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# SITE VISIT: A Case Study of Early Childhood Care and Education in Kenya

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Sources: Kipkorir, L.I. & Njenga, A.W. "A Case Study of early Childhood Care and Education in Kenya." Paper prepared for the EFA Forum 1993, New Delhi, 9-10 September 1993.

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Kenya whose population in 1992 was 25 million, has one of the highest growth rates in the world (3.8%). 59% of the population is under 20 years of age; 18% are under the age of five, many of whom are in preschools because of the commitment of parents and the community to providing a preschool experience for the child.

There is a long tradition of preschool education in Kenya. The first preschools were started in the 1940s by and for the exclusive use of the European and Asian communities. Later preschools were developed in African locations in urban areas and on coffee, tea and sugar plantations. After independence preschool education expanded throughout the country.

An important variable in the widespread availability of preschools is the *Harambee* or self-help spirit which the late President Kenyatta fostered. In essence what this means is that when a community defines a need, it creates a programme to meet that need. In many villages parents have wanted preschools for their children and so they have created them. They find a location for the class and choose a woman to care for children 3-6 years of age. As a result early childhood care and education programmes (ECCE) in Kenya serve the entire cross-section of social, economic, cultural and geographic groups within the society.

Prior to the 1970s there was no organized curriculum, nor other support materials for use in the preschools, and many of those teaching in these schools were untrained. Because they lacked training, many of the teachers used formal teaching methods equivalent to those used in the primary schools with older children. To address the situation presented by the ever-increasing numbers of preschools and the lack of appropriate support for them, in 1991 the Kenya government, with assistance from the Bernard van Leer Foundation created the Preschool Education Project, based at the Kenya Institute of Education (KIE). The objectives of the project were to improve the quality of preschool education through the development of viable training systems, and the creation of curriculum and other support materials for use by trainers, teachers and children.

Several events during the 1980s shaped the way in which preschool services are being offered nationally. In 1980 responsibility for preschools was shifted from the Ministry of Culture and Social services to the Ministry of Education (MOE) which is now responsible for the

administration of preschools. The MOE has an infrastructure that is able to provide support to preschools anywhere in the country.

Another important event was the move in 1983 to decentralize government. The focus of development was shifted to the district level. The result of this shift is that district and local governments have taken on the main responsibility for ongoing support of preschool education, while MOE is involved in the formulation of policy guidelines for early childhood programmes, registration of preschools, coordination of government grants and funds from external donors, and provision of early childhood personnel at all levels.

When the Preschool Education Project was evaluated in 1982, it was recommended that the activities of the project be continued. This was done through the creation of a National Centre for Early Childhood Education (NACECE), established in 1984. This was followed in 1985 by implementation of District Centres for Early Childhood Education (DICECE), to facilitate decentralization of ECCE support.

NACECE is located within the Kenya Institute of Education and it is responsible for: developing training systems for ECCE personnel; developing and disseminating curricula for ECCE programmes; identifying, designing, undertaking and coordinating ECCE research; facilitating interaction between agencies and sponsors; coordinating and liaising with external partners; and informing the public of needs and developments within the ECCE programme.

The functions of the DICECE are: training of preschool teachers and other personnel at the district level; supervision and inspection of district preschool programmes; mobilization of local communities to improve the care, health, nutrition and education of young children; development of localized preschool curricula; and evaluation and research related to the preschool child. The DICECE are staffed by NACECE trained trainers, accountable to the District Education Officers for their day-to-day operations.

Training has remained one of the most important functions of the NACECE/DICECE programme because it equips teachers and trainers with knowledge and skills which help them to provide quality services to children and to mobilize the parents and local communities to improve the welfare of young children and families. Trainers are provided with a nine-month induction course that includes a residential and a field component. Teacher training involves a two-year inservice course which has six residential sessions (during school holidays) alternating with field sessions during term time.

In terms of the actual preschool programme, NACECE/DICECE has adopted a holistic approach to the support of children's growth and development. That means that it seeks to include health, nutrition, growth monitoring and promotion as well as educational activities within the programme.

One of the unique characteristics and strengths of the ECCE programme in Kenya is its policy of encouraging partnerships, at all levels. *Parents and local communities* are the most important partners. They have started and currently manage over 75% of the preschools in the country. Parents and local communities provide land and funds for the construction and maintenance of

the physical facilities. They also provide furniture, materials and labour and they pay the teacher's salary. In some communities feeding programmes are also a part of the preschool; parents provide the ingredients and prepare the food.

Complementing the work of the community are *local authorities* who pick up the costs (equipment, furnishings and teacher salary) of running preschools in towns. Fees are charged in these schools to help cover the costs.

From the beginning, *voluntary organizations, religious bodies and companies* have been heavily involved in preschool provision. Religious groups have established their own preschools in the church/temple/mosque. Firms, cooperatives, and plantations have also established preschools for children of their employees. The main support from these preschools is the provision of physical facilities, materials, furniture, feeding programmes and payment of teachers' salaries.

The *Ministries* involved in preschool provision include the Ministry of Health and the Ministry of Culture and Social Services, in addition to the Ministry of Education. And as noted earlier, *external partners* have been and continue to be important. Over the years these have included the Bernard van Leer Foundation, the Aga Khan Foundation, and UNICEF, who have provided financial support for the training of teachers, the purchasing of equipment and materials, curriculum development, and parental and community education. NACECE has taken on the primary responsibility for coordinating the actions of the various partners and involving them in a meaningful way.

Decentralization of the programme to the district level has provided flexibility and variation in terms of facilities provided and activities undertaken. The preschool setting and curriculum materials, for example, differ from place to place depending on the resources available, leadership abilities and motivation of the communities.

Decentralization is a healthy feature of the programme. Communities are allowed to develop appropriate, affordable and relevant services without external pressure and competition, and at their own pace. The curriculum guidelines developed by NACECE are just that, guidelines. Localized materials in the form of stories, poems, riddles and children's games have been developed which preserve and strengthen local culture and tradition.

The Kenya early childhood programme has grown because it is rooted in the community. Through workshops and seminars organized by the DICECE, parents and community members have been encouraged and empowered to increase their participation beyond provision of physical facilities. They provide the feeding programme, they take part in collecting, telling and demonstrating stories, songs and dances in the mother tongue. The incorporation of tradition and folklore into the curriculum make the community feel proud of their contribution to the learning and development of their children. **The lesson from Kenya is that the community is a very important resource for the development of the ECCE programme and must continue to be tapped and appreciated.**

Today the programme is serving more than 900,000 children. This is approximately 30% of the 3-6 age group. Government expenditure on preschool programmes is only one-tenth of one percent

of the national education budget (or \$.61 per child per year). This compares to 60% of the education budget going to primary education, 15% for secondary and 22% for universities. The great majority of the costs of the preschools are borne by the communities and external donors. (Myers, 1992:23) The current expenditure on ECCE activities is extremely low. If it were increased to even 1% of the budget it could provide more comprehensive and higher quality services.

### *Comment*

In Kenya the programme has been able to go to scale because of its heavy reliance on the community to sustain the programme, and the monies provided by external donor agencies. While this programme is not nearly as expensive to the government as the Venezuelan programme, it would be a mistake to make direct cost comparisons. The Kenya model is structured differently and designed to meet a different need. In addition, while Kenya is experimenting with growth monitoring and nutritional inputs, it has not yet built in some of the costly health and nutrition supports that exist within the Venezuela model. In addition, there is heavy reliance in Kenya on external support to maintain the system.

### *References*

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