities, payment of skilled teachers, provision of adequate materials)	7,500
Advocacy & Networking community capacity building	Strengthen community networks for collective advocacy that will help policy makers and key actors prioritize ECD agenda in resource allocation in the area.	7,500
Programme support	This includes transport, administration, reporting, communication costs.	2,500
Technical assistance	This includes technical assistance & staffing costs.	2,500
TOTAL		30,000