

ADVANCING NURTURING CARE FOR EARLY CHILDHOOD DEVELOPMENT – PRELIMINARY LESSONS FROM KENYA

RISE AND SHINE PROJECT LEARNING REPORT- 2020

Cover photo: *Credit Madrasa Early Childhood Programme – Kenya (MECP-K)*

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This report captures learning arising from implementation in Kenya of the Rise and Shine project which focuses on early childhood development and is supported by Comic Relief

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EXECUTIVE SUMMARY

The Rise and Shine project, focusing on early childhood development and being implemented in Kenya, Malawi and the United Kingdom from 2019 to 2023, falls under the Children Survive and Thrive theme of Comic Relief. In Kenya, there are eight funded partners and a learning co-ordinator. The results and changes arising from the project fall into four domains: (i) inclusive and enabling environment for children with disabilities (ii) nurturing and supportive families and communities (iii) access to quality, integrated early childhood development (ECD) services and (iv) policy and structural change. During learning events such as workshops and online discussions, each of the domains was explored using a learning framework which had a total of 26 learning questions which guided the learning journey.

Comic Relief's flexibility enabled funded partners to incorporate COVID-19 as an emerging issue in their programming during year 2020. Learning emerging from implementation by the funded partners in the course of the year includes:

Response to COVID-19

Learning 1: Community Child Protection Units - Apart from schools, community child protection units are an effective channel to reach and support children at community and household levels.

Learning 2: Champion Parents Model - Parent champions are effective at promoting disability rights, encouraging parental support group (PSG) membership, and directing parents towards early

identification and assessment routes for children with disabilities.

Inclusive and enabling environment for children with disabilities

Learning 3: Barriers in Enrolling Children with Disabilities in Early Learning - The key barrier identified by parents in enrolling their children with disabilities into early childhood education (ECE) was fear for their child's safety and concern that special needs education (SNE) teachers may not have been adequately trained.

Learning 4: Parents of Children with Cerebral Palsy - Some parents, especially those of children with cerebral palsy, still deny disability and require targeted efforts to include them in support groups.

Learning 5: Home-based Learning for Children with Disabilities - Home-based learning contributes to positive relationship between children and caregivers; and promotes emotional wellbeing of both caregiver and child.

Learning 6: Training on Nutrition and Home-based Therapies - Post-training assessments show that parents consider training on nutrition and home-based therapies as most useful, and even share what they learn with neighbours and other support groups.

Nurturing and Supportive Families and Communities

Learning 7: Successfully Engaging Fathers - Using mobilisation targeted at men, advance notice, written invitation to facilitate approval at place of

work, follow up and reminders, the creation of 'safe space' for men to engage, and the use of material specifying the role of men and the action required from fathers, leads to the successful engagement of fathers in caregiving and safeguarding children.

Learning 8: Effectiveness of Community Health Volunteers - The deployment of trained community health volunteers (CHVs) in targeted household visits, with the delivery of key health and nutrition messages, leads to an increase in the uptake of health services for households with children aged below 5 years.

Learning 9: Enhancing Safeguards for Children with Disabilities - To enhance co-ordination between actors involved in safeguarding children with disabilities, a comprehensive referral booklet for use at community level is required. The booklet should cover access to health, nutrition, therapy, medical assessments, psycho-social support, counselling and justice services, and access to education and rescue centres.

Learning 10: Local Play Materials - Encouraging communities to develop local play materials and setting the example by refraining from distributing play materials purchased from the shops catalyses the usage of local play materials

Learning 11: Overcoming Negative Perceptions about Play - Negative perceptions about play can be overcome by supporting children and parents, using a multi-sectorial approach, to break attitudes against play and challenge biases against the inclusion of children with disabilities in play activities.

Policy and structural change

Learning 12: Policy Advocacy - The ECDNeK is a platform for Rise and Shine funded partners to influence ECD policy at national and county levels and advocate for inclusive early childhood education (ECE).

Learning 13: Learning Forum - The ECDNeK is a forum for Rise and Shine funded partners to showcase their work and learn from other practitioners in ECD conferences.

Conclusion

In spite of the unexpected events and in the year 2020, funded partners adapted successfully to the new circumstances, made some changes to the learning questions to respond to COVID-19 related challenges, and proceeded with the implementation and the project learning journey. Accordingly, they contributed to the body of knowledge based on practice and reflection around holistic early childhood development. Further, holistic early childhood interventions undertaken by the cohort of funded partners in Kenya contributed to building an inclusive and enabling environment for children with disabilities, establishing of nurturing and supportive families and communities, strengthening access to integrated ECD services, and advancing policy and structural changes in favour of children in their early years of development.

0 | BACKGROUND

Comic Relief is a grant-making charity, which uses funds raised from the public in the United Kingdom and from partners to invest in organisations both in the United Kingdom and internationally with the aim of advancing its vision of a just world free from poverty. One of the four strategic themes of Comic Relief is the Children Survive and Thrive theme which is driven by the belief that every child has the right to the best start in life through holistic support. This includes support for good health, nutrition, opportunities for early learning, responsive and supportive care giving, safety and protection.

The Rise and Shine project which focuses on early childhood development and is being implemented in Kenya, Malawi and the United Kingdom for the period 2019 to 2023, falls under the theme. In Kenya, the eight funded partners are ANDY, The Action Foundation, Ananda Marga Universal Relief Team (AMURT), Build Africa Kenya, Kenya Aids NGOs Consortium (KANCO) working together with Early Childhood Development Network for Kenya, Lwala Community Alliance, Madrasa Early Childhood Programme in Kenya (MECP-K) and Terre de homes Foundation Kenya (Tdh). Upward Bound serves as the Learning Coordinator.

02 OPERATING CONTEXT

The Ministry of Health confirmed a coronavirus disease (COVID-19) case in Nairobi on 12th March 2020. Since the disease was by then categorized as a pandemic, the Ministry of Health directed Kenyans to:

- i. Regularly and thoroughly wash hands with soap and water, or use an alcohol-based hand sanitizer.
- ii. Maintain a distance of at least 1 metre (5 feet) from anyone who is coughing or sneezing.
- iii. Stay at home, maintain social distance and avoid mixing with others in a crowd if coughing or sneezing.
- iv. Maintain a good respiratory hygiene by covering mouth and nose while coughing and sneezing with a handkerchief, tissue, or into a flexed elbow.
- v. Stay at home if one experiences symptoms like fever, cough or difficulty in breathing.
- vi. Suspend all public gatherings, meetings, religious crusades and games events.
- vii. Suspend all inter – school events.

These measures severely limited the operation of schools and on 15th March, schools were officially closed. They were reopened in January 2021, signifying the loss of an academic year. This meant that most of the school-based activities under the Rise and Shine project could not be implemented as had been planned.

03 PROJECT LEARNING MILESTONES

The project held its inception workshop in October, 2019. Although the implementation was to commence in early 2020, this was interrupted by the onset of COVID-19.

In response to the challenges posed by COVID-19, an online review and catch-up meeting was held on Wednesday, 22nd April 2020. The discussions highlighted emerging possible areas of learning, based on which the following preliminary learning questions were posed:

1. How can technology be best employed to implement the Rise and Shine project despite the onset of COVID -19?
2. How can the resilience of the community be strengthened?
3. How can the project support and integrate effective hand washing, sanitation and hygiene interventions?

A second online learning event held was held on Thursday, 11th June 2020. The event addressed three issues:

1. What progress has been made in responding to the challenges posed by COVID-19?
2. What are the highlights of the learning inception report?
3. How will funded partners collaborate on the learning questions?

In the third quarter of 2020, KANCO partnering with the Early Childhood Development Network for Kenya (ECDNeK) joined the Rise and Shine project.

The third learning event was an online meeting held on Friday, 9th October 2020. The meeting addressed learning questions 1B and 3B:

- 1B. What can be learnt about the ECD working group and how can it be of benefit to implementation?
- 3B. What is the availability of local play materials?

The learning event was attended by all the funded partners including KANCO and the Early Childhood Development Network for Kenya (ECDNeK).

04 LEARNING JOURNEY

In Kenya, results and changes arising from the Rise and Shine project fall into four domains: (i) inclusive and enabling environment for children with disabilities (ii) nurturing and supportive families and communities (iii) access to quality, integrated early childhood development (ECD)

services and (iv) policy and structural change. During learning events such as workshops and online discussions, each of the domains was explored. A learning framework, with a total of 26 learning questions guided the learning journey.



Figure 1: Domains of change

Source: *Rise and Shine project inception workshop, 2019*

05 RESPONSE TO COVID-19



Photo 1: ECD centres were provided with water, sanitation and health (WASH) facilities

Credit: Tdh

Comic Relief's flexibility enabled funded partners to incorporate COVID-19 as an emerging issue in their programming during year 2020.

5.1 Revised activity plans

Funded partners revised their plans and activities to conform to COVID-19 containment measures outlined by the government. They also supported schools, caregivers and communities with hand washing stations, soap and facemasks.

LEARNING 1

COMMUNITY CHILD PROTECTION UNITS

Apart from schools, community child protection units are an effective channel to reach and support children at the community and household levels.



Photo 2: A community-based rehabilitation (CBR) stakeholders' meeting in Dagoretti, Nairobi
Credit: ANDY

5.2 Reaching and supporting children despite COVID-19

The closure of learning institutions led to a significant increase in cases of child abuse while the loss of livelihood led to psychological stress among parents. Consequently, child protection units took on even more significance in reaching children. Tdh learnt that by using the community child protection units it was possible to reach and support children in their respective homes and at the community level. The units were empowered to identify and refer children with protection concerns, to engage children in stimulating play activities, and to develop learning items using locally available materials. In addition, Tdh recruited focal point persons who were trained in basic case management and referral mechanisms, COVID-19 prevention, child protection and psychological first aid.

During the period under review, Build Africa Kenya tasked community-based trainers and mobilizers (CBTs) to share information with parents on their platforms, sensitize parents on social distancing required to contain COVID-19, encourage child protection measures at home and look-out for possible child abuse cases in homes.

LEARNING 2

CHAMPION PARENTS MODEL

Parent champions are effective at promoting disability rights, encouraging parental support group (PSG) membership, and directing parents towards early identification and assessment routes for children with disabilities.

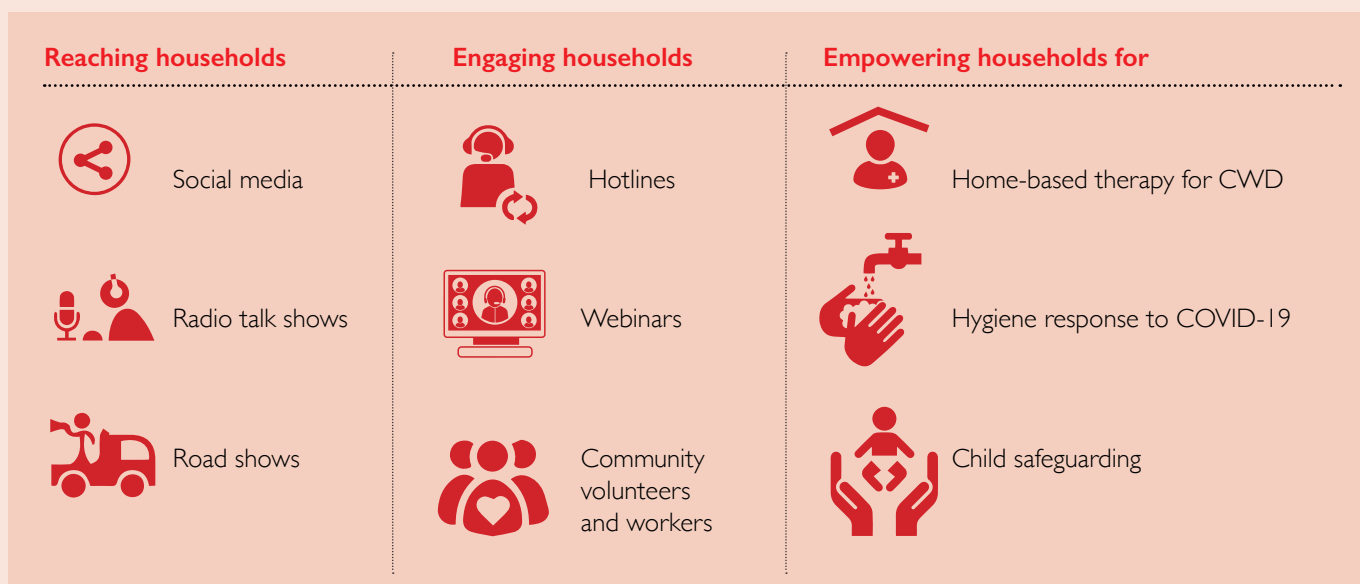
5.3 Reaching and engaging households

To access parents, ANDY used parent champions who were effective in promoting disability rights, in encouraging parental support group (PSG) membership, and in directing parents towards early identification and assessment routes for children with disabilities. Although, ANDY introduced the champion model as a temporary approach during the period in which COVID-19 containment measures were in effect, ANDY found it useful and the model became a key component of its implementation of the Rise and Shine project. The champions were supported by community-based rehabilitation (CBR) structures which brought together local community leaders and government officials dealing with children with disabilities. The main purpose of CBR was to improve early identification systems and practices by working closely with all relevant stakeholders.

Funded partners employed different strategies to reach out to households. AMURT, for instance, conducted structured community sensitization on nutrition, optimal early childhood development and education, positive parenting, and child protection in line with Ministry of

Health COVID-19 restrictions. Tdh devised innovative ways of implementing its activities such as the use of radio for sensitization. This covered a larger audience compared to face-to-face training. Tele-counselling was also introduced during the period under review. ANDY held several community radio and national radio shows and increased their use of social media to ensure advocacy messaging on the importance of inclusive early childhood development for children with disabilities (CwD) continued reaching their target communities. The Action Foundation used webinars in collaboration with Kenya Institute of Special Education (KISE) to reach parents, practitioners and civil society organisations. It also used hotlines to reach households. Build Africa Kenya used roadshows to address safeguarding, home learning and back-to-school campaigns. Lwala Community Alliance used bulk messaging to reach households while Madrasa Early Childhood Programme -Kenya used rapid assessment on telephone to engage households.

Overall, in their response, the funded partners employed a variety of measures taken to reach, engage and empower households.



06 INCLUSIVE AND ENABLING ENVIRONMENT FOR CHILDREN WITH DISABILITIES

During the year, funded partners also implemented interventions aimed at generating a sustainably inclusive and enabling environment for children with disabilities. They sought changes in attitude towards children with disabilities; changes in their inclusion at family, community and social level; and changes in their access to services including early stimulation and learning. In the course of implementation, lessons emerged regarding a number of issues.

For instance, Tdh, through the National Council for Persons with Disabilities conducted a sensitisation and medical assessment for children with disability. A total of 110 parents were reached by Tdh with information on disability and 95 children were assessed. The assessed children will be registered with the National Council for Persons with Disabilities. This will allow them to receive free government services and disability funds.

LEARNING 3

BARRIER IN ENROLLING CHILDREN WITH DISABILITIES IN EARLY LEARNING

The key barrier identified by parents in enrolling their children with disabilities into early childhood education (ECE) is fear for their child's safety and concern that special needs education (SNE) teachers may not have been adequately trained.

6.1 Assessment and identification

Funded partners undertook assessment and identification exercises in the course of 2020.

LEARNING 4

PARENTS OF CHILDREN WITH CEBRAL PALSY

Some parents, especially those of children with cerebral palsy, still deny disability and require targeted efforts to include them in support groups.

Similarly, The Action Foundation undertook an exercise in Kawangware and Kibera informal settlements in Nairobi which identified 167 children with disabilities for inclusion in the project.

However, some challenges were experienced. For instance, ANDY noted that parents of children with cerebral palsy still deny disability and are less likely to be involved in any support groups. To address this hurdle, such parents will be encouraged to join parental support groups (PSGs). In addition, mentorship sessions by cerebral palsy role models within PSGs will be introduced.

6.2 Sensitization

Efforts were made by funded partners to sensitise diverse groups such as teachers, community members, children, parents and cluster members on disability matters so as to promote acceptance of children with disabilities in the communities. It was clear from these engagements that for parents of children with disabilities (CwD), the key barrier in enrolling CwD into early childhood education (ECE) was fear for their child's safety and concern that special needs education (SNE) teachers may not have been adequately trained.

LEARNING 5

HOMEBASED LEARNING FOR CHILDREN WITH DISABILITIES

Home-based learning contributes to positive relationship between children and caregivers, and promotes emotional wellbeing of both caregiver and child.

6.3 Home-based care and learning

ANDY conducted home-based care (HBC) training. The training focused on nutrition and health, play at home and disability rights. During

the first HBC training for parents under the Rise and Shine project, there was a request for the training to focus more on nutrition and health as well as activities of daily living. Although this had not originally been identified as an area of focus for training, it was an area many parents of children with disabilities felt they needed support in due to the additional health and dietary needs of some of their children. It was clear from post-training assessment sessions that training on nutrition and home-based therapies had the biggest impact. Several parents provided examples of sharing their newly acquired knowledge and skills with neighbours and other support groups.

The Action Foundation trained caregivers on a home-based learning guide with activities targeting all domains of development. This led to improved and positive relationships between the children and caregivers. However, parents noted that factors such as economic pressures at household level, coupled with the cost of medication and sanitation equipment limited their ability to provide HBC.

LEARNING 6

TRAINING ON NUTRITION AND HOMEBASED THERAPIES

Post-training assessments show that parents considered training on nutrition and home-based therapies as most useful and even share what they learn with neighbours and other support groups.

07 NURTURING AND SUPPORTIVE FAMILIES AND COMMUNITIES

During the year, there were interventions by funded partners aimed at bringing about changes at family level regarding breastfeeding, nutrition, responsive caregiving, positive parenting and the healthy development of children. Other interventions included changes in parenting choices, play activities with children and in social attitudes towards childhood.

LEARNING 7

SUCCESSFULLY ENGAGING FATHERS

Using mobilisation targeted at men, together with advance notice, written invitation to facilitate approval at place of work, follow-up and reminders, the creation of 'safe space' for men to engage, and the use of material specifying the role of men and action required from fathers, leads to the successful engagement of fathers in caregiving and safeguarding of children.

7.1 Knowledge and skills of parents and caregivers

In the course of the year, mothers, fathers and caregivers participated in parenting groups which use new positive parenting knowledge and skills. In Tdh, for instance, a sample of 104 mothers, fathers, and caregivers out of 699 who had participated in such parenting groups were randomly selected and interviewed through focus group discussions using both qualitative and quantitative techniques. It was found that

all of the respondents used the new positive parenting knowledge and skills they had been trained on, though to different extents. A majority of the respondents (84 - 70 women and 14 men) used the new positive parenting knowledge and skills to a large extent, while the remaining 20 respondents (18 mothers and 2 fathers) used the new positive parenting knowledge and skills to a moderate extent.

Parents and caregivers trained to improve parenting skills with modules on child development, positive discipline, parenting choices, gender-neutral education were confident about their capacity to answer their young child's development needs. For instance, Tdh found that of the parents the organisation trained in 2020, 82 per cent (13 women, 68 men) of parents and caregivers felt confident about their capacity to answer their young children's developmental needs, 13 parents and caregivers (11 women, 2 men) felt moderately confident, 68 (55 women, 13 men) felt very confident while 18 per cent (17 all women) were somewhat confident about their capacity to answer their young child's development needs.

7.2 Engaging fathers

Funded partners worked to include male parents in the interventions carried out at community and household levels. A baseline exercise carried out by Lwala Community Alliance in 2020 established that fathers had relatively low rates

of playing with or reading to their children. AMURT on its part, used community health volunteers (CHVs) to deliberately target male parents with key sensitization messages on child attachment, temperament, development and protection. Child protection volunteers (CPV) were encouraged to invite men and sometimes held men-only forums. Monthly reports from the CPV showed a steady increase in the number of men reached with responsive caregiving messages in the course of 2020. Similarly, The Action Foundation noted the effectiveness of targeted mobilization of fathers for meetings and events. Fathers in employment suggested that official letters from The Action Foundation would make it easier for them to obtain permission from their employers. In the course of the year, attendance of fathers in meetings convened by The Action Foundation rose from 2 to 29 due to a combination of factors which included targeted mobilization, advance notice, follow-up, creating a 'safe space' for men to attend and engage, conducting meetings in a time-conscious fashion limited to a duration of two hours, and conducting the sessions in a highly participatory manner.

7.3 Triggering health-seeking behaviour

Funded partners sought a positive change in attitude amongst caregivers to health and nutrition services. They also sought better health-seeking behaviour and increase in uptake of health services. A baseline exercise on knowledge and parenting norms carried out by Lwala Community Alliance established that health clinic staff members and community health workers (CHWs) were the household's main source of information about early childhood development.

LEARNING 8

LEARNING 8 EFFECTIVENESS OF CHVs

The deployment of trained community health volunteers (CHVs) in targeted household visits with the delivery of key health and nutrition messages leads, to an increase in the uptake of health services for households with children aged below 5 years of age.



Photo 3: A meeting of community health volunteers (CHV) with AMURT at a health facility in Kilifi
Credit: AMURT

In the course of the year, AMURT trained 60 community health volunteer (CHVs) on nutrition and health for children under five years of age.

The CHVs in turn visited over 2,450 households cascading key messages on health and nutrition to caregivers and young mothers. As a result, data captured in monthly CHV reports shows an increase in the uptake of health and nutrition services, with 2,645 children under five years of age reached with Vitamin A and 1,468 children under five years of age reached with deworming services. The household visits by CHV also strengthened the community-facility referral system, with 269 children referred for health and nutrition services in 2020.

In Kawangware and Kibera informal settlements in Nairobi County, The Action Foundation found the CHV to be key in working with caregivers, undertaking follow-up sessions and facilitating access to referral networks for children with disabilities.

Lwala Community Alliance used community-based outreach events to conduct birth



Photo 4: A learning and play session for children in Korogocho informal settlement, Nairobi
Credit: Tdh

registration and enrolment into the National Hospital Insurance Fund (NHIF). A total of 1,647 children received birth certificates and 1,096 caregivers were enrolled in NHIF thus positioning the children and their families for a lifetime of care.

7.4 Community-based child protection

Funded partners supported child protection volunteers (CPV) as a means of enhancing child protection at community level. AMURT, for instance, supplied CPV with reporting tools and ensured that their reports reached the Children's department for inclusion in the national Child Protection Information Management System (CPIMS).

LEARNING 9

ENHANCING SAFEGUARDING OF CHILDREN WITH DISABILITIES

To enhance co-ordination between actors involved in the safeguarding of children with disabilities, a comprehensive referral booklet for use at community level is required. The booklet should cover access to health, nutrition, therapy, medical assessments, psycho-social support, counselling and justice services, and access to education and rescue centres.

7.5 Safeguarding children

Funded partners took measures to strengthen their child safeguarding capacity and that of the institutions they work with on the Rise and Shine project. For example, The Action Foundation supported the development of safeguarding policies for each of their partner schools. Funded partners noted that there was a need to strengthen referral networks to safeguard children, including children with disabilities by outlining how to access support services in a document that is designed for use at community level.

7.6 Play materials

Play materials are natural or man-made items, often in the living environment of a child or caregiver which can be used or adapted for play. Play is one of the most important components of the life of a child and is one of the major activities that promotes the imagination and creativity of children. Through play, children learn and develop basic social skills.

LEARNING 10

LOCAL PLAY MATERIAL

Encouraging communities to develop local play materials and setting the example by refraining from distributing play materials purchased from the shops catalyses usage of local play materials.

Funded partners, in a learning event in the course of the year, identified opportunities to pursue the development of local play materials. These included practical opportunities at household level, service delivery opportunities at institutional level, and policy development



Photo 5: Caregivers making play materials from locally available resources

Credit: Lwala Community Alliance

opportunities amongst duty bearers. In spite of the existence of such opportunities to develop local play materials, the learning event identified a number of challenges, at both the household and institutional levels, with regard to the availability of play materials. The learning event also identified solutions that have and can be implemented to address each of the challenges.

The solutions identified included using a multi-sectorial approach to support children and young mothers to break biases against play and sensitizing caregivers, religious leaders, county governments and other stakeholders on the importance of play and play materials. Additionally, communities were encouraged to develop local play materials, while funded partners set an example by refraining from distributing play materials purchased from the shops. Collaborating and sharing ideas on play materials, on a common platform in order to facilitate cross-learning on play materials and their development, was also identified as a solution. A key solution identified at the learning event was advocating for budgetary allocation by institutions and duty bearers for the promotion of locally available play materials.

LEARNING 11

OVERCOMING NEGATIVE PERCEPTIONS ABOUT PLAY

Negative perceptions about play can be overcome by supporting children and parents, using a multi-sectorial approach, to break attitudes against play and challenge biases against the inclusion of children with disabilities in play activities.

08 ACCESS TO INTEGRATED ECD SERVICES

Funded partners implemented interventions aimed at fostering changes in (a) the quality of and (b) access to vaccination, nutrition, child protection, learning and other ECD services. They also sought changes in access to ECD centres, the quality of infrastructure in the centres and the range of services available at the centres.

8.1 Integrated sessions

Some of the funded partners used engagements with community members to deliver integrated ECD services. For instance, Lwala Community Alliance conducted parenting group sessions on ECD which involved children playing, chaperoned by a CHW. While this was going on, immunization of children would be carried out by nurses trained in ECD. The nurses were available to attend to children who were unwell and had been referred by CHWs to a health facility.

8.2 Training of ECD teachers

Funded partners carried out training of ECD teachers to strengthen their capacity. For instance, Tdh trained ECD staff using low-dose, high-impact capacity development to equip teachers with skills to enhance the development of children in the ECD centres, and skills to create story cards for record keeping at the centres. A story card is an assessment book for each child which is used by teachers to track the development of a child and to help in the identification of individualised support for vulnerable children. A notable 96 per cent of ECD staff who were trained demonstrated increased competencies and confidence in using their skills with young children and parents. This surpassed the Tdh annual project target of 50 per cent.



Photo 6: A deworming exercise for children administered by Build Africa and Ministry of Health officials and supported by parents in Gilgil (Note that the picture was taken before the emergence of the Covid-19 pandemic)
Credit: Build Africa Kenya

09 POLICY AND STRUCTURAL CHANGE

The Rise and Shine project in Kenya, through its funded partners, implemented interventions intended to lead to changes in the level of engagement and collaboration between different actors towards the protection of children, the delivery of ECD services, and changes in the allocation of resources towards ECD by duty bearers at local and national level.

LEARNING 12

POLICY ADVOCACY

The ECDNeK is a platform for Rise and Shine funded partners to influence ECD policy at national and county levels and to advocate for inclusive early childhood education (ECE).

9.1 ECD network

The Early Childhood Development Network for Kenya (ECDNeK), formed in September 2015, co-ordinates ECD actors working on service provision, capacity development, research and advocacy in Kenya. Funded partners noted that priority areas for ECDNeK over the period 2017 - 2021 aligned well with interventions of the Rise and Shine project. The ECDNeK aims to:

1. Map ECD practitioners and establish an online database;
2. Undertake an analysis of all legal and policy frameworks that impact ECD service delivery;

3. Undertake an analysis of investments in ECD programmes by government, development agencies, private sector and communities; and
4. Engage with county and national level political leadership for improved ECD service delivery.

9.2 Building advocacy networks

In the course of the year, funded partners spent time building networks with like-minded actors in support of ECD. In pursuit of this, the ECDNeK together with KANCO engaged ECD actors – non-governmental organisations (NGOs) and all government departments with a component of ECD - in three counties of Kajiado, Kiambu and Nairobi to form ECDNeK local chapters.

LEARNING 13

LEARNING FORUM

The ECDNeK is a forum for Rise and Shine funded partners to showcase their work and learn from other practitioners in ECD conferences.

9.3 Engaging county governments

Funded partners constructively engaged county governments in seeking to influence policy change and in discussions aimed at improving

the delivery of ECD services. In Nairobi County, for instance, Tdh held two meetings to review the early childhood development and education (ECDE) Nairobi County Bill 2020 together with county government officials and local ECD stakeholders while KANCO worked with the county government to draft the county ECD policy and to develop a county nutrition policy.

In Kajiado county, KANCO contributed to successful advocacy efforts for the county government to enact the Kajiado County Community Health Services Bill (2020) and the Kajiado County Health Improvement Fund Bill (2020). These were signed into county law in December, 2020.

The interventions by funded partners also directly touched on the policy and practice around daycare centres. KANCO, in collaboration with the local ECD chapters, began engagement with the county governments in both Kajiado and Kiambu Counties to develop a policy regarding daycare in the workplace.

Lwala Community Alliance supported Migori County to develop a county-wide child protection policy and supported the Ministry of

Health to activate ECD reporting tools in their systems for Rongo sub-county, in Migori County.

9.4 Influencing national policy

At the national level, KANCO and ECDNeK secured space to influence policy at the following platforms:

1. The Nutrition Technical Working Group;
2. The Nurturing Care Technical Working Group; and
3. Integrated Early Childhood Policy Steering Team.

Although most activities were affected by COVID-19 response measures imposed by the government in the year 2020, in the Nutrition Technical working Group, KANCO and ECDNeK were active in the advocacy committee. While, in the Nurturing Care Technical Working Group, the two partners contributed to the development of the Care for Child Development (CCD) Curriculum for CHVs. In the Integrated Early Childhood Policy Steering Team, KANCO and ECDNeK contributed to the development of an Integrated Early Childhood Development (IECD) policy.



Photo 7: Entry meeting of KANCO in Kajiado County, bringing together county government representatives and civil society actors
Credit: KANCO

10 CONCLUSION

Despite the unexpected events and setbacks experienced in the year 2020, the Rise and Shine project funded partners adapted successfully to the new circumstances, made some changes to the learning questions to respond to COVID-19 related challenges, and continued with implementation and the project learning journey. Accordingly, they contributed to the body of knowledge based on practice and reflection around holistic early childhood development.

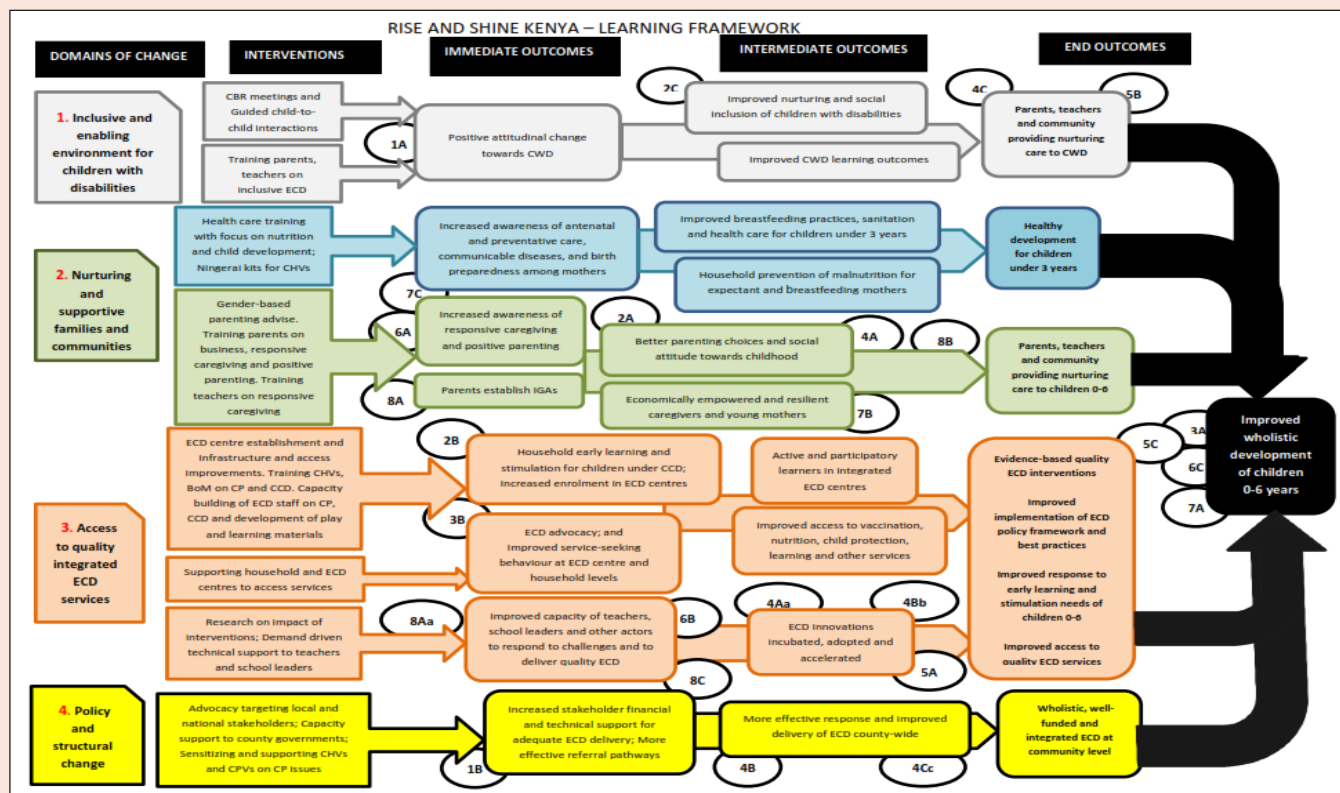
Further, holistic early childhood interventions undertaken by the cohort of funded partners in Kenya contributed to building an inclusive and enabling environment for children with disabilities, establishing of nurturing and supportive families and communities, strengthening access to integrated ECD services, and advancing policy and structural changes in favour of children in their early years of development.



Photo 8: Assistive devices for children with disabilities under construction at The Action Foundation workshop in the Kibera informal settlement in Nairobi.
Credit: The Action Foundation

APPENDICES

Appendix I: Summary of the learning framework



Appendix 2: Project learning questions

	PARTNER	QUESTIONS TO BE ADDRESSED BY THE ORGANISATION	QUESTIONS TO BE ADDRESSED IN COLLABORATION	COLLABORATING WITH	QUESTIONS TO BE ADDRESSED JOINTLY WITH ALL PARTNERS
1	ANDY	1A. In which ways does CBR work or not work?	1B. What can be learnt about the ECD working group and how can it be of benefit to implementation?	Lwala Community Alliance Madrasa Early Childhood Programme-Kenya (MECP-K)	
2	The Action Foundation	2A. How can fathers play a more central role in caregiving and safeguarding?	2B. What is the most effective model for CCD?	Lwala Community Alliance	2C. What is the most effective way to address nutrition for CWDs in urban informal settlements?
3	Ananda Marga Universal Relief Team (AMURT)	3A. What is the most effective approach to childhood development?	3B. What is the availability of local play materials?	Madrasa Early Childhood Programme-Kenya (MECP-K)	
4	Build Africa Kenya (BAK)	4A. What impact on children's development will the knowledge that parents gain have? 4Aa. What are the factors that influence the successful adoption for acceleration of an ECD innovation at the pre-school level?	4B. How will MECP-K partnership with the county government work and how can we integrate it? 4Bb. How are safety and protection issues to be handled?	Madrasa Early Childhood Programme-Kenya (MECP-K) Terre des hommes Foundation Kenya (Tdh)	4C. How do we mainstream CWDs in ECD nationally? 4Cc. How effective is policy dialogue in influencing ECD policy and practice?

	PARTNER	QUESTIONS TO BE ADDRESSED BY THE ORGANISATION	QUESTIONS TO BE ADDRESSED IN COLLABORATION	COLLABORATING WITH	QUESTIONS TO BE ADDRESSED JOINTLY WITH ALL PARTNERS
5	Lwala Community Alliance	5A. How do we build internal organization capacity in ECD and make ECD part of core programming?	5B. How do we incorporate disability into ECD?	The Action Foundation ANDY	5C. How should the project best implement safeguarding?
6	Madrasa Early Childhood Programme-Kenya (MECP-K)	6A. What is the most effective way to increase awareness of caregivers and parents on responsive ECD practices?	6B. How can the professional capacities of ECD officials and leaders in the delivery of ECD services be effectively enhanced?	Terre des hommes Foundation Kenya (Tdh)	6C. What the most effective approach to use in furthering the holistic development of children at pre-primary level?
7	Terre des hommes Foundation Kenya (Tdh)	7A. What are the most effective ECD development approaches and how can they best be measured?	7B. How can livelihood practice be integrated with ECD?	Ananda Marga Universal Relief Team (AMURT) Build Africa Kenya (BAK)	7C. What do the teachers' guides and parents' guides address? How do they complement each other?
8	KANCO	8A. How can the capacity of caregivers in informal settlements be enhanced?	8B. How can the engagement of parents in childcare be enhanced? 8Bb. How can the collaboration of ECD initiatives amongst county chapters be enhanced?	ANDY BAK Lwala Community Alliance MECP-K	8Aa. How do we partner with county governments to strengthen competency-based curriculum (CBC) implementation?

