



**2nd National Early Childhood Development (ECD) Stakeholders'
Conference**

Theme: Accelerating Early Childhood Development through Partnerships

25-26 July, 2018

Nairobi Kenya

CONFERENCE REPORT

Accelerating Early Childhood Development through Partnerships



Defining the future of young children in Kenya, can only be achieved through collaboration and partnership by all players in Early Childhood Development in relation to Health, Education, Agriculture, Labour, Gender and Children's Services, Security

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VISION: *A society where all children, ages 0-8 years, realize holistic early childhood development for lifelong success.*

MISSION: *To promote, support and sustain an enabling early childhood development environment in Kenya.*

Video: *Inaugural National ECD stakeholders' Conference:*

<https://drive.google.com/file/d/173vcQ2ILGRQ8rFMrTPkQ2Wf7y90ugyhx/view>

Video: 2nd National ECD

ABOUT THE ECD NETWORK FOR KENYA (ECDNeK)

The Early Childhood Development Network for Kenya (ECDNeK) was formed in September 2015 out of a realization that there was a gap in the coordination of various organizations and institutions engaged in Early Childhood Development (ECD) service provision, capacity development, research and advocacy in Kenya. This was alongside the timely opportunity for enhanced engagement in the global development agenda; being the start of the implementation of Sustainable Development Goals (SDGs). The founding members of the ECDNeK were Kenyatta University, World Vision-Kenya, Aga Khan Foundation (East Africa), Save the Children International, International Child Resource Institute (ICRI), Parenting in Africa Network (PAN), Kidogo, Little Rock, Build Africa, Research Triangle Institute (RTI) International Tayari project, KANCO, PATH International and Child Fund International.

The Network works closely with National and County governments, non-state actors, parents and community members to ensure that children access and participate in high-quality, holistic early childhood development programs. Specifically, the Network seeks to:

- I. Promote equitable access to quality Early Childhood Development services in Kenya for all children;
- II. Develop and work for an enabling environment that encourages local research in Early Childhood Development;
- III. Strengthen Early Childhood Development stakeholders' collaboration and coordination;
- IV. Influence financial resource allocation and utilization towards Early Childhood Development programs in Kenya;

The network has since its inception grown to include, Catholic Relief Services, Plan International, Daraja Civic Initiatives Forum, Feed the Children Kenya, Aga Khan University – Institute for Human Development, Africa Population Health Research Centre (APHRC), among others. The SDG Partnership Platform and United Nations Children Fund – Kenya Country Office provide technical support to the Network. The ECDNeK is an affiliate of the Africa Early Childhood Network (AfECN). The Network is open to more membership from Non-Governmental Organizations, Community Based Organizations, Faith Based Organizations, Learning Institutions and Research Institutions that focus on Early Childhood Development in Kenya. Currently, the network is hosted by Kenyatta University’s Department of Early Childhood Studies.

EXECUTIVE SUMMARY

The Early Childhood Development Network for Kenya (ECDNeK) hosted a two-day conference, which was aimed at raising the profile of the Early Childhood Development (ECD) agenda in Kenya and calling on political leadership and other stakeholders to prioritize ECD for sustainable development. It was anticipated that participants at the conference would give a joint statement and conference communique that would be geared towards urging for commitment to ECD through strategic financial investment, multi-sectoral collaboration and engagement related to public policy processes both at the national and county levels.

Over 260 delegates congregated at Kenyatta University in Nairobi, Kenya, for the 2nd National Early Childhood Development (ECD) Stakeholders' Conference from **26 counties** in Kenya and over **50 organizations**, government agencies at National and County governments, UN agencies, the private sector, Philanthropists, donor communities and academia. The conference themed **‘Accelerating Early Childhood Development through collaboration and partnerships’** was held on the 25th and 26th of July 2018.

The national ECD conference co-convened by the Ministry of Health’s Neonatal Child and Adolescent Health Unit and ECDNEK, provided an opportunity to examine regional and

national best practices. At the end of the two days conference, a set of substantive policy and action-oriented recommendations as drafted in a conference communique and call to action.

PREAMBLE

Early childhood (0-8) years is the most rapid period of development in a human life. These early years serve as the most important for survival, growth and development. It is within these years that a child develops the building blocks for cognitive, social, moral and emotional development. Additionally, the Kenya's constitution, under Article 53, guarantees every child a right to free and compulsory basic education, nutrition, shelter, health care and protection.

Further, the national government has developed robust Early Childhood policy frameworks. However, service delivery of these ECD frameworks, falls under the jurisdiction of each of the 47 county governments. To date, gaps in coordination of this devolved function, human resource capacity development and financing have hindered the successful implementation of high-quality, affordable Early Childhood programs across the country.

It is against this background that actors in the Kenyan ECD space through the Early Childhood Development Network for Kenya (ECDNEK) members – convened an inaugural National ECD stakeholder's conference in collaboration with the Republic of Kenya's Ministries of Health and Education. The objectives of the 1st national ECD stakeholder's conference held in 2016 was to:

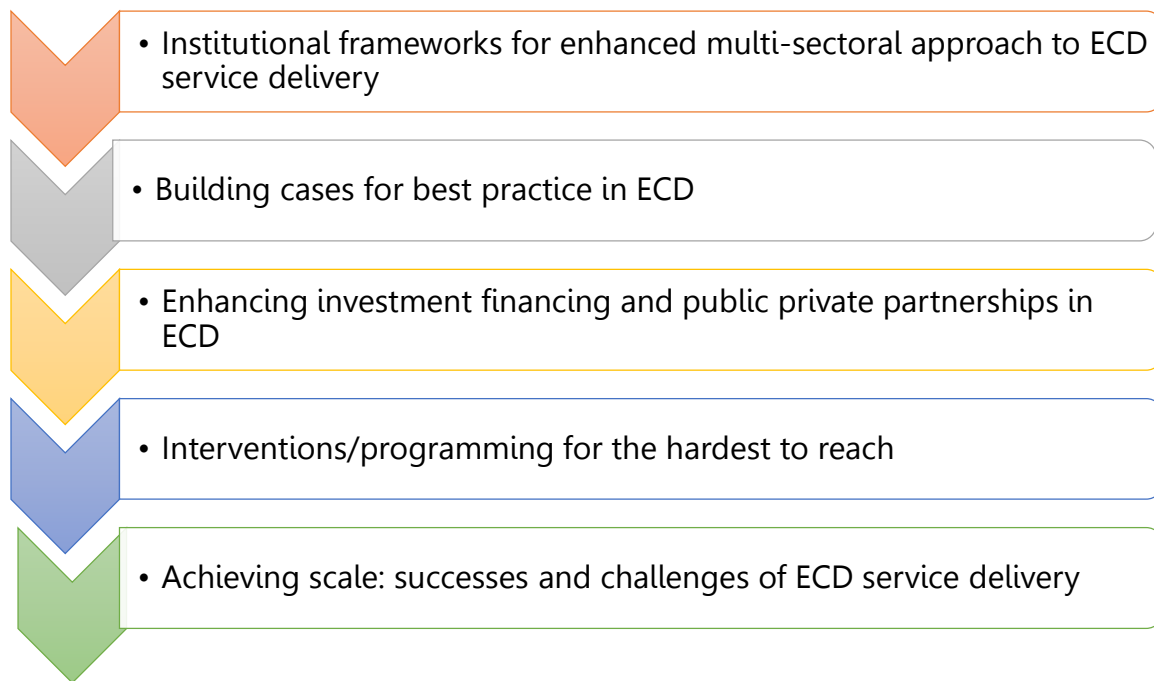
- i. Provide an opportunity for all stakeholders in ECD to initiate a national conversation on Early Childhood Development in relation to education, nutrition, health and protection.
- ii. Strengthen linkage between state and non-state actors' collaboration in ECD service provision by launching the ECD Network for Kenya.
- iii. Create an opportunity for advocacy on children's education, health and protection.

Participants of the 2016 conference committed to sustain the ECD agenda in Kenya through engagement in ECD related public policy processes both at the National and County levels, while at the same time lobbying the political leadership to prioritize ECD as a critical sector, which would be demonstrate increased investment and accountability for ECD; as well as enhanced multi-sectoral approach to implementation of ECD programs and coordination. The

participants also agreed on the need to annually hold the national ECD stakeholders conference. However, the 2nd National ECD stakeholders' conference could not take place in 2017 as was planned, due to the extended electioneering period in Kenya.

Acknowledging that the county governments embarked on the development of their 2nd County Integrated Development Plans (CIDPs) from September 2017, the 2nd National conference provided an opportunity to deliberate on how best the County Governments can plan for ECD service delivery under the newly elected leaders.

Objectives of the 2nd annual ECD stakeholders' conference, themed '*Accelerating Early Childhood Development through partnerships*' was organized under the following sub-themes:



This report is therefore compiled to highlight key issues deliberated on under the below themes:

- ✚ Accelerating ECD impacts through multi-sectoral partnerships and financing
- ✚ Successes & challenges, and building best practices in ECD delivery

- ✦ ECD Research, Policy, Advocacy and Governance
- ✦ Strengthening monitoring, evaluation and impact in ECD

1. CONFERENCE COMMUNIQUE

We the 260 delegates from **26 counties** and over **50 organizations**, government agencies at National and County government, UN agencies, private sector, Philanthropists, donor communities and academia congregated at Kenyatta University, Nairobi-Kenya, for the 2nd National Early Childhood Development (ECD) Stakeholders' Conference on the 25th and 26th of July 2018 themed '**Accelerating Early Childhood Development through partnerships**'.

RECOGNIZE that Early Childhood (0-8) years is the most rapid period for brain development in human life, and that missed opportunities during these early years cannot be made up at later stages of the child's life. Early childhood serves as the most important preparation period for life-long learning, as well as economic and social engagement. It is during these early years that a child develops the building blocks for cognitive, language, social, moral, physical and emotional development. Further, in this phase, a child is most vulnerable to risks of malnutrition, toxic stress and lack of stimulation, which negatively affect brain architecture and compromise learning and performance in later years.

Article 53 of the Constitution of Kenya (2010) guarantees a child's best interest as paramount for the country – a shared responsibility between national and county governments, the private sector, academia, CSO's and all stakeholders working with children in the early years. The Nurturing Care Framework launched in May 2018 at the World Health

Assembly serves as a roadmap for action in the implementation of child rights in early childhood. The framework seeks to ensure that children not only survive but also thrive and later transform their communities. **Therefore, out of the 2nd National ECD Stakeholders' Conference held at Kenyatta University, we are making a call to action as follows:**

A Call to Action

This joint **communiqué** provides opportunities to lobby all state and non-state actors and decision makers in Kenya to prioritize Early Childhood Development as a critical sector and of national importance that would impact on the socio-economic and political advancement. **We call for profiling and recognition of counties that are constantly improving investment in Early Childhood Development services aimed at showcasing best practices for national adaptation.** Substantive policy and action-oriented acknowledgements and recommendations are made as hereunder:

- I. **NOTING** that the first 1,000 days of a child's life are critical in ensuring optimal holistic development;
- II. Ensuring that the hardest to reach young children receives equitable childcare services to grow and develop into successful adults;
- III. **EMBRACING** the fact that ECD concerns all children aged 0-8 years and therefore multi-sectoral programming is essential;
- IV. **CONVINCED** that children aged 0-3 years who are yet to transition to school, should be prioritized in policy and practice, including capacity development and family support to parents (the home) and provision of baby care services;
- V. **ACKNOWLEDGING** that securing the future of Kenya's children is the primary responsibility of government in partnership with all stakeholders and therefore, there is need for an Integrated ECD policy, to enhance coordination and collaboration by all actors (promoting multi-sectoral approach to all issues concerning young children);
- VI. **CALLING UPON** all the 47 county governments to work in partnership with the private sector in early childhood to enhance scalable and cost-effective models of ECD programming;

- VII. **RECOGNIZING** that attainment of vision 2030 and SDG's targets in early childhood and the big four agenda can only be realized when ECD is the pathway to a more productive workforce that would enhance Kenya's socio-economic growth;
- VIII. **APPRECIATING** existing government systems as key platforms for the creation of ECD champions and for reaching out to every child aged 0-8 years – with age appropriate services, and that adaptation and application of proven parenting support interventions such as Care for Child Development (CCD) are key;
- IX. **CONVINCED** that accelerating and financing sustainable ECD impacts is a responsibility for all players, actors and sectors of government concerned with issues of children aged 0-8 years;
- X. **RESOLVING** that the annual National ECD stakeholder's conference shall be held on a rotational basis, in all the 47 counties in Kenya. And agree that the next conference be held in Mombasa County.

Endorsed on 26th of July 2018, at the 2nd National Early Childhood Development (ECD) Stakeholders' Conference, held at Kenyatta University Business and Students Service Centre (BSSC), Nairobi-Kenya.

2. OPENING STATEMENTS

2.1 Dr. Teresa Mwoma, National Coordinator, ECD Network for Kenya (ECDNeK) and Director, International for Capacity Development, Kenyatta University

In her welcome address, Dr. Mwoma reiterated that the network acknowledges the first 1,000 days as the most critical stage for brain development, especially for the hardest to reach young children. Her address acknowledged that the future of the Kenyan children can be defined by all actors both state and non-state through multi-sectoral collaboration. She reiterated that the Government of Kenya need to fast track the development and accenting of an Integrated ECD policy, which would enhance coordination and collaboration of all actors in early childhood maters. Noting that ECD is a devolved function, she proposed on behalf of Network members that delegates purpose to convene annual stakeholder's conference on a rotational basis in the 47 Counties, to collectively deliberate on issues of children in Kenya.

The coordinator ended her remarks by underscoring the positive effects the country could accrue if commensurate investment is directed to the early years of a child's development.

2.2 Prof. Paul Wainaina, Vice chancellor (VC), Kenyatta University

Prof. Paul Wainaina Officially welcomed all delegates to Kenyatta University. Noting that KU was the first University to start a department in early childhood education in Kenya, in 1985. This gave an opportunity to officers working in early childhood to be trained for a Bachelor's degree in Early Childhood Education. He further noted that since that time, KU has expanded her programmes in early childhood to include, Certificate, Diploma, Masters and PhD in early childhood studies with, flexible modes of delivery to reach as many clients as possible. Thus, KU is fully equipped with capacity to enable officers offering services in the ECD sector in Kenya (to all the 47 counties) and the region. Prof. Wainaina added that early childhood is critical in enhancing better employability, earning and quality of life, and thus very well placed to host the Network's secretariat. Kenyatta University, at its heart, recognized the crucial role of the early years of the child's life. He further pointed out that improved nutrition and health, from the formative years, contributes to quality life. According to him, the spirit of the conference was in recognition of the rights of children as enshrined in Article 53 of the Constitution of Kenya (2010), which include free and compulsory basic education; basic nutrition, shelter and health care; protection from abuse, neglect, harmful cultural practices, all forms of violence, inhuman treatment and punishment, and hazardous or exploitative labour; parental care and protection. He also emphasized that the Constitution of Kenya guarantees the child's best interest which is paramount for the nation. This could only be achieved through a shared responsibility between national and county government, private sector, academia, CSO's and all others working with children in ECD ages. He ended with a commitment that the School of Education and the Department of Early Childhood at Kenyatta University will continue to support the partnership with ECDNeK and partners.

2.3 Patrizia DiGiovanni, Deputy Representative, UNICEF Kenya

Patrizia in her opening address, remarked that early childhood remains a critical period in the life of a child. She reiterated that the **early moments of life offer an unparalleled**

opportunity for brain development. Additionally, she highlighted the **role of fathers and mothers** who remain influential in the way children develop and thrive under an enabling environment. Citing evidence from the Lancet series (2016) Patrizia indicated that **43 percent of children under the age of five** are at risk of failing to reach their full developmental potential due to risks of poverty, poor nutrition and a lack of access to basic services and early enriching opportunities. According to her, evidence from remarkable advances in neuroscience shows that a child's development is fundamentally shaped by their environment in the earliest years. From a cost-benefit perspective, she added that there is broad consensus that benefits derived from investments in early childhood outweigh the costs, with investments in ECD giving back almost 13% annually. She maintained that quality integrated ECD programs have **potential to boost adult earning by 25%**.

Regarding the sustainable development goals and indicators 2, 3, 4 and 16 upholds that Early Childhood Development is the foundation for sustainable development, and more so part of transformative agenda for 2030, making it an international priority for the 21st Century. She highlighted the specific ECD Global Sustainable Development Goals and Indicators as follows:

- Goal 2: end hunger, achieve food security and improved nutrition and promote sustainable agriculture (*prevalence of undernourishment; prevalence of stunting/malnutrition*);
- Goal 3: Ensure healthy lives and promote well-being for all ages (*under-five mortality rate, Neonatal mortality rate; number of new HIV infections, etc.*);
- Goal 4: Ensure inclusive and equitable quality education and promote lifelong learning;
- Goal 16: Promote peaceful and inclusive societies for sustainable development;

Noting that the Government of Kenya had ratified the SDG's, Patrizia expressed her hope that the conference deliberations would enable the delegates to review and identify specific key indicators that could improve ECD in Kenya within Government's existing systems such as Hospital Management Information Systems (HEMIS) and Kenya's National Education Management Information System (NEMIS). She further expressed UNICEF's commitment to

support the government in developing and operationalizing robust policies, more so the finalization for the Integrated ECD Policy that gives attention to the cross-sectoral issues including health, nutrition, early learning and protection for the most marginalized. Lastly, she acknowledged that UNICEF would continue to provide technical expertise on ECD related issues, through identifying bottlenecks, capacity building and piloting of innovative integrated ECD models. Also, promoting role of parents and caregivers in the home, where young children are given support, skills and knowledge to the household and family levels, by targeting all categories of parents, including siblings, grandparents, extended family as well as fathers who are crucial for the country.

2.4 Mr. Siddharth Chatterjee, United Nations Resident Coordinator for Kenya & UNDP Resident Representative

Mr. Siddharth began his remarks by citing an alarming statistics, of 30% of children stunted or experiencing acute malnutrition in Kenya. According to him, early childhood development starts when the child is conceived and that the consequences are dire if pregnant mothers are anemic. Siddhart argued that the fragile areas in Kenya and counties that bear the highest burden of malnourished children within the first 1,000 days of life, have children whose neuropathways are not opened-up due to lack of essential **micro-nutrients** that help in brain development. Subsequently as adults, the risks of unemployment are higher as they lack the skills necessary for employability. Sharing of the SDG platform's co-creation by the government and UN system in Kenya, he added that it is aimed at co-creating pathways to sustainable development through innovation and blended financing opportunities around Kenya's Big-4 agenda, which commences with Universal Health Coverage (UHC). He reiterated that in terms of Kenya's future human and intellectual capacity, **ECD is a critical cross-cutting priority** especially focusing on the **first 1,000 days**, given the latest brain science evidence – where health, nutrition, water and sanitation, cognitive stimulation and child protection should connect seamlessly across multiple public and private providers.

The UNDP Resident Representative highlighted that although Kenya was climbing the middle-income ladder, public funding was not adequate to meet growing needs, such as the Big-4 agenda¹. Therefore, private sector and philanthropic capital need to be unlocked. In this regard, the platform had supported acceleration of ECD impacts through promotion of multi-sectoral partnerships, innovation and blended finance opportunities. The platform also promotes the mission of the global ECD Action Network (ECDAN) which brings together countries, institutions, organizations and funders. **ECDAN** began in April 2016 at the World Bank Spring Meetings to build a **movement to improve the lives of young children everywhere**. The platform also focuses on, among other priorities, design and systems thinking, by partnering with existing networks such as the ECD Network for Kenya, and other innovative players, to break down silos, making ECD in Kenya more effective.

In closing, Mr. Siddharth reiterated that we cannot achieve large coverage of the ECD messages without targeting the home. Further, that achieving universal health needed leadership and all players on board, including the UN bodies, Government agencies, Private sector and civil society. He noted that at its base was early childhood and Universal healthcare which would advance Kenya's growth takeoff and achievement of the SDG's. He called for ECD actors in Kenya to:

- Create an army of community health workers in the community
- Immunize every woman and child
- Prevent HIV-AIDS, diarrhea and Malaria
- Improve reproductive health rights
- Reduce non-communicable diseases such as diabetes and hypertension which all begin in early childhood: reduction of sugar intake by behavioral changes or science, started early in life, would enhance healthier adults through exercise and good health.

¹ The Big- 4 agenda, an initiative of the Jubilee government in Kenya, has four key pillars, which include: manufacturing, universal healthcare, affordable housing, and food security.

2.5 Hon. Mohamed Guleid, CEO, Frontier Counties Development Council (FCDC)

Hon. Guleid, CEO of a block or association of nine counties in the Northern Kenya - Frontier counties Development Council (FCDC), was former Governor of Turkana County. He showcased how collective action had begun at county level - where the rubber hits the road.

Delighted to partner in the conference to represent the voices of people of the north - who felt excluded from decision-making of central government - and where the most vulnerable children 0-8 years existed, Hon. Guleid retold how the Kenyan frontier region had recently suffered apprehension for institutions of banking and Education. Having faced exclusion in development since Kenya's independence in 1963, the fragile communities on the move (pastoralists), felt that infrastructure strengthening was not their preserve. The central government was unable to connect them to education infrastructure and consequently also early childhood.

However, following a government change in 2013, the government of Isiolo for example, enabled the average pre-primary teacher earn Kshs.50,000 - Kshs.60,000, a very high remuneration, compared to the average primary school teacher earning less than half of that salary. In addition, pre-primary school centres were appendages of the primary schools, thus never independently run. But this has since changed.

Highlighting one conference material messaging: that 90% of the human brain develops by the age of five years, Hon. Guleid invited ECD Network for Kenya stakeholders and partners to work with FCDC secretariat to support the Northern frontier in catalyzing and scaling up of ECD models across the nine counties.

2.6 H.E Josphat Nanok, Governor Turkana County and Chairman, Council of Governors (speech read by Hon. Stanley Baliachi: CEC member, Nandi County)

Hon Baliachi in reading the speech for H.E Governor Isiolo County pointed out that the county governments are spearheading key ECD initiatives through infrastructure strengthening, expansion of health care, social services and peace; remuneration for teachers, and finalizing

schemes of service for pre-primary teachers; providing learning materials; enhancing community involvement and ownership of ECD programs as well as strategic partnerships of ECD programs. The CEC member added that counties are also partnering with World Bank to develop model ECD centres in selected counties, and there were efforts to further make the model centres child friendly, embrace child rights and child development best practices. Ultimately, he reaffirmed the counties' commitment to implement the SDGs, inclusive education and forging efforts towards the Big-4 agenda of the jubilee government.

2.7 Dr. Osman Warfa, Head of Neonatal, Child & Adolescent Health Unit, Ministry of Health

Dr. Warfa began his speech by welcoming the endorsement by UNICEF, in their conference address, to support Kenya to finalize development of an Integrated ECD Policy. He highlighted achievements by the Ministry of Health, mainly focused on how ECD is shaping up in the country – with the nurturing care framework as a roadmap. The achievements included:

- Free maternity health care (1 million mothers have access to the service)
- Linda mama program - MATERNITY CARE SERVICES
- National Health Insurance – 7 Million children have been reached
- Kangaroo- mother care program that leads to enhanced brain development from infancy when 1000,000 neurons rapidly connect.

He argued that the Nurturing care framework for ECD, would help children survive and thrive to transform health and human potential in their societies. Launching of the framework in May at the World Health Assembly was preceded by WHO putting together a commission to look at the social determinants of health, out of which the following conclusions were drawn:

- ECD is a powerful equalizer;
- There is an evidence base to support the benefits of ECD;
- Equity needs to be effected from the very start;
- Poor child development is not associated with education;

3. PLENARY SESSIONS

3.1 Elizabeth Gitonga, Africa Early Childhood Network (AfECN)

Elizabeth's key message was geared towards enhancing support in early childhood development through partnerships. In her speech, she highlighted the following for Kenya:

- Quality service could be provided through partnerships
- There was a need to forge collective efforts in the strengthening of frontline workers
- Collective and collaborative advocacy for ECD was critical for Kenya
- Cross/multi-sectoral action to ensure enhanced co-ordination
- Cross-learning through knowledge dissemination and sharing of best practices.

Elizabeth reiterated that the Africa Early Childhood network (AfECN) sought to bring together all players in every developmental sector, as captured in their strategic goals. Stressing that strengthening of the capacity of networks in the region was critical, and that individual strengths of networks across Africa would collectively build up regionally.

She also added her voice into the fact that AfECN sought to build capacity in documenting realities and more so documentation of research, through linking young scholars. In closing, Elizabeth invited delegates to AfECN's 1st International conference on ECD that would be held in Nairobi from 16th to 19th October 2018.

3.2 Dr. Martin Chabi, National Professional Officer, Child, Adolescent health and Nutrition, WHO

Adding that the main vision of the nurturing care framework was to ensure that no child was left behind. Dr. Chabi in his presentation also reiterated that the framework provided a roadmap for action with five key domains of holistic child development as well as its guiding principles. Citing the Lancet 2015, he added that SDG's would not be achieved in Kenya unless they were linked to ECD. With this notion, no one would be left behind.

He also cited that the framework further proposed an implementation framework as follows:

- Universal support – for all children
- Targeted support – for vulnerable households
- Indicated support – for special needs children/families

Dr. Chabi maintained that contributions of the framework in the life course of an individual were critical and that this could be achieved through ensuring enabling environments, enabling policies, supportive services, empowered communities, caregiver capabilities. Five Strategic actions under the framework would include targeted investments focusing on families and communities, strengthen services, monitor services and subsequently use this to innovate, reaching a wider population.

3.3 Jacqueline Onyango, Deputy Director, Kenya Institute for Curriculum Development

Ms. Onyango's address focused on the place of Early Childhood Education in Kenya. She emphasized that the key mandate of the Kenya Institute of Curriculum Development was carrying out research on curricula, curricula development, training and development for different curricula implementers. According to her, KICD follows through a nine-stage process in developing a curriculum.

She emphasized that Kenya's competency-based curriculum, was based on the premise that Kenya needed competent children upon completion of school. Adding that 21st century skills had been considered in the Education reforms. Ms. Onyango reiterated that the key goal of the reforms was to ensure a holistic individual who would be able to carry out different daily life-functions. She highlighted the fact that the new curriculum considered different levels of disability such as autism, and even mentally handicapped learners.

Since the moral fabric of society could not be attained purely by a curriculum, parental engagement was seen as a key component in the competence based curricula. She added that ECD had not initially been prioritized due to lack of funding, but which was now a top priority for the institute.

Asked of how the institute was planning to address the stimulation needs of 0-3-year olds, Ms. Onyango cited key ingredients for children in this age range as play, communication and stimulation. Building the capacity of the caregivers (caregiver curriculum) was however seen as essential, in this critical period of brain development

She also emphasized that the learners considered under the new curriculum were aged four years and above, meaning that those under the age of four years belonged to daycares or the home; that tracks of specialization in the new curriculum included Arts and sports pathway, STEM, performance and visual arts and lastly, that a phase one pilot had been completed nationwide, in private and public schools in 2018.

Her recommendations included the need for changes in teacher training: minimum of a Diploma for all teachers and the strengthening of internships and teaching practice, in order to enhance skills of educators in the new curricula; retooling of curriculum implementers - teachers, head teachers and teacher trainers as well as inclusion of Research, Monitoring and Evaluation.

3.4 Dr. Elizabeth Omondi, Reproductive Maternal, Neonatal Child & Adolescent (RMNCAH) Coordinator, Siaya County

Dr. Omondi shared on how the implementation of ECD in Siaya County started in 2013 and grew to be integrated in 16 facilities in 2017. Subsequently, in 2018, Conrad N. Hilton Foundation committed to support scale up in the entire Siaya County. Initial efforts were geared towards a comprehensive mapping of all the ECD resources to leverage on the resources, which was followed by an assessment of all ECD services provided. Additionally, the county was cited as tracking all components of nurturing care and the indicators of its success. Objectives geared towards improving nurturing care practices and early learning through a system- based approach, were also drawn.

She added that since 2015, enrollment into ECD had increased from 55, 4470 to 80,000 entries in 2018.

Dr. Omondi shed light on the strategic actions that have contributed to success in Siaya County as follows:

- Ensuring political goodwill by involving the governor of Siaya county was prioritized, which ensured that the process was county driven and government-led
- Implementing ECD in the life course approach pathway, to ensure that there were no gaps with implementation
- An additional step was ensuring that the First Lady of Siaya County patronized ECD in the County
- They also launched an Integrated ECD policy for Siaya County
- Formed an ECD multi-sectoral coordinating committees that involved sectors such as agriculture, health, education, social services, among others
- Getting the Speaker of the County assembly on board
- Siaya county is also paying their CHVs, alongside Kitui and Turkana Counties
- Dr. Omondi also highlighted that Siaya was in the process of developing a monitoring and evaluation system

Dr. Omondi added that an innovative sustainability plan was in place to ensure that if the current government of Siaya would not get a second term that efforts would continue to last into the future. Further, that advocacy efforts are underway to ensure ECD is advocated for in every forum within the county with First lady of the county as the Matron/Champion.

3.5 Betty Samburu, Program Manager, Research in Nutrition & Consultant in Maternal, Infant and Young Child Nutrition (MIYCN) – Nutrition and Dietetics Unit, Ministry of Health

Betty's presentation highlighted the Baby Friendly Community Initiative (BFCI) model which promotes responsive breastfeeding and stimulation components. It also embraced home visitation and community campaigns, encouraging formation of community mother-to-mother support groups and structures to support breastfeeding mothers at the community level. She argued that overall, 22% of all neonatal deaths, and 16% of neonatal deaths within the first 48 hours could be averted through breastfeeding. Altogether, 823,000 infant deaths could be averted if mothers breastfed well within the first five years of a child's life.

According to Betty a direct relationship between exclusive breastfeeding and reduced infant deaths has been observed as evidenced by the Kenya Demographic Health Survey (KDHS). Betty further emphasized five factors that have led to BFCI project success: multi-sectoral approach, father involvement, integration of ECD services to already established systems, male and community involvement. More importantly the lessons learnt were integrated through community structures and public systems. Lastly, cash investment (income generating activities for CHW and economic interventions used to reach mothers with BFCI) were used to ensure that implementation worked.

3.6 Lilies Njanga, Program Manager, Children's Investment Fund Foundation (CIFF)

Ms. Njanga began by urging the conference organizers to consider including the voices of

children in future ECD conferences. She shared some examples of conversations that children might have engaged in, had they been invited to the forum. She elaborated how much those conversations may impact and enrich their lives when compared to their peers, in future. Regarding why Investing in young children was critical, Ms. Njanga argued that it helped in positively improving the lives of children - to solve problems and to deliver systematic change, such as with the nurturing care framework. She reiterated that donors want to solve the problems and not merely give grants. Regarding ECD funding gaps, she cited evidence showing that although impact of investments in young children might take time to be recognized, in the long run it is a worthwhile investment with lasting effects into adulthood. Ms. Njanga called on more organizations to champion their resources in form of time and money to support children's development. She also noted that CIFF is committed to work with other partners to ensure children survive and transform their communities.

3.7 Hon. Janet Ouko, County Executive Committee member (CEC), Nairobi County

Hon. Ouko begun by stating that there are approximately 350,000 ECD school going children in Nairobi County. However pre-primary capacity can hold up to 13,000 children in public schools. Other children attend private schools. The county has 205 public primary schools, 187 has ECD wings and 24 schools were built by city council. Recently, the government launched the idea of free pre-primary education by dividing up its budget set for ECD, among the total number of children that public schools could hold. They then created two accounts: a tuition account and general purpose account for each child. In this regard Hon. Ouko argued that each child would receive Kshs.3, 200 per year, while a child with special needs, and receives Kshs.3, 300 annually. She confirmed the money had been disbursed to all public preschools schools accounts.

She also highlighted that Nairobi County Government was willing to support children in the informal settlements, but cited challenges faced in expansion of schools due to land scandals, lack of spaces for expansion and lack of fully commitment by leaders to expand the schools. Adding that Nairobi County had developed model pre-schools to guide the development of

more pre-schools in public spaces or adjacent to government schools. She urged civil society and other ECD actors to hold the county governments accountable on development of ECD.

3.8 Ruth Muendo, Research Associate, Aga Khan University Institute for Human Development

Ms. Muendo gave a background on the consortium that was formed with the knowledge that there existed a shift in how caregiving is handled for children under four years. She argued that there is need to advocate for policies that can help young children aged 0-4years, this is because projections from Kenya's population pyramids the under fours constitute the largest demographic profile. With a majority of children in Nairobi residing in urban informal settlements. She noted that the consortium had different partners who worked together to reach more children, bridge gaps in health, nutrition and promotion of women's economic empowerment. The consortium hoped to pool advocacy efforts with the county government of Nairobi for increased investment, mapping, advocacy and increased programming for under fours.

Recommendations emerging from her presentation for similar resource for poor contexts include daycare licensing or registration, minimum standards with provisions for informal settlements, and building caregiver capacity through training. She ended by stating the excitement of the consortium in partnership with the Nairobi County, in implementing daycare models that are scalable and cost effective.

3.9 Lilly Oyare, Executive Director, Little Rock ECD

In her remarks, Lilly maintained that their programs in ECD are inclusive, catering for children with disabilities to learn in formal classes, and who ranged from one to 13 years. They support mothers of the children especially those who are very disadvantaged, by employing some of the mothers.

Providing a nurturing environment for vulnerable and disadvantaged, Little Rock also hosts over 1,264 children in the Centre. They reported good transition of their pupils to national and government schools especially those with special needs. They also provide free meals and rooms for needy children from similar neighborhoods to do homework in the evenings.

Among the challenges they face included lack of clarity in inclusive Education Policies, cases of severe disabilities, larger teacher-to-child ratios, shortage of teaching and learning resources, a lack of mainstream schools that can accommodate children with disabilities and lack of adequate training for teachers that handle children with special needs.

3.10 Mas-ad Omar, Assistant Director, Madrassa Early Childhood Program (MECP)

In her presentation, Omar highlighted that MECP focusses on promoting ECD services in partnership with county governments, but that it had grown to offer professional development courses, tailor-made training and technical support to schools. The latter had been accredited by Kenya Institute for Curriculum Development.

The MECP model is a holistic child-centered development one that is implemented through the pillars of community involvement, caregiver engagement, teacher professional development, integrated curriculum and quality school learning environments. A challenge that was cited was entry to new regions in efforts to scale up the model.

4.1 SPECIAL SESSION: SDG Partnership Platform-ECDAN

Accelerating ECD impacts through multi-sectoral partnerships and financing, Arif Neky, Advisor UN Strategic Partnerships, Kenya, & Coordinator of the SDG Partnership Platform

In a special session, Mr. Neky highlighted the fact that private sector and government approaches to reaching children was fragmented for far too long. He recommended efforts geared towards collective advocacy to advocate for multi-sector partnerships and financing.

Kuza Biashara innovation of micro mentoring, micro distribution and micro learning was highlighted as a timely innovation for ECD initiatives, because micro tension spans of the youth of today were rapidly shrinking: *Micro chap-chap* content was recommended by Kuza, who are impacting four (4) Million youth across the continent of Africa.

Useful tips for unlocking private sector funding were also resolved as follows:

- That social enterprises should never discount private sector investment opportunities that amount up to three and a half Million US Dollars.
- That private sector investors were interested more in mentalities geared towards solving problems.

- That the ability to raise funds through robust program designs and using language that addressed the challenges – not people – worked to unlock financing. Important considerations for investors included whether the innovative ids had end beneficiary at heart; embraced a bottom up approach – in order to keep program flexibility and For the ECD sector, shared values or health worker concepts were always proven to works!
-

4.2 ECD Research, Policy, Advocacy and Governance

RTI International, Kenyatta University and Madrassa Early Childhood Program (MECP) brought out the following considerations for scaling up innovative ECD and Education programs in devolved settings, school safety in informal settlements as well as Gender and inclusion experiences in early childhood programming, respectively:

The need to temper investment in structural quality with more investment in process quality was emphasized. Based on RTI study results, policy implications for county governments needed to consider support and incentives in order to increase investment in quality ECDE. In this regard, *Tayari evaluation called on counties to ring-fence budgets for investment in ECDE.*

Government had come up with various documents outlining the standards and guidelines on safety and security of learners in schools; including:

- i. National School Health Strategy Implementation Plan (2011-2015),
- ii. The Early Childhood Development Service Standards Guidelines (2006),
- iii. The Safety Standards Manual for Schools in Kenya (2008),
- iv. Registration guidelines for Alternative Provision of Basic Education and Training (APBET) 2015,

In spite of these efforts, challenges remained, which are dire for children in the informal settlements, who should not be left behind. Some dire difficulties cited included:

- a) Physical facilities in some schools were inadequate; *"This school lacks enough space in the classroom because the children are too many and cannot even move freely inside*

the class (Tr. Krn). The biggest challenges we are experiencing are the classroom furniture which are not up to standard and also are few (Tr. Dstny)."

- b) Outdoor play space was inadequate; *"The school doesn't have its own compound it's in a rented ground (Tr. Gtry). The playground is not enough to accommodate the number of children (HT Grp Yrd)."*
- c) Dropping and picking children was a challenge in some schools; *"The small children who go home by themselves sometimes are attacked by the big students, they are beaten, and they fear to report them to teachers or parents (Tr. ABC). Children come to school alone and go back for lunch alone hence causing insecurity for the young children (Tr. Brllnt)."*

Additionally, some schools were not fenced while others did not have lockable gates, inadequate water and sanitation facilities. Feeding program was also inadequate in some schools; firefighting equipment and first aid kits were often not available in some schools while in those that had, the teachers were not trained on how to use them.

Key Observations of MECP program contexts were that about 80% of ECD professionals are female. This was attributed to social skills whereby boys were considered extraverts and girls as introverts. Changes made by MECP to improve Gender inclusivity included:

- Sensitization of the community that ECD teaching was not only for women
- Encouraging teachers to give equal opportunities to both boys and girls
- Mixed gender groupings
- Assigning similar roles to both boys and girls.

In conclusion, MECP reiterated that a strong teacher is one who treated his/her students fairly, creating an environment where both boys and girls felt equally able to take part in learning activities. To achieve gender and inclusion in ECD, concerted efforts from both the private, public and other actors were essential.

4.3 Interventions for the hardest to reach

Catholic relief Services (CRS), AKU- IHD and Kidogo shared on ECD interventions for families and communities, reflections on ECD among the poor rural communities (Kajiado) and how play is revolutionizing Early Childhood learning In Kenya and Abroad, respectively.

Deliberations that would ensure that children lean and thrive through schooling, despite growing up in resource poor contexts, were as follows:

- Development of teacher guides made by local writers and artists
 - Advocacy for increased ECD training in order to attract qualified candidates in teachers
 - Parental involvement in ECD and buy in was critical order to deal with barriers such as poor infrastructure, rural traditions and poverty. Additionally, family were cited the most powerful influence of children thus they needed to be fully involved in ECD. In addition, schools were often inaccessible, with children likely to face wildlife encounters on their way to and from school.
 - Language is often a barrier for communication and programming in rural contexts. Therefore, the need for language literacy programs, and translation was essential. For example, into Maa or Kiswahili and use of Kiswahili story books for reading programs by CRS was cited as critical for success.
 - From Kidogo, child friendly environments, locally made low-cost-no cost play materials, playful caregivers are best practices for ECD programming in the informal settlements. Further, the importance of play and encouraging the hardest to reach families to prepare play materials using locally available materials was established as essential.
-

4.4 Multisectoral collaboration/partnerships in ECD delivery

Kidogo, Daraja Civic Initiatives Forum in partnership with Aga Khan Foundation and Aga Khan University's Institute for Human Development on one hand and MECP on the other shared on holistic integrated approaches with babycare settings and case studies in ECD service delivery, respectively.

For babycare settings which host children aged four -years and below, a best practice would mean quality of environments and services offered by daycares, in partnership with parents and community stakeholders. The aim of the babycares consortium partners was to avoid duplication of work and forging of a collective advocacy voice on the plight of vulnerable children in the informal settlements, who have not yet transitioned to school.

Kidogo runs centers of excellence integrated with parental and communal participations. The efforts spill over into child care centers that are run by women entrepreneurs (mamaprenuers). The Kidogo way includes strategies to foster quality daycares, training of caregivers, employing play-based curriculums.

The Aga Khan Development Network (AKDN) and Daraja CIF's way integrates ECD referral pathways by improving already existing daycares which are privately run, attached to churches, centres, homes or primary schools. Using community health volunteers for home visits, daycares are also linked to public health facilities to increase health encounters for young children, through a three-pronged holistic integrated ECD model that targets under 4's and their families. Parents, caregivers, daycare owners, CHV's are trained and mentored by Master trainers seconded from department of Health and Education. More recently, Daraja has begun a partnership to integrate child protection components to the babycares model.

Recent findings following an end-term evaluation of the AKDN-Daraja CIF initiative brought out key success in improved nutrition through colored plates or varied balanced meals packed by parents or served in the daycares; an increased use and developing on low cost play materials using locally available materials, improved hygiene such as through hand washing practices, in the daycares and home level, as well as increased professional identity by the day care owners.

Recommendations for scale up include continued sensitization on child safety, caregivers' training on holistic child development and school transition needs, male or father involvement, replication and scale up of the projects to similar contexts in Kenya and regionally, as well as forging partnerships in ECD service delivery.

MECP recommendations for ECD delivery is that enhancing partnerships with like-minded partners and individuals are a means of achieving common goals. MECP is open to linking partners interested in working with children across the 0-8 years.

The Baby Care Consortium is open for membership to organizations that reach daycares. Because there no government guidelines exist for babycares, play group best practices are being promoted by consortium members to address gaps of caregiver curriculum and daycare minimum standard for children aged below four year, their families and contexts.

That students' progress and enrollment in the ECD field was declining, was expressed with concern. Multilateral collaboration with universities was determined as essential, because students have been left out of learning from holistic models. Further, universities were challenged to become more practical than academic, in responding to the emerging societal needs. Therefore, enrichment and the design of university programs need to be re-examined to ensure that partners that design programs are reached and consulted. Additionally, the consortium was encouraged to expand their approaches to tea and flower farms by the Kericho county government. It was also established that tools to measure and asses and advice the baby care centers had been contextualized and were in use: ITERS – Infant/Toddler Environment Rating Scale.

4.5 Successes and challenges and building best practices in ECD delivery

Plan international, MECP shared their best practices of Community-Led Action for Children (CLAC) model for ECD programming and pluralism in ECD, respectively.

The CLAC approach focused on parenting education which enabled families gain knowledge on holistic child development needs in order to support young children to effectively transition to school. Partnerships and policy advocacy for this transitioning was recommended for early learning. Benefits of exclusive breastfeeding, safety protection, hygiene, handwashing and tailoring skills are some topics covered during parenting sessions, as was highlighted by a parent beneficiary from Siaya County.

Plan international's best practices under the CLAC approach saw parents in ECD centres learn to develop play items using locally available materials, in Bondo of Siaya County. Kitchen gardening was also employed to improved nutrition of families and young children as well as a means for economic strengthening for parents, in Homabay County. School feeding programs in Kisumu and Siaya Counties were also enhancing nutrition for school aged children.

Multi-sectoral approach to ECD interventions is also an essential strength by Plan international's approach, where ECD practitioners can partner with departments of Agriculture, Health, Education as well as Microfinance Institutions.

Regarding pluralism, MECP shared that it consists of a design that influence character formation in children, as it is necessary for children to embrace diversity. Nurturing pluralism is powerful when embedded early in life. Concepts that are taught include self-identity, mutual respect, social inclusion, benefits of diversity to individuals and the community as well as learned attitudes

MECP further highlighted the best practices of pluralism as early understanding on unity and togetherness, knowledge of one's self and appreciation of others, teachers able to cater for individual differences of learners as well as promotion of identity, mutual respect, social inclusion, skills and competence.

4.6 Strengthening Monitoring, Evaluation and impact in ECD

African Population and Health Research Centre, Loughborough University and Kenyatta University shared on an ECD intervention for children under three years in Siaya County and Baby Friendly Community Initiatives in Baringo County.

The study by APHRC was based on interventions for children below three years – a program run by PATH in Siaya County. Children of this age are not factored in the ECDE policy. The

study was aimed at improving caregiver sensitivity and responsiveness among health care practitioners. Only preliminary study results were presented as the intervention is ongoing.

A good understanding among health service providers of ECD and holistic child development needs, elements of stimulation and responsive caregiving, were established. However, some concerns were highlighted including:

- Lack of child friendly corners in most healthcare facilities
- An urgent need to train practitioners on nurturing care
- Shortage of staff
- Inadequate space for infrastructure development
- Negative religious and cultural practices, surrounding care for newborns

Health service providers agreed that it is feasible to integrate ECD practices into health care facilities.

Prof. Judith Kimiywe speaking on *Baby Friendly Community Initiatives highlighted that over 66% of children in sub-Saharan countries were affected by poor developmental outcomes. Therefore, children were generally not reaching their developmental potential. Kenya however had made strides by having implemented Baby Friendly Health Initiatives BFHI in 2002. She added that implementing Baby Friendly Community Initiative interventions required eight steps, as follows:*

- I. Mentorship and supervision of health practitioners
- II. Community mobilization
- III. Nutrition sensitive programmes be established
- IV. Encourage BFHI centres
- V. Establishing a capacity development and training approach (major recommendation)
- VI. Community mother support groups to help mothers engage and network
- VII. Eradication of poverty (key area to pursue)
- VIII. Multi-sectoral approach in giving the mother support

Mothers were the main focus of child care in many communities hence reaching out to mothers meant reaching more children. However, fathers are also targeted in other community initiatives. Future initiatives should target fathers in child health and nutrition programs.

5. CLOSING REMARKS

5.3 Dr. Teresa Mwoma, National Coordinator, ECD Network for Kenya (ECDNeK) and Director, International for Capacity Development, Kenyatta University

It was concluded that County governments need to be held responsible for the quality of life of young children. Nurturing care is required in order to address the needs of its future populace. It was also agreed that various county education directors and their representatives shared on ECD progress and efforts being spearheaded by their county governments and committed to working collaboratively with ECDNeK to increase innovation, multi-sectoral collaboration and financing. It was also agreed that the 3rd annual ECD stakeholders conference to be hosted in Mombasa County.



6.1 Annex 1: Acknowledgement

The ECD Network for Kenya would like to extend special appreciation to the Lead rapporteur, Stella Ndugire-Mbugua (AKFEA) and her team: Ruth Muendo (AKU-IHD) and Dr. Hudson Ouko (Kenyatta University) as well as session rapporteurs sourced from Kenyatta University's student body and Alumni, including Mercy Kimetto, Augustus Nyakiba, Ashiono Benard Litali, Peninah Nyamori, and Teresa Binsari Ogetange, without whom the documentation of this report, conference communique and other supporting proceedings would not be possible.

The execution of a successful conference was made possible by the following individuals;

Conference Planning Team	Logistics/Service Team
Dr. Teresa Mwoma	Sally Ocharo
Lilly Oyare	John Maraigua
Mercy Kimetto	Elijah Waweru
Caroline Linda Awuor	Caroline Nderitu
Oscar Kadenge	Raymond Mutumbu
Leonard Chumo Falex	Naima Eden
Ann Rubia	Nasra Kisiri
Janet Iton	Faith Ocharo
Regina Mwasambo	Alphonse Randall
Sr. Pauline Acayo	Alice Wangondu

Aleesha Peer Mohamed	David Ngigi
Afzal Habib	KUZA Biashara
Dr. Hudson Ouko	Mtoto News
Ruth Muendo	
Stella Ndugire – Mbugua	

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6.2 Annex 2: Counties

Government/Counties		
Embu County	Taita Taveta County	Muranga County
Kajiado County	Busia County	Nairobi City County
Kakamega County	Embu County	Nakuru County
Kiambu County	Isiolo County	Nandi County
Kilifi County	Siaya County	Nyamira County
Kwale County	Machakos County	Nyandarua County

Nairobi City County	Makueni County	Nyeri County
Nandi County	Mandera County	Taita Taveta County
Nyandarua County	Merus County	
Nyeri County	Mombasa County	

6.3 Annex 3: Conference presentations schedule

Day 1: Wednesday 25th July 2018

MORNING SESSION

Session chair: **Arif Neki**

Advisor UN Strategic Partnerships, Kenya, & Coordinator of the SDG Partnership Platform

Welcome address

Dr. Teresa Mwoma

National Coordinator *ECD Network for Kenya & Director, International Centre for Capacity Development, Kenyatta University*

Kenya

Role of Universities in promoting early childhood development in

Prof. Paul Wainaina

Vice Chancellor, Kenyatta University

Enhancing quality early childhood development with special reference to the indicators to be measured

Patrizia DiGiovanni

Deputy Representative, UNICEF Kenya.

Emerging opportunities for driving ECD impacts in the broader development context in Kenya

Mr. Siddharth Chatterjee

United Nations Resident Coordinator for Kenya & UNDP Resident

Rep

Promoting ECD implementation across the northern counties

Hon. Mohamed Guleid

CEO, Frontier Counties Development Council (FCDC)

County Government's' investment in pre-primary education, child care facilities and healthcare services for children in the first five years

H.E Josphat Nanok

Chairman Council of Governors & Governor Turkana County

Enhancing neonatal and child health in Kenya

Dr. Osman Warfa

Head of Neonatal, Child & Adolescent Health Unit, Ministry of Health

Group picture

HEALTH BREAK

Display viewing session

MIDMORNING - AFTERNOON SESSION

Session chair:

Oscar Kadenge

ECD Manager, PATH International.

Networking as an avenue of promoting quality service provision in ECD

Lynette Okengo

Executive Director, Africa ECD Network

Nurturing Care Framework

Dr. Martin Chabi

Child and Adolescent Health and Nutrition, WHO, Kenya

Education reforms for pre-primary

Jacqueline Onyango

Deputy Director, Kenya Institute for Curriculum Development

ECD Landscape in Siaya County, reflections for county implementation

Dr. Elizabeth Omondi

RMNCAH Co-ordinator – Siaya County

Baby Friendly Community Initiative (BFCI)

Betty Samburu

Consultant in Maternal Infant and Young Child Nutrition

Nutrition and Dietetics Unit, Ministry of Health

LUNCH BREAK

Display viewing session

CONCURRENT SESSIONS

Breakout Room 1; Chair: Dr. Juliet Mugo

1.1. SPECIAL SESSION: SDG Partnership Platform-ECDAN

Accelerating ECD impacts through multisectoral partnerships and financing, *Arif Neki, Advisor UN Strategic Partnerships, Kenya, & Coordinator of the SDG Partnership Platform*

Breakout Room 2; Chair: Regina Mwasambo

1.2. ECD RESEARCH, POLICY, ADVOCACY & GOVERNANCE

1.2.1. Scaling up quality early childhood development and education in a devolved setting: Policy making and resource allocations for sustainable ECDE model, *Evangeline Nderu (RTI International) & Samuel Ngaruiya (RTI International).*

1.2.2. School safety: A challenge in preschools in informal settlements, *Teresa Mwoma (Kenyatta University), Catherine Murungi (Kenyatta University), Nyakwara Begi (Kenyatta University)*

1.2.3. Gender and Inclusion in Early Childhood Development- Experience of the Madrasa Early Childhood Programme-Kenya, *Barika Ramadhan (MECP-K) & Everlyne A. Okeyo (MECP-K)*

Breakout Room 3; Chair: Ruth Muendo

1.3. INTERVENTIONS FOR THE HARDEST TO REACH

1.3.1. Early Childhood Development interventions for hardest to reach through families and communities, *Sr. Pauline Acayo (Catholic Relief Services)*

1.3.2. Reflections on the provision of Early Childhood Education among poor rural communities in developing countries: the Kajiado Experience, *Dr. George Andima (Aga Khan University, Institute for Human Development) & Dr. Adelheid M. Bwire (Kenyatta University)*

1.3.3 How PLAY is revolutionizing early childhood learning in Kenya and abroad: A case study of Kidogo in Nairobi's urban informal settlements, *Janet Mwitiki (Kidogo) & Afzal Habib (Kidogo).*

DAY 2: THURSDAY 26TH JULY

MORNING SESSION

Session chair:

Afzal Habib

Co-Founder and *Chief Imagination Officer, Kidogo*

Report from day 1

Stella Ndugire - Mbugua,

ECD Program Coordinator, Aga Khan Foundation (East Africa).

Investing in young children: The donor perspective

Lilies Njanga

Programs Manager

Children's Investment Fund Foundation (CIFF)

Implementing Free Pre-primary education in Nairobi County

Hon. Janet Ouko

County Executive Committee Member, Education, Nairobi City County

Reflections from holistic integrated approaches with babycares

Ruth Muendo

Research Associate, AKUIHD/ Babycares Consortium, Nairobi

Inclusion of children with disabilities

Lilly Oyare

Executive Director, Little Rock ECD

The Madrasa Early Childhood Program (MECP)

Samira Mbarak

CONCURRENT SESSIONS

Breakout room 1: Chair: Stella Ndugire-Mbugua

2.1. MULTISECTORAL COLLABORATION/PARTNERSHIPS IN ECD DELIVERY

2.1.1. Early Childhood Development in urban informal settlements of Nairobi, Kenya: Reflections from holistic integrated approaches with babycare settings, *Joyce Wesonga (Daraja Civic Initiative), Rachel Makena (Daraja Civic Initiative), Afzal Habib (Kidogo) Janet Mwitiki (Kidogo), Ruth Muendo (Aga Khan University, Institute for Human Development) Stella Mbugua-Ndugire (Aga Khan Foundation East Africa)*

2.1.2. Partnerships in ECD Service Delivery: A Case Study of MECP Successes and Challenges, *Samira Mbarak (Madrasa Early Childhood Programme), Hezron Rumenya (Madrasa Early Childhood Programme).*

Breakout room 2; Chair: Dr. Hudson Ouko

2.2 SUCCESSES & CHALLENGES, AND BUILDING BEST PRACTICES IN ECD DELIVERY

2.2.1 Building on strengths and weaknesses of Community-Led Action for Children (CLAC) model for ECD programming: Showcasing best practices in ECD delivery, *Caroline Linda Awuor (Plan International - Kenya) & Silvanos Owuori (Plan International - Kenya).*

2.2.2. Pluralism in Early Childhood Development (ECD); The Madrasa Early Childhood Programme (MECP) experience, *Mas-Ad O. Mohamed (MECP-K) & Naima A. Adam (MECP-K)*

Breakout room 3; Chair: Lilly Oyare

2.3 STRENGTHENING MONITORING, EVALUATION & IMPACT IN ECD

2.3.1 Evaluation of the feasibility and effectiveness of a health facility-based combined with home-based Early Childhood Development (ECD) intervention in Siaya County, Kenya: Findings from Baseline Qualitative Survey, *Elizabeth Kimani-Murage (APHRC), Patricia Kitsao-Wekulo (APHRC), Silas Onyango (APHRC), Milka Wanjohi (APHRC), & Hermann Pythagore Pierre Donfouet (APHRC).*

2.3.2 Testing the Feasibility of Incorporating Parental Support for Early Childhood Development into the Baby Friendly Community Initiative in Koibatek Sub-County, Kenya, *Elizabeth Kimani-Murage (APHRC) Paula Griffiths (Loughborough University), Patricia Kitsao-Wekulo (APHRC) Peter Muriuki (APHRC), Silas Onyango (APHRC) Milka Wanjohi (APHRC) Herman P. P Donfouet (APHRC) Joseph Birundu Mogendi (APHRC) Emma Haycraft (Loughborough University), Judith Kimiywe (Kenyatta University) & Teresa Mwoma (Kenyatta University).*

MID-MORNING – AFTERNOON SESSION

Session chair:

Dr. Esther Waithaka

Lecturer, Department of Early Childhood Studies, Kenyatta University

Short video

Prof. Kofi Marfo

Professor & Founding Director,

Institute for Human Development, Aga Khan University

The ECD Policy Environment in Kenya

Neonatal Child Health policies and guidelines

Dr. Stewart Kabaka

Deputy Head, Neonatal Child and Adolescent Health Unit, MoH

Pre-primary education policy

Darius Mogaka

Director Policy Planning & East African Affairs, Ministry of Education

Child Protection Policies

Noah Sanganyi

Director Children's Services, MOLSP

CLOSING CEREMONY

Closing Remarks: Call for action / Communique

Award of certificates

Dr. Teresa Mwoma

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