MIZIZI
ELIMU AFRIKA

A Report for the ECD Immersion Exercise

Samburu County

December 2nd to 5th, 2025

Background and Context

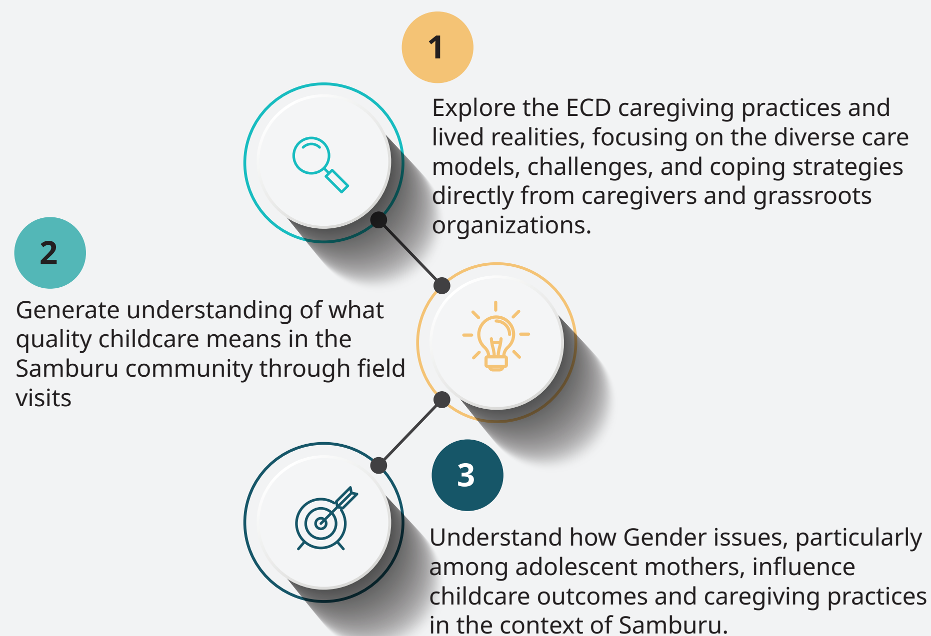
Early childhood development (ECD) is one of the most powerful investments for future development of children, laying the foundation for their health, learning, and overall well-being. The earliest years of life, the first "a thousand" days of life, are marked by rapid brain development, where nurturing care, protection, and stimulation shape the trajectory of lifelong growth. In most communities, childcare is deeply embedded in cultural traditions and communal practices that ensure children are raised in environments of belonging and resilience. Recognizing the value of these indigenous caregiving approaches is essential not only for appreciating their role in preparing children for future learning and development, but also for informing policies and programs that build on local strengths while addressing gaps

Mizizi Elimu Afrika, (Mizizi), formerly Zizi Afrique Foundation, has immersed itself in the Childhood Development (ECD) space through its ECD Mapema Initiative. The initiative is dedicated to advancing advocacy for nurturing care for children aged 0–3 years by strengthening research, data, and evidence systems. Over the past eighteen months, Mizizi has generated critical insights into the ECD ecosystem, focusing on the children 0-3 years whose developmental needs are often overlooked. Guided by the learnings from the previous studies, including the political economy analysis in ECD, assessment of the capacity of at least 15 grassroots organizations while documenting their innovations and examining the drivers and barriers to school re-entry among adolescent mothers, the Initiative has positioned evidence as the foundation for policy influence and program design. Mizizi continues to champion responsive care and multisectoral collaboration through this immersion exercise conducted in Samburu, ensuring that the voices and realities of caregivers, communities, and leaders inform national priorities for children's holistic development.

Insights from the Political Economy Analysis (PEA) revealed that while Kenya has made commendable progress in addressing the health and nutritional needs of young children, early learning and stimulation opportunities for those aged 0–3 remain limited. Although the Nurturing Care Framework (NCF) has been integrated into the health sector, particularly through prenatal and antenatal care, while other social sectors continue to lag. In addressing this gap, the ECD Mapema Initiative focuses on strengthening the data and evidence ecosystem that underpins advocacy and action for responsive care. This includes consolidating and contextualizing evidence, fostering coordination across the ECD ecosystem, and supporting strategic actors to engage constructively with policy stakeholders. The initiative highlights promising approaches that would empower caregivers, homes, and preschool environments to deliver holistic care. The Mapema Initiative is guided by three broad objectives, (1) Strengthen the capacity of NCCS to lead and coordinate ECD service delivery at the national and county levels, (2) Establish an evidence community to consolidate, coordinate, and support NCCS in accessing and utilizing evidence on children 0-3 years, and (3) Co-create and test a community childcare model targeting marginalized communities with high prevalence of adolescent mothers.

Objectives of the immersion activity

On December 2nd to 5th, 2025, the Organization, through this Initiative, conducted an immersion exercise in Maralal, Samburu County that aimed to:



Methodology

During the immersion exercise, a qualitative participatory approach embedded in ethnographic and social construction was used in gathering field information. This included the use of participant observation, community engagement/dialogues and participatory reflection sessions.

1. **Participants observation:** Participants were divided into three teams, and each team spent time in the field observing the community setting. The team visited community health facilities, community children's rescue center, especially for girls rescued from the FGM and early marriages, adolescent mothers, conversation with caregivers/parents and community gatekeepers, including the elders on caregiving practices. This provided an opportunity to get first-hand information on community practices, challenges, and adopted ways of addressing challenges surrounding adolescent mothers, childcare practices, and issues of inclusivity.

2. Community engagement: participants had one-on-one interactions with the different members of the community, including the adolescent boys and girls, community leaders, and caregivers, through group conversations and dialogues. These conversations were done deep in the community at health facilities and rescue centers for adolescent girls and mothers. Mobilization and entry into the community were facilitated by the leaders of grassroot organizations working closely with Mizizi and the County Government of Samburu. They included the Samburu children's program, Samburu Girls Foundation, and hope for Samburu. The unstructured conversation and dialogue enabled the participants to immerse themselves in the lived experience and stories shared by these adolescent mothers, their caregivers, community members and leaders on Samburu cultural practices and how it impacts on the wellbeing of children, boys' and girls' education, social and health services.

Immersion Participants

The immersion meeting was attended by 14(10M,4F) multistakeholder county team of Samburu which included the CECM gender and social services, department of health, Agriculture, Office of Children services at county level and Directors from the department of Education, **4(1M,3F)** Officers from National state department of children services and national council of children services, **6(5M,1F)** grassroot organization within Samburu County,**2(1M,1F)** County government of Mombasa Education department, **8 (6F,2M)** ECD implementing partners -Kidogo Early Years, KMET, ICS-SP, Nurture First, Stop Aids Talk Aids (STAKA), Mwakivom CBO-Mombasa, Nyota ya Matumaini CBO-Mombasa, Center for Adolescent and Young Mothers CBO (Siaya) from Nairobi, Kisumu, Siaya and Mombasa, **35** Young Mothers from Samburu and 4 **(2M,2F)** Mizizi staff.

Photos of the participants engagement with adolescent girls, caregivers and community leaders.

Participants' reflection session: A joint debriefing/reflection session was held with the stakeholders from Samburu-the county government multisectoral team led by the Executive committee member for Gender and Social services (ECEC-Gender, Culture and Social services) and participants who attended the field visit to provide feedback and reflection from the immersion exercise. This promoted the understanding of existing structures and policies in addressing care issues and challenges observed during immersion. The reflections were based on observation and feedback of the filed immersion experienced on people who provide care to children 0-3 years, adolescent motherhood, inclusivity and disability issues, participation of men and women in childcare and well-being of children and existing care models in the community.

Photos of participants during the reflection session

Summary of the key reflections and discussions

a. Culture remains a key determinant of childhood experiences in Samburu. From the reflections, culture shapes every child's story right from birth. Cultural Practices such as FGM and child marriage determine how far a Samburu girl can go in terms of education. It is outright that these practices limit girls' access to education and opportunities. Additionally, women are seen as the perpetuators to these cultural acts in that they enforce or carry out of FGM. On the other hand, men continue to perpetuate the practice by not marrying uncircumcised women, selling off girls at very young ages, and not supporting them through school, not having conversations or any form of negotiation with their female counterparts, thus reinforcing cycles of exclusion. The Samburu culture does not embrace children born to unmarried women/girls. Often the girl has to be married off forcefully or remains an outcast and in extreme cases those children are killed at birth. Though perception of roles by both men and women continues to gain shifts where men are increasingly willing to engage in childcare and family discussions, and women are negotiating socio-economic empowerment.

b. Adolescent pregnancies, motherhood and early marriages are common practices in Samburu community. There are widespread teenage motherhood and adolescent mothers between age 14 -19 were observed to be raising between 2-4 children. Though the Ministry of Education's re-entry guidelines support re-integration of teenage mothers in school, most of these girls drop out of school right after getting pregnant and are married off with or without their consents.

Many times, because of the age set system and Moranism, your girls are married off to older men who are perceived to be rich as the second or third or fourth wives. Fathers' decisions round marrying off their daughters are non-negotiable. Early marriage and motherhood among these adolescents were shared to have led to psychosocial trauma, bitterness, and disruption of education. This trauma is frequently transferred to children, thus affecting their development. Additionally, many girls cannot fend for themselves and rely on cheap labor that they must do at the expense of continuing with their education, this has led to many neglected children. Further, childcare work demands their time and energy thus affecting their education circle. Peer support groups, psychosocial counseling, and re-entry policies are urgently needed.

c. Systemic gaps in the inclusion of children with disabilities. Children with disabilities continue to face stigma, exclusion, and poor survival rates. From the discussions, children abled differently are associated with curses and lack of support. Often, even when parents are willing to support, there are no structures for early interventions, since health assessments are centralized in Maralal town, creating barriers to access due to cost and distance. In addition to this, the data on disability is fragmented across health, education, and civil registration systems, undermining service delivery. Therefore, persistent challenges in referrals, certification, and access to devices and integrated services for children with disabilities.

d. The Children's Advisory Councils (CACs) are meant to facilitate multisectoral coordination in voicing children's issues; however, they seemed weak at the county and sub-county level. The immersion revealed that CACs are weak/lack capacity to deliver, are hardly known/utilized, are under-resourced, and inconsistently engaged. Their limited capacity means they cannot effectively convene stakeholders from health, education, child protection, and social services. This weakens the multisectoral response to ECD challenges and reduces accountability for child outcomes. This directly contributes to the fragmentation of data systems where health centers, schools, and civil registration offices continue to operate in silos. For example, the disability data sits in health records, enrollment data in schools, and birth certificates in civil registration with no mechanism to harmonize or share information. If the CACs are strengthened, it could serve as the bridge to integrate these data sets, ensuring that children are tracked holistically and referrals are consistent.

e. Early childhood development biased to ECDE centers. Despite the presence of innovative grassroots approaches from key partners such as Kidogo's home- and center-based care, Hope for Samburu and Nurture First's home-based childcare, ICS-SP and KMET's parenting modules, and ICSP's adolescent mother support, these models were treated as supplementary rather than central. The discussions also showed that grandmothers are taking care of children and are using traditional ways of taking care of infants. ECD is linked to ECDE, thus many times the ECD centers are subsumed by ECDEs and are often turned into feeding centers because they want the children to be counted as part of the food. Whereas responsive caregiving, mother-to-mother support groups, and community-driven nutrition programs are effective, they are overshadowed by the dominant narrative around ECDE centers.

f. The challenge of adoption of ECD policies at the county level. Though Kenya has made commendable progress in enacting a wide range of policies to strengthen early childhood development, with national frameworks in health, nutrition, disability inclusion, and child protection providing a strong foundation for counties, in Samburu County, most of the ECD-related policies remain at the draft stage, limiting their effectiveness in guiding implementation, budgeting, and accountability. While health services benefit from established national policies, other critical areas such as childcare models, disability inclusion, and rescue center regulation, lack finalized county-specific instruments.

g. The challenge of a largely uneducated community: It was observed that the illiteracy rate in Samburu stands at around 42%. This is even higher among girls, because by 15, a girl is seen as ready for marriage. Those who have gone to school cannot intermarry with those of have not gone to school. The realities and importance of education have not been fully understood by many people.

Photos of participants during the reflection session

Issues and challenges in care practices		
	Data & Systems	**Childcare & ECD Models**
Generally, • Teen pregnancy (ages 18–25, often 1–4 children) • Positive parenting gaps: limited stimulation/play, reliance on volunteerism • Family dynamics: lack of communication (e.g., greetings between spouses) affects the learning environment • Child marriage: rampant, usually forced, undermines girls' schooling • Culture: critical lever; openness to learning, men increasingly willing to engage • FGM, which is an entrenched rite of passage, performed by traditional birth attendants persist despite the national ban and women are the main perpetrators	• Data still siloed where each department keeps its own data (Health centers and ECDE centers), there is a need for multisectoral outreach and intentional coordination • Child Protection Monitoring Systems (CPMS) referenced on in the health department • Climate change and mobility affect sustainability of interventions • Debate: community-based vs. center-based models • There is a need for improved data collection: This includes data for case management, developmental monitoring, biodata, and attendance tracking	• Ongoing debate on viability, form/structure, and sustainability. • Questions around whether childcare centers are a viable option in Samburu. • Insecurity and family mobility affect young children most. • Malnutrition prevalent. • Regulation issues around rescue centers, especially during school holidays. • Debate on whether community based or center based childcare is more sustainable.

- Men culturally cannot marry uncircumcised women
- In some instances, girls are shunned if not circumcised
- Beading practice still exits and defines girls' futures from an early age (0–3 years
- Marriage by age set system reinforces child marriage norms

Policy & Governance

- County-level policies are still under design (most of them are still at draft stage), and interventions are linked to county working groups.
- Minimum quality standards for home-based childcare being drafted/piloted
- Coordination of key players at the county level remains a challenge
- There is a need for advocacy for disability centers and affirmative action programs
- There is need for public and stakeholder engagement in budgeting
- Quality improvement guidelines for childcare providers (training, peer learning, technology use)

Nutrition & Health

- The existing health program uses the Positive Deviance Hearth (PDH) approach:
- Identifying malnourished children at household level.
- 10 day demonstration sessions with community contribution.
- Monthly follow up and data tracking.
- Kitchen gardens & small livestock to enhance practical, low-cost nutrition support.
- Growth monitoring, immunization, and deworming are integrated into childcare models.
- Nutrition menus are developed collaboratively with experts; monthly review meetings to address emerging issues.

Community Engagement

- Mother to Mother support groups: peer learning and psychosocial support.
- Councils of elders/chiefs engaged for sensitization and cultural dialogue.
- Peer advocacy networks: monthly meetings for learning and mobilization.
- Father involvement: men increasingly engaged in childcare and public forums.

Disability and Inclusion

- Learners with disabilities are supported in integrated schools
- Stigma persists (disabilities seen as a curse), survival rates low
- Identification and referrals key still a challenge
- Intersex children excluded
- Challenges accessing disability certificate
- Coordination gaps between the civil registration office and health offices. This effect issuance of birth certificates and IDs
- Only one officer from National Council for Persons with Disabilities present in Samburu thus limited services for early screening, for identification and referral for treatment
- Health assessments centralized in Maralal which is costly and inaccessible
- Need for community health supporters, KISE, campaigns, and lobbying for assessments
- Information loops: sensitization is done via elders, chiefs, returnees, and giving voice to young mothers

Care Practices

- Sparse community population, which is seen as an advantage for targeted interventions.
- Growing parental support and participation (both male and female) in ECDE programs.
- In the ECDE centers/pre-schools, reported equal participation of men and women in childcare and enrollment.
- School readiness is promoted where parents ensure their children start school on time.
- Active support of parents in the ECDE centers by supporting the development of the locally made play materials, participation in the school boards and support in the data collection tools

Recommendations

a. Co-Create a Community Care Model:

The immersion revealed a strong bias toward ECDE centers as the default model, overshadowing home, community-based care and parental support. These risks emphasizing ECDE and not ECD and excluding vulnerable families in pastoralist and low-income settings. There is a need to support the county government of Samburu to balance investment between ECDE centers and community-driven ECD approaches, as well as to bridge the gap between ECD and ECDE. Further, to engage all ECD stakeholders in co-creation, design and establish a scalable grassroots model that integrates nutrition, responsive caregiving, and flexible childcare. Ensure that this model is formalized within county policy to ensure legitimacy and sustainability.

b. Strengthening policy gaps at the county level:

Samburu County's ECD policies remain at draft stage awaiting approval by the county executives, apart from health, which relies on national frameworks, yet this weakens accountability and sustainability of ECD programming. There is a need to support Samburu County to review and move the draft ECD policies into adoption and implementation, ensuring they reflect local realities such as pastoralist mobility and cultural practices. Embedding accountability mechanisms so policies guide budgets, programs, and monitoring of ECD activities.

c. Strengthen CACs at Sub-County Level:

There is a need to build the capacity of CACs to convene multisectoral actors, harmonize data, and integrate children's voices into planning. Empower CACs to serve as the bridge between community care models and county policy, ensuring coordination across health, education, and child protection.

d. Studies on gender issues, particularly teenage pregnancy and early marriages

there is evidence to demonstrate that gender-transformative interventions improve outcomes significantly. In Samburu County, cultural norms, traditional practices, Economic vulnerabilities and constraints continue to disadvantage girls. There is need to understand how the girls experience inequalities, so that it helps in designing policies, programs, and budgets that match their unique needs and challenges. This study presents a unique opportunity for leaders, researchers, practitioners, and community to champion bold, systemic change that truly leaves no one behind.

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