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1.0 INTRODUCTION / OPENING REMARKS

Dr Teresa Mwoma, ECDNeK Executive Director, started the meeting by welcoming all participants to the biannual convening. Participants were asked to make brief introductions via the zoom chat section. Those who participated were 45 people, as indicated in annex. She welcomed Sr. Esther from AOSK to lead in opening prayers. Then invited the chairperson, Leonard Chumo, to share the opening remarks.

Leonard Chumo, ECDNeK Chairperson, started the meeting by welcoming all participants to the virtual meeting. In his opening remarks, he observed that COVID-19 had suddenly come with many challenges that had resulted in: schools closing down, parents/caregivers losing jobs and unable to adequately support their families. As a result, there has been high demand to have adequate resources to children and families, acknowledged the changing ECD landscape that has high increase of teenage mothers parenting, additionally, emphasized on partnership, and committed aspirations of members and network and the will to work together.

Dr Roseline Olumbe, Daystar University, shared the biannual convening overview on the Mombasa conference and communique as follows;

The biannual convening was guided by the 2019 Conference Communique and Call to Action. This communiqué provides lobbying opportunities for stakeholders to prioritize ECD interventions in the highest political and decision-making platforms. The communiqué is an addition to the 2018 Nairobi Call to Action:

We call for the profiling and recognition of Counties that are improving investment in ECD services, aimed at showcasing best practices, for national adaptation. We the 270 delegates therefore:

1. Call on all players, actors and sectors of government concerned with providing support and services for children aged 0-8 years, to accelerate sustainable and blended financing in the early years, as early interventions have life-long impact;
2. Embrace the Nurturing Care Framework (NCF) as it articulates the important role that all sectors must play to support the optimal development of young children and reap maximum benefit from pre-school and formal education;
3. Acknowledge that many parents of young children want the best for their children but face many barriers to providing adequate care;
4. Call upon National and County governments, employers, service providers and policy makers in Kenya to collaborate in providing targeted support for parents to nurture their children;
5. Call for adequate, child-friendly and inclusive spaces for children to play;
6. Recognize that, pre-primary education, child care facilities and health care services are devolved functions in Kenya; therefore, great expectation is placed on County governments to invest in and drive the children's agenda as well as seek political leadership and championing of ECD at the highest political levels;

7. Recognise the commitment of County First Ladies Association (CFLA) to patronize and foster the championing of ECD at the highest political levels;
8. Call for the ECD Network for Kenya to be the national platform for sharing and documenting ECD stories;
9. Recognise the critical role that the media in Kenya can play in highlighting the ECD agenda and call for targeted engagement and partnership with media houses;
10. Resolve that each actor in the ECD space shall endeavour to mentor young scholars, practitioners and professionals pursuing a career in early childhood.
11. Advocate for research agenda focused on:
 - equitable childcare services for under 5's especially the hard-to-reach;
 - multi-sectoral and coordinated programming in the early years;
 - scalable and cost-effective ECD models;
12. Resolve that the National ECD stakeholders' conference shall be held biennially, and on a rotational basis, in all the 47 Counties and that the 4th National ECD Stakeholders' Conference will be held in Siaya County.

Call to Action Themes

The call to action entails the following themes: investments, childcare, parent empowerment, coordination, research and documentation.

Dr Teresa also introduced the biannual convening presenters, these included; PATH, Child Fund, Catholic Relief Services (CRS), Smart Start, Save the Children, UNICEF and Community Initiatives. After the presentations, a Q&A plenary session ensued, and the speakers were given an opportunity to respond to concerns that were raised by the stakeholders via the chat section.

2.0 The presentations were as follows;

2.1 PATH International

Oscar Kadenge, PATH, Introduced Beatrice Oyugi, to share on how services for children are delivered in the country. Beatrice Oyugi therefore shared PATH work in Siaya County on **Effectiveness of ECD Mentor Coordinators in Promoting NCfECD.**

In Siaya County, PATH works on strengthening of the health systems. They conduct routine capacity building of County management teams. In partnering with the government to promote quality provision of services, they found a need to hire ECD mentor coordinators who are seconded to the Sub counties to coordinate Nurturing Care Framework interventions.

PATH supports integration of NCfECD into the Health System through the following objectives; Supporting the creation of an enabling environment for integration of ECD/nurturing care interventions into health systems, Improving ECD/nurturing care practices of caregivers of children 0–3 years through capacity building of service providers at health facility and community levels and Expanding knowledge and evidence-base on feasibility and impact of promoted ECD/nurturing care interventions. ECD Mentors, in partnership with designated

government supervisors, provide supportive supervision, mentorship, and on-the-job training to trained service providers and Community Health Volunteers. Their trainings are guided by components of NCF; good health, early learning, adequate nutrition, responsive caregiving, security and safety.

A qualitative assessment was conducted on the role of Mentor Coordinators in integrating NCfECD in the health system in Siaya county. The methodology applied included; use of independent research assistants, who carried out a qualitative assessment using KI guide and recorded discussions, interviewed 3 County Health Management Team members (CHMT), 6 Sub County Medical Officers of Health (SCMOH), 6 Sub County ECD focal persons, 12 facility-based Health Care Providers, 12 Community Health Assistants and, 12 Community Health Volunteers (CHVs).

The assessment had the following findings; ECD Mentor coordinators role had ensured seamless integration of NCfECD into other health services; Responsive Care, Early Learning, ensured quality play box sessions in health facility waiting areas, supported integration of Responsive caregiving into household visits by CHVs, Facilitated coordination of need-based mentorship and supportive supervision to Health Care Providers (HCP) and Community Health Volunteers (CHVs).

“By continuous mentoring of the healthcare workers and being consistent in supporting community health volunteers and reminding them what they are expected to do, so it keeps people know that nurturing care is an important thing” (CFP Gem)

“Our mentor coordinator has been part and parcel of the Sub County health management team. Her role has enabled the Sub County to successfully integrate Nurturing Care into routine health services” (Medical Officer of Health, Alego)

ECD Mentor Coordinators are embedded as part of the Sub County Health Management Team. Their roles are to ensure capacity building/ on-the-job trainings, conduct targeted mentorship of HCPs, CHAs and CHVs, oversee developmental monitoring of children 0-3 years, and support early identification, management and referral of developmental delays.

“The mentoring and capacity building using simple approach has made us to be able to provide quality services to the care givers say for areas of nutrition. I just admire the knowledge he uses in mentoring here” (Health Care Provider, Gem)

“This role has made it easier for our providers through training and regular mentorship to detect any cases of delayed milestone. Cases which were initially being missed out” (Medical Officer of Health, Alego)

Proposed key actions: Advocate for the County Government of Siaya to institutionalize the position of Mentor Coordinators through the Public Service Board to coordinate NCfECD integration in health facilities, Advocate for the ring-fencing of resources and dedicated budget lines for NCfECD in the Siaya County annual fiscal plans, and Document and present the Siaya Mentor Coordinator model for replication in other counties in Kenya.

2.2 CHILD FUND

Regina Mwasambo, Child Fund, presented the work of Child fund amid COVID 19

Child Fund Kenya implements development and humanitarian interventions in 26 Counties through a network of implementing partners. Strengthened partnership for Nurturing Care project, is funded by the Conrad N. Hilton Foundation for a period of 3 years. This is implemented in partnership with KDP in Siaya County. The Projects targets; pregnant women including adolescents, caregivers of children below 3 years in households and groups and caregivers of children above 3 years in ECD centers. It seeks to integrate parenting education in selected households, selected community platforms and selected ECD centers.

In relation to call to action themes;

Child Fund worked on strengthening partnerships with County government officers at county and sub county levels. This was carried out through multi-sectoral approach and included the following departments; Health and Nutrition, Education, Social Services, Children Services, in addition to national government officers, Ward administrators, and other CSOs implementing in Ugunja. Joint quarterly planning, implementation and review meetings with sub county MST is also conducted.

Responsive and protective caregiving;

Child Fund has been integrating parenting education in existing entry points, which include; households during home visits by 209 CHVs supported by 20 CHAs, community platforms during meetings by 54 CF supported by 4 CDOs. Mentorship sessions for caregivers happen twice a month. Regular mentorship and support is provided on a monthly basis through; reflective supervision, supportive visits per frontline worker and reflective meetings with all mentees.

Opportunities for Early Learning;

Integration of parenting education in ECD centers during meetings by 29 ECD teachers supported by 4 ECD coordinators has been done, in addition to, training 27 Board of Management members on Core concepts of ECD and parenting education for continuity, this helps to caution incidences of high turn-over from trained teams. Integrating growth monitoring and promotion in ECD centers, provided anthropometric equipment (30 weighing scales with height boards), trained teachers on growth monitoring and are working together with CHVs. The data that is collected from the communities is sent to health facilities for onward report to county. In case of further management linkage and referrals are done.

On security and safety;

Reactivation of 3 Locational Area Advisory Councils (LAAC) in East Uholo, North Uholo and Central Ugenya helps to prevent and respond to child protection issues for IYC. The LAAC comprises of; Area Chief, Public health Officer, Police, Assistant Chief, Village elder, 2 CBOs reps, 2 or 3 FBOs representatives, Volunteer Children Officer, Opinion leader, Business

community representative, Education representative and One co-opted member (CORP). They act as community based champions whose role is to monitor violation of children and respond appropriately.

Response to COVID 19;

Child fund received a micro-grant from the Hilton Foundation to respond to COVID-19 emergency for 3 months. They also implemented 12 awareness sensitization events prevention of COVID-19 which was done on a weekly basis. Events shared messages on COVID-19 prevention as well as nurturing care. Approximately 22,000 persons were reached in all the 3 wards in Ugunja sub county. Cash transfer was provided to 50 most vulnerable caregivers (pregnant or with child below 3 years) –Ksh. 2000 per caregiver for 2 months. Most of the funds went into meeting food needs of the Households.

Achievements

The following achievements were met; various cadres of partners were trained to support and facilitate implementation of the ongoing project. Development of group parenting manual/ training manual that incorporated NCF was modified to give knowledge to the caregivers. Foundation training on core concepts of ECD and group parenting education, reflective supervision, reached 50 most vulnerable caregivers with cash transfer, conducted 12 COVID-19 prevention awareness events that reached approximately 22,000 with messages on COVID-19 prevention and nurturing care, reactivated child protection structures to support Community Based Child Protection (CBCP) actions and integration of parenting education in selected ECD centers, HHs and groups.

Challenges/Lessons Learnt

However, some challenges were experienced during implementation, which include; suspension of activities due to COVID-19 restrictions, adapting to the situation by planning on project activities with adherence measures in place, laxity around COVID-19 prevention measures by general public. As a result of managing the challenges, caregivers are currently eager to learn and practice the learning from parenting education.

Recommendations or way forward

As we continue with implementation of year 3 of the project activities, it is highly recommended that being innovative in the context of COVID-19 and flexibility with implementation of interventions will help in achievement of the set goals.

2.3 CATHOLIC RELIEF SERVICES (CRS)

CRS is a Christian organization that is currently operating 16 Counties of Kenya with predominance in Siaya and Kisumu counties.

Tobias Opiyo, Programs Manager – Early Childhood Development, presented CRS work on Integrating Maternal Mental Health into Nurturing Care Interventions, funded by Conrad N. Hilton Foundation and targeting Pregnant & Lactating Women (Cu2).

Caregiver emotional wellbeing and mental health are central to responsive caregiving. There is a substantial body of suggestive evidence that maternal mental health affects children in many child developmental domains. Children of caregivers with mental health problems usually record poor developmental outcomes like stunting, diarrheal diseases, incomplete immunizations. Research has showed that; 3 in 10 women in Africa have mental health problems warranting clinical care, a further 3 in 10 women are distressed by difficult circumstances and need support to prevent mental health problems developing, and the remaining 4 in 10 caregivers are coping, but still need advice on self-care and engaging family support.

Integrated Mothers and Babies Course (i-MBC)

IMBC course helps mother in identifying daily stressors. This is a postpartum depression prevention intervention model, that is group based, divided into 13 sessions and follow-up home visits after every session. It's based on principles of cognitive behavioral therapy (CBT) and attachment theory. Aims to decrease risk of depression, increase knowledge and skills to identify and manage daily stressors effectively.

CRS is in the process of conducting a longitudinal study that seeks to integrate i-MBC into ECD and understand development attitude in children. So far for rounds of data collection and analysis is taking place. This analysis was done immediately after the intervention. The study posits that over time, the caregivers on the intervention arm will demonstrate higher uptake and practice of responsive caregiving. Preliminary analysis will take place after 13 sessions, and the findings will be shared.

Response to Covid 19

CRS responded to Covid as an agency not project. Distributed Hand Washing Stations and Bleach Solutions, supported County governments of Nairobi and Kisumu on IPC, training of Health Care workers and review of protocols, integrated COVID-19 IPC messages into ECD messaging, collected data using Pandemic Stress Index and the COVID-19 Exposure and Family Impact Scale.

Achievements

CRS received grants to support families and communities during the pandemic to sustain NC. They have also collected data on the perceived effects of the pandemic on children and families.

Challenges

There was low participation and attendance by caregivers on antenatal and immunization during the pandemic, which resulted to poor health seeking behaviors.

Recommendations/Way forward

CRS recommended that they would share their findings on the longitudinal study in the next planned sharing platform.

2.4 SMART START

Tej Preet Kaur shared presentation on Community Learning Pods in Early Childhood Development.

Smart Start is an early childhood development company that supports families with young children in Kenya.

“We specialize in providing quality curricula, skills training for domestic staff members, effective tools to support parents, and milestone driven assessments for clear development tracking. We believe that these factors offer children healthy and stimulating environments to thrive. A key portion of our work focuses on supporting women in the caregiving industry. We believe that all caregivers deserve healthy and safe working conditions, job stability and fair living wages. Strong Start’s vision aligns with the 2019 Mombasa call to action to create awareness in nurturing care practices amongst parents and caregivers in order to support strong and healthy early years for all children”.

Impact of COVID-19 on Caregivers

The caregiving industry in Kenya was impacted from the onset of the Coronavirus pandemic, as families experienced job loss and job insecurity. Hiring stopped and cutbacks were made, while the workloads of domestic workers who remain employed increased. Work from home setups and school closures resulted in children being home and requiring structure, stimulation and care, adding extra responsibilities to already strained households.

Micropods – A Community Driven Response

Amid the challenges, Strong Start found opportunities to rethink early childhood development from a community perspective. Instead of sending children in their early years to educational institutions, they saw an opportunity to return ECD to homes, neighborhoods and communities.

“We started working with micropods to support parents and caregivers who were tasked to plan and implement homeschooling practices from home. Micropods are a group of parents who bring their children together to play and learn, while agreeing to limit their exposure to people outside of their pod”.

“This limits COVID exposure while enabling social engagement and pandemic learning. It also relieves parents from the time-consuming task of planning and preparing play and learning opportunities for their children at home, while promoting caregivers’ roles and value within homes and communities as educators”.

Achievements

As a result, great achievements were met; Supporting caregivers and providing quality programming for children, Strong Start is working with neighborhood micropods to provide quality play programs while supporting caregivers with skills training, curricula and materials to

implement best caregiving practices in homes and neighborhood micropods, Micropods are shifting the focus of quality early child development learning from schools and daycares, and back to neighborhoods and communities, Strong Start is working with caregivers to implement play and learning at home and in their communities by providing technical skills training in early childhood development, homeschooling and household management, ongoing engagement with micropods not only provides opportunities for caregivers to gain industry skills and receive implementation tools in early childhood development, but it also enables caregivers to connect with peer networks of support within their work communities, as a result promoting peer learning. Learning took place both physically and digitally.

Challenges

Covid measures and social distancing requirements increased costs of program development; In order to practice strong health and safety protocols, micropod sizes are limited between 3 – 6 children, creating higher overhead costs, Strong healthy and safety measures limit micropods to outdoor spaces, and therefore limiting access to families and communities who have access to outdoor space (i.e. homes, parks, community centres), and Lack of information on the reopening of schools limits organizational ability to plan and prepare for successive terms.

Recommendation / Way forward

Building long-lasting and scalable community solutions; With the pandemic still looming before us, there's need for families to implement community based learning systems within their homes and communities to grow.

Caregivers should continue requiring homeschooling and caregiving tools and support, as the pandemic continues to impact the economy.

In order to reach scale, a blended learning design is required, where we can lower the cost of training and introduce our quality play curricula to more households in Kenya.

2.5 SAVE THE CHILDREN

Patrick Ochieng, Patrick Ochieng Ooko, ECD Project Coordinator

Globally, Save the Children's ECD approaches are evidence based and programs, ministries and donors have accepted them as best practices. These approaches include; Ready to Learn, Building Brains and Social Emotional Learning Foundation. These approach compliment national ECD curriculums, and in some countries have been the base of curriculums when national ministries develop their curriculum and objectives.

Save the Children has been operational in Kenya since the 1950s. Currently implementing an Inclusive Alternative Basic Education (ABE) and ECD programme in Dadaab refugee camp, Turkana North and Mathare Sub-Counties, implementing a multi-sectoral program integrating ECD, health, and nutrition focusing on children below 5 years. Having implemented an inclusion program in Turkana, directly reaching 2,523 children with disability and conducted a successful

advocacy campaign, that led to the creation of Turkana County Disability Act 2017, with the County committing 1.5 percent of the county budget to disability.

Response to COVID 19

Save the Children carried out a global survey in 2020, which indicated that, COVID-19 has had a devastating impact on the education of children from poorer backgrounds and is widening the gap between boys and girls.

Mental Health and Psychosocial Support (MHPSS) and Social Emotional Learning (SEL) support to learners and teachers in preparation to support the learners and teachers as schools reopen. Supporting of teachers in development of scripts for radio programme.

Supporting of Psychosocial Support (PSS) for children and families which is provided by the paediatric counsellors remotely through mobile phones. Urgent cases are handled on case by case basis during this period of covid-19. Through radio programme in Dadaab, continuous communication and dissemination, retention and protection messages to reach children at home.

Save the Children has remotely conducted Monitoring & Evaluation(M&E), for example, conducted a Knowledge Attitude and Practice (KAP) survey in May to determine the effects on learners during COVID 19.

Achievements

Save the Children has made the following achievements; there has been more programme emphasis and skills development for teachers on MHPSS and SEL during COVID 19.

KAP surveys provided information on needs of children during COVID 19 pandemic and this has informed the programming. e.g. it was clear on the challenges faced by girls and children with disability.

Knowledge and skills gained by members of the community in the past, proved more useful during COVID 19 as they provided; guidance and continued to support local community on where to access essential protection services in particular for their children.

Challenges

However, a few challenges were encountered;

Reaching ECD learners through targeted learning was difficult, as a result, remote learning was not effective as monitoring the learners was not possible.

Majority of households, for example those in the refugee camp, lacked the necessary equipment to access remote and online learning e.g. radio

Much as the radio programmes incorporated games and songs to support the young ECD learners, it was a challenge ensuring activities were done according to the instructions provided.

Meeting the learning needs of learners with disability through remote learning was a challenge given their diverse needs.

It was difficult to have the opportunity for teacher/learner interaction, hence, missing out on effective teacher guidance and support.

Recommendations/Way forward

There is need to develop specific radio programmes content for ECD learners as the focus has been Alternative Basic Education (ABE).

Provision of assistance to households that lack equipment's/devices for children to access remote learning such as radios, internet connectivity is essential.

It's important to employ more teachers to supervise the many learners.

More sensitization of parents/caregivers on the importance of releasing children for the radio programmes, as there's a high risk that post Covid school reopening, some parents may not allow their children to resume schooling.

2.6 UNICEF

Agnes Ngonyo, from UNICEF Kenya, presented UNICEF work on “Opportunities for early learning”

A scenario of school opening in eastern and south African regions (ESARO) was shared. *“Denmark first opened schools and day-care centers for children younger than twelve, reasoning that they are at lower risk from the virus, and benefit more from interactive in-person learning than older students. Uruguay allowed students in rural areas and those who had trouble accessing online materials back to school first. Rwanda and Ethiopia have announced over the weekend a reopening in October for Ethiopia and a gradual reopening in Rwanda from October to January. Preschool and Grades 1 to 3 in Rwanda are planned to reopen only in January- Reopening for Rwanda will be in phases”.*

In addition, others like Taiwan, Nicaragua, and Sweden, never closed their schools. 3.2 million ECD Children in Kenya have been affected by school closure since March 2020 due to COVID 19.

UNICEF response to Covid 19

UNICEF responded to Covid 19 by supporting continuity of learning. This was done through; development and dissemination of radio lessons (developed by KICD), supply of learning materials, messages to parents, coordination of WASH in Schools, development of guidelines and checklists, etc.

Through a partnership with Finn Church Aid, Pre-primary children are being reached at the community levels. A total of 1482 (831M, 651G) children have been benefited in continuity of learning in Kalobeyei.

UNICEF through GIGA initiative, has a focus of connecting every school to the internet and every young person to information and opportunity. This is an initiative that is targeting to connect 1000 schools. So far 10 schools have been connected and plans to have a 100 schools connected by Nov 2020.

The Early learning Centres attached to primary schools will benefit from the connectivity (Wi-Fi) and Digital Literacy Programmes (DLP). Teachers and parents can use the internet to download and access relevant content. To promote smooth transition, the ECE children can also be exposed to the DLP.

Launch to end the violence against children. On July 16, 2020, the Government of Kenya launched the second Violence Against Children and Youth Survey (VACS) report during a virtual launch event. As one of the first countries to complete the VACS process twice, the new report offers an unprecedented opportunity to measure Kenya's progress in ending violence against children, as well as highlight areas where renewed efforts to prevent violence are needed. As a result, UNICEF has psychosocial support for children, through the free help line that encourages children to report all forms of abuse.

UNICEF Kenya Office has made supply distribution of the following; 6,959,850 sachets of RUFT for management of malnutrition, 1,760,000 MUAC tapes, 598,150 pieces of soap, hand wash and bleach, 4,374 family relief kits, 2,530 knapsack sprayers, 200,140 pieces of exercise books, text books, pens, sharpeners, 50,000 pack ORS, 103,570 pieces of jerry can, buckets, hand washing stations, water tanks, 15,744, 800 retinol capsules, 180,099 pieces of Covid PPEs (face shields, coveralls, gowns, N95 masks, 100,950 kilograms of Alum, 6,955 litres of hand sanitizers among many others.

Covid 19 has impact on the ECD sector particularly the achievement of the SDG goal 4.2: by 2030 ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education. The challenges of Covid Pandemic in the ECE Settings include; not achieving SDG 4.2, poor coordination of the ECD sector – National and County Government, minimal attention to Pre-primary education during the Covid pandemic, limited continuity of Learning for pre-primary children, arising issues on child protection, inadequate budgets and resources for preparedness of reopening and increased nutritional needs among children.

Results of Prolonged School Closure

Global school closures in response to the COVID-19 pandemic present an unprecedented risk to children's education, protection and well-being. Schools do much more than teach children how to read, write and count. They also provide nutrition, health and hygiene services; mental health and psychosocial support; and dramatically reduce the risk of violence, early pregnancy and more. And it's the most vulnerable children who are the hardest hit by school closures, and we know from previous crises that the longer they are out of school, the less likely they are to return.

Extended school closure is harmful to children. It can lead to severe learning loss. Disparities in educational outcomes caused by school closures are a particular concern for low-income and minority students and students with disabilities. Extended school closures are harmful to children's development of social and emotional skills. Important social interactions that

facilitate the development of critical social and emotional skills are greatly curtailed or limited when children are not physically in school.

Covid 19 and Children in Kenya; Reported Confirmed Cases, 0-9-year old's- Male (4%) and female (6%). Ref. COVID 19 Outbreak in Kenya, Daily Situation Report – 193 by MOH. 26th Sept 2020

Covid 19 and Children in Kenya; Reported Fatalities, 0-9-year old's- Male (1%) and female (1%). Ref. COVID 19 Outbreak in Kenya, Daily Situation Report – 193 by MOH. 26th Sept 2020

As of 26th September 689 deaths had been reported, 2% death of children.

COVID 19 and Children

Based on the best available data, COVID-19 appears to have a limited direct burden on children's health, accounting for about 8.5% of reported cases globally, and very few deaths (Consideration for school related public measures in the context of COVID 19. WHO, UNICEF and UNESCO. Sept 2020)

When deciding whether to reopen schools, authorities should look at the benefits and risks across education, public health and socio-economic factors, in the local context, using the best available evidence. The best interest of every child should be paramount. Is it safe for my child to go back to school?

Opportunities for Reopening¹

Globally, the following informs the reopening of the education sector²:

No cases-All schools open and implement COVID-19 prevention and control measures.

Sporadic cases-All schools open and implement COVID-19 prevention and control measures.

Cluster transmission-Most schools open, and implement COVID-19 prevention and control measures.

Community Transmission-Risk-based approach for the operation of school and other community-wide Public Health and Social Measures (PHSM) with aim of ensuring the continuity of children's education. If cases serious, schools to be closed and those open to ensure strict follow up of COVID 19 Guidelines.

Let us all support the government and communities to safely reopen the Education sector and build back better and sustainable resilient recovery post COVID pandemic.

Early Childhood Education Promotes physical health, emotional safety, social connections and engaged learning. Reopening ECE can provide children with much needed emotional support,

¹ Guidelines on health and safety protocols for reopening of basic education institutions amid Covid-19 pandemic, MOE; State Department of Early Learning and Basic Education, September,2020

² Consideration for school related public measures in the context of COVID 19. WHO, UNICEF and UNESCO. Sept 2020

learning opportunities and offers reliable child care options for parents, caregivers who need to return to work³

What precautions should the Caregivers/ECD Teachers be taking to prevent COVID-19 virus from spreading in Pre-primary schools?

Physical distancing should be considered. This can be done through; considering opening preschools in shifts to limit number of children per group at any time. Half of the children can attend in the morning, the other half in the afternoon. Staggering mealtimes, increasing the number of teachers, if possible, to allow for fewer children per classroom (if space is available).

Increase spacing between tables, chairs, or spots on the carpet where children sit and stagger recesses/breaks so that smaller groups of children are playing at once on the playground or shared spaces⁴.

Limiting mixing of classes and groups of children. For example, children in a small group (3-4) or classroom will stay in the same group/classroom with the same teachers throughout the day, without mixing with children and educators from other groups.

No napping time. If not possible and a child has to nap, ensure that children's naptime mats (or cribs) are spaced out as much as possible, depending on space available.

Establish healthy hygiene behavior and practices (including handwashing; covering coughs and sneezes; avoiding touching the face) among young children (it's a skill for lifetime)⁵.

2.7 COMMUNITY INITIATIVES AGENDA (CIA)

Immaculate Salaon, from CIA, shared a video of the work that Community Initiatives Agenda (CIA) is doing in Kajiado County. CIA uses an integrated approach in implementing its interventions, this encompasses; ECD, Education, Health and Economic strengthening, Parent and caregiver strengthening and Male involvement in ECD. The ECD program is child oriented, with a focus on play based learning. This also includes availability of picture books, story books and play materials. CIA has also constructed child friendly ECD centres with toilets and clean drinking water for children, this was done in partnership with Safaricom. The ECD programs are implemented with a guidance of Nurturing Care Framework (NCF).(the link can be found [here](#))

3.0 OPEN SESSION

This was done through chat box, whereby all questions were responded via the chat box.

Questions	Answers
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³ Global guidance to reopening of Early Childhood Education setting by UNICEF, WHO and UNESCO. Sept 2020

⁴ Global Guidance on Reopening Early Childhood Education Settings Sept 2020 by UNICEF, World Bank Group, UNESCO.

⁵ MOE Guidelines on Health and Safety Protocols for Reopening of Basic Education Institutions Amid COVID -19 Pandemic

<p>Thank you PATH for detailed and interesting presentation. One quick question- thinking about sustainability, do you have the costing for this model and detailed TORs? As you think about sharing and taking it to scale it will be helpful to have the costing element.</p>	
<p>To what extent are we engaging EARC (Education, Assessment, and Resource Center) in promoting nurturing care? -Rolando, UNICEF Kenya.</p>	
<p>PATH- under safety and security, what has been the experience in integrating child abuse, violence, mental health child and caregiver –</p>	<p>Thank you Najma. we are currently putting together a comprehensive report of our assessment. we shall include the costing component for purposes and advocacy.</p>
<p>Thank you Beatrice, will you be sharing it? will appreciate to read it</p>	
<p>How are Childfund and Path collaborating in Siaya county?</p>	<p>@ Cheruiyot. Childfund consulted with PATH to understand their plans in the county and ensured that there was not duplication of efforts. ChildFund is working in the community and not health facilities. PATH is implementing play boxes which is not what ChildFund is doing. We share our plans on implementation</p>
<p>Childfund, thank you for your presentation. I am curious about sustainability measures.</p>	<p>@Eva Njeru. Q1 Childfund, sustainability measures ▫ built the capacity of sub county staff from relevant depots on nc. ▫cascade training are done by trained government staff. ▫Supportive supervision done by CHAs, ECD coordinators an</p>

<p>I am asking since there are so many changes due to the pandemic, and it would be good to learn how to support our sub-county government partners so that they can also be flexible and innovative in the continuously changing environment. Thank you</p>	<p>community development officers who are their supervisors. Regularized this so that we build competency in their work & designed the project around existing structures. By CHV in HHs, by ECD teachers in centres and by group leaders in existing group activities</p>
<p>@Regina, thanks for a great ppt. In terms of promoting "multisectorality", any key lessons, challenges and opportunities that we can all pick from the Siaya experience/implementation?</p>	<p>@Camlus. In terms of multisectoral coordination in Siaya. Experience has been that of learning. It has to be intentional with all partners being patient and persistent in ensuring it works. Engaging all partners is critical so that all members feel valued to continue working together. Joint goal setting, implementation and review of work puts everyone to account.</p>
<p>Question to PATH on mentor coordinators. Are they PATH staff or county government officers?</p>	<p>@ Regina, the mentor coordinators are employed by PATH but seconded to the County government.</p>
<p>Comments</p>	
<p>@Beatrice and PATH, Thanks for making the case for a dedicated cadre to support NC4ECD. Apart from the quall assessment with very positive impressions already, any plans to quantify the impact/benefit e.g. on chv knowledge, behaviors etc. to bolster what you've shared and further strengthen the case. Anyone who's been to Siaya will attest that the mentors are truly valuable and doing a great job. Asante</p> <p>@Eva Njeru. Q1 Childfund, sustainability measures & built the capacity of sub county staff from relevant depots on nc. & cascade training are done by trained government staff. & Supportive supervision done by CHAs, ECD coordinators a community development officers who are their supervisors. Regularized this so that we build competency in their work & designed the project around existing structures. By CHV in HHs, by ECD teachers in centers and by group leaders in existing group activities</p>	

4.0 CLOSING REMARKS

Lily Oyare, treasurer ECDNeK ended the meeting with closing remarks. She encouraged all organizations to continue working for better advancement of the children. Through working together, we will be able to overcome all challenges that were presented. *#every child every opportunity*.

From secretariat, Dr. Mwoma noted that, the network is looking forward to organize more sharing and learning platform so that partners can learn from each other. Faith based and community based organizations are also encouraged to participate in such forums, so as to enable other partners to understand the types of challenges they face and assist in generating solution. They can also partner with us when planning face to face convening.

On 2021 Siaya County conference preparations, the different subcommittees can convene their meetings the first week of October, 2020. Dr. Elizabeth was also seconded from first lady's office Siaya County to join in the planning committee, especially the logistic committee. She also highlighted that all partners have a duty and responsibility in supporting government initiatives, and putting into consideration that, the safety of the children is very crucial.

5.0 CLOSING PRAYER

The meeting ended with a word of prayer from Sr. Joyce from AOSK-

6.0 CONCLUSION AND WAY FORWARD

The next convening shall endeavor to engage Community Based Organizations and Faith Based Organizations.

Annex 1: List of attendee for biannual convening:

Name	Designation	Organisation
Dr Teresa Mwoma	Executive Director	ECDNek
Racheal Makena	Project officer advocay	ECDNek
Sally Moraaa	Programs Liaison Officer	ECDNek
Judith Mueni	Website and social media support officer	ECDNek
Leonard Chumo	Chairman	ECDnek
Lily Oyare	Treasurer	ECDnek
Joyce wesonga	Board member	ECDnek
Dr Ouko Hudson	Board member	ECDnek
Tobias Opiyo	Program Manager ECD	CRS

Sr Eshter Wachera	Project Manager	PM SCORE
Sr Joyce Nyagucha		AOSK
Agnes Ngonyo		UNICEF
Beatrice Oyugi	Program officer	PATH
Dr Roseline Olumbe	Cordinator Institute of Child Development	Daystar University
Cheruiyot Changwony		PORTICUS
Regina Mwasambo	Program Cordinator ECD	Child Fund Kenya
Linzy Nyamboki	Program Officer ECD	Build Africa Kenya
Joyce Wesonga		UTHABITI Africa
Tej Preet Kaur	Managing Director	Strong Start
Camlus Odhus	Health Officer	Unicef Kenya
Dr Martin Chabi		WHO
Mumbi Muguongo		Cleanstart Kenya
Jenevieve Ayila		IDEOS.Org
Rollando Villamero Jr		Unicef Kenya
Patrick Ochieng	Ecd Cordinator	Save the Children
Anthony Nganga	Program Officer	Community Initiative Agenda
Immaculate Salaon	Executive Director	Community Initiative Agenda
Gulmira Tussupbekova	UN Volunteer	Unicef Kenya
Damaris Wambua	ECD Specialist	ChildFund kenya
Anne W Njiine	Education Quality Program	Opportunity International
Najma Rashid	ECD Consultant	Independent
Terry Bii	Childrens Department	Clean Start
Eva Nderu	Programs Manager	PORTICUS
Oscar Kadenge	ECD country Cordinator	PATH
Cynthia Burudi	Program Assistant ECD	PATH
Dickens Ochuka		PATH

Dr Caroline Mwangi	NCAHU	MOH
Noella Oyare		Littlerock Kenya
Nawade Ngaywa		GRADIF-K
Hannah Maina		
Clare Nyore		Terres Des Hommes
Okari Obobe		
Janet Ndeto	Child Protection Specialist	Independent
Irene Wali		Save the Children
Eunice Njoroge		
Joy Nafungo		IDRC