



**REPORT ON THE FOURTH BLENDED NATIONAL EARLY
CHILDHOOD DEVELOPMENT (ECD) STAKEHOLDERS'
CONFERENCE**

Themed

Responsive Caregiving for Children in Diverse Circumstances: Innovations and Inclusivity

Held on
25th - 27th October 2021

at

Jaramogi Oginga Odinga University of Science and Technology, Siaya County, Kenya

#4thECDconference

#4thECD



The Early Childhood Development Network for Kenya (ECDNeK)
Hosted by Kenyatta University, Department of Early Childhood and Special Needs

E-mail: earlychildhoodnetwork2016@gmail.com

Telephone: +254 726392781 / 706186131

Website: www.ecdnetworkforkenya.org

Social Media: <https://linktr.ee/ECDNeK>

ACKNOWLEDGEMENT

The convening and documentation of this conference were made possible through generous financial and technical support from the Government of Kenya, various actors, institutions in the ECD space and *all participants who registered to participate*. Without your support, the Fourth National ECD Stakeholders' conference would not have been possible. Asanteni Sana!

The Government of Kenya through the support of the Division of Neonatal and Child Health at Ministry of Health (DNCH-MOH), Ministry of Education (MOE), Council of Governors (CoG) and the County Government of Siaya

ECDNeK Board Members: Dr Teresa Mwoma, Lilly Oyare, Dr Hudson Ouko Ong'ang'a and Joyce Wesonga

Development Partners and ECDNeK Partners: UNICEF, Africa Early Childhood Network (AfECN), Kenyatta University, Aga Khan University - Institute for Human Development (AKU IHD), Institute of Child Development (ICD) at Daystar University, Jaramogi Oginga Odinga University of Science and Technology (JOOUST), Save the Children, PATH, Child Fund Kenya, Catholic Relief Services, Lake Region Economic Block, Lwala Community Alliance, Smart Start Siaya (SSS), World Vision International, African Population and Health Research Center (APHRC), Community Initiatives Agenda, Little Rock ECD, Mtoto News, KANCO, Association of Sisterhoods of Kenya (AOSK)-Score ECD, Opportunity International, SWAP-Kenya, Build Africa, Kidogo Innovations, Mothers2Mothers, Madrasa Early Childhood Programme (MECP), Uthabiti Africa, GRADIF-K, Upward Bound Kenya, IDEO.ORG, Clean Start Kenya, Faraja Foundation, Nutrition International, Terres Des Hommes, Global Development Incubators and Tiny Totos

Session Chairs: Immaculate Salaon - Community Initiatives Agenda; Dr Roseline Olumbe, ICD - Daystar University; Dr Hudson Ouko, Kenyatta University; Linzy Nyamboki, Build Africa; Leonard Chumo, Uthabiti Africa; Carolinda Awuor, Lwala Community Alliance; Linda Kharemwa, UNICEF; Mr Tobias Opiyo, Catholic Relief Services (CRS); Dr Anil Khamis, Institute of Human Development (IHD/AKU); Dr Benson Odong'o, Jaramogi Oginga Odinga University of Science and Technology (JOOUST); Elizabeth Gitonga, AfECN; Dr Teresa Mwoma, ECDNeK and Mumbi Muguongo, CleanStart.

Report Documentation Team & Rapporteurs: Stella Ndugire Mbugua, DNCH-MOH (**Lead**); Ruth Muendo, APHRC (**Co-Lead**); Judith Sabina Akinyi, AfECN; Janet Mwitiki, Independent Consultant; Regina Mwasambo, ChildFund; Dr Benard Ashiono; Penina Nyamori; Sally Moraa, ECDNeK & Racheal Makena, ECDNeK.

Communique Developers: Stella Ndugire Mbugua, DNCH-MOH (**Lead**); Ruth Muendo, APHRC (**Lead**); Dr Roseline Olumbe, ICD - Daystar University, Dr Anil Khamis, IHD/AKU and Dr Teresa Mwoma

Abstract Reviewers: Dr Roseline S. Olumbe, Dr Anil Khamis, Dr Teresa Mwoma, Dr Hudson Ouko, Ruth Muendo, Stella Ndugire Mbugua, Linet Kaloki, Agnes Wepukhulu, Winnie Alando, Bonface

Makori, Dalmas Tambo, Maureen Ochieng, Sammy Murimi, Thinay Sheikha, Verah Akinyi, Joyce Marangu, Racheal Makena & Sally Moraa.

Virtual coordinators: Mtoto News Team

Ushers: Stellar Mengele, Silas Guya, Nancy Juma, Noella Oyare, Richard Miruka, Rebecca Oyugi, Laurine Anyango, Emmanuel Omondi, Lucas Odhiambo, Stephen Ouma Oduna, Peter Odhiambo, Evender Otieno, Guya Ogwel, Jane Kariuki & Judith Mueni.

ECDNeK Secretariat: Dr Teresa Mwoma, Racheal Makena, Sally Moraa, Judith Mueni, Jane Kariuki

Social Media: Judith Mueni (ECDNeK), Jennifer Kaberi & Mtoto News Team

Videographer and Editor: MtotoNews

Sign Interpreters: Gilbert Ogola, Akinyi Juliana, Stephen Onyango & Gregory Jumah

Photo credits: Mtoto News, Ideo.org and Save the Children

Master of Ceremony: Oscar Kadenge

Thank you very much!

Table of Contents

ACKNOWLEDGEMENT	3
EXECUTIVE SUMMARY AND JOINT CONFERENCE COMMUNIQUE WITH 2021 SIAYA CALL TO ACTION	8
Preamble.....	8
Promoting Thrival of at-Risk Children	9
Financing.....	10
Parent/Caregiver Empowerment	10
Coordination.....	11
The Siaya Call to Action	11
BACKGROUND	13
Early Childhood Development: The Kenya We Want!.....	13
The ECD Network for Kenya (ECDNeK)	13
INTRODUCTION	15
The Fourth National Early Childhood Development Stakeholders’ Conference	15
DAY 1 – MONDAY, 25 th OCTOBER 2021	16
Opening of the conference	16
Children’s Presentations: <i>Pre-recorded</i>	16
Prof. Joseph Bosire, DVC Academics at JOOUST: <i>Remarks</i>	17
Prof. Stephen Gaya Agong’, Vice-Chancellor, JOOUST: <i>Remarks</i>	17
Prof. Kisili Kombo on Behalf of Prof. Paul Wainaina, Vice-Chancellor of Kenyatta University: <i>Remarks</i>	18
Ms Maniza Zaman, UNICEF: <i>Keynote Address - The role of UNICEF in supporting caregiving initiatives for children under three years</i>	18
Director-General, Education, Ministry of Education (MOE): <i>Guest Speaker - Status of Pre-Primary Education Policy Implementation</i>	19
Siaya County Leadership: <i>Remarks</i>	19
Madam Florence Omundi, Deputy Commissioner General, Kenya Prisons Service: <i>Remarks</i>	20
H.E. Rosella Rasanga, First Lady of Siaya County Government: <i>Guest Speaker - Upscaling Smart Start Siaya’s Nurturing Care Model</i>	20
H.E. Cornel Rasanga Amoth, Governor, Siaya County: <i>Chief Guest Official opening delivered by H. E. Deputy Governor Dr James Okumbe, Siaya County</i>	22
CONCURRENT BREAK AWAY SESSIONS	23
1.1. COVID 19 AND CHILDCARE, TEEN MOTHERHOOD AND THE PLIGHT OF CHILDREN OF TEEN MOTHERS	23
1.2 CHILDCARE IN THE URBAN INFORMAL SETTINGS	27
1.3. THE NURTURING CARE FRAMEWORK / CHILD CARE IN DIVERSE RELIGIOUS AND CULTURAL SETTINGS /PROTECTION AND SAFETY IN CHILDCARE	31

1.3.5. APHRC PANEL PRESENTATION; CHILDCARE IN URBAN INFORMAL AND DIVERSE CULTURAL SETTINGS	33
1.4. POLICIES, GUIDELINES, REGULATIONS AND FINANCING IN CHILDCARE SETTINGS	36
1.5. CHILDCARE AND WOMEN ECONOMIC EMPOWERMENT, AND MALE INVOLVEMENT IN CHILDCARE WORK.....	39
1.6. CHILD CARE IN HUMANITARIAN SITUATIONS AND CHILD CARE FOR VULNERABLE GROUPS (e.g., disability, orphans, institutionalized, children in incarceration, street children).....	41
DAY 2 - TUESDAY, 26 th OCTOBER 2021	44
PLENARY SESSION	44
Dr Elizabeth Omondi, Member of Smart start Siaya Executive team and Lecturer JOOUST: <i>Guest Speaker, Teen motherhood and the plight of teen mothers</i>	45
Dr Caroline Mwangi, Head, Division of Neonatal and Child Health (DNCH), Ministry of Health: Guest Speaker, Pediatric Care amidst COVID-19	46
Prof. Amina Abubakar Director, Institute for Human Development (IHD), Aga Khan University (AKU): Guest Speaker, Childcare for the vulnerable groups.....	46
Beatrice Oyugi, PATH: <i>Community Health Volunteers adopt strategies to help children thrive amidst COVID-19 pandemic</i>	47
CONCURRENT SESSIONS	47
2.1. RETHINKING CHILDCARE WORKFORCE AND SDGS AND EMERGING ISSUES.....	47
2.2. IMPLICATION FOR PRACTICE AND POLICY AND COMMUNITY RESPONSIBILITY AND RESPONSIVE CHILD CAREGIVING	51
2.3. AfECN CATALOGUE OF ABSTRACTS FOR ECDNeK CONFERENCE.....	53
Plenary Session: County governments sharing	55
on progress made in ECD.....	55
DAY 3 - WEDNESDAY, 27 th OCTOBER 2021	59
Plenary Session	59
Madam Florence Omondi Momanyi, Deputy Commissioner General, Kenya Prisons Service: Caregiving for children accompanying imprisoned women - Challenges and opportunities for collaboration.....	44
Dr Caroline Mwangi, DNCH, MOH: Validation of the National Advocacy Strategy.....	61
Stella Ndugire Mbugua - DNCH-MoH: Conference Communique.....	62
Voting for the host county the Fifth ECD Stakeholders Conference (County host)	62
Closing plenary	62



EXECUTIVE SUMMARY AND JOINT CONFERENCE COMMUNIQUE WITH 2021 SIAYA CALL TO ACTION

FOURTH BLENDED NATIONAL EARLY CHILDHOOD DEVELOPMENT (ECD) STAKEHOLDERS' CONFERENCE (2021)

*Theme - Responsive Caregiving for Children in Diverse Circumstances: Innovations and
Inclusivity*

CONFERENCE COMMUNIQUE AND CALL TO ACTION

Communique themes: Child thrival, financing, parent/caregiver empowerment, and
coordination

Preamble

We the **541 delegates** (275 physically present and 266 via Zoom) from **23 counties in Kenya, 10 countries** and over **70 organizations** comprising Government officials, United Nations agencies, Civil Society Organizations, Philanthropists, donors, and academia; YouTube plenary of up to 647 (day two), the Twitter reach of 352,000 and Twitter impact of 3 Million (day one), all convening for the Fourth Blended National Early Childhood Development (ECD) Stakeholders' Conference held from 25-27 October 2021 at Jaramogi Oginga Odinga University of Science and Technology, Siaya County, Kenya, convened for the conference themed "*Responsive Caregiving for Children in Diverse circumstances: Innovations and inclusivity.*"

Our future as citizens of our respective countries lies in our children. The ECD story must start from the beginning. Early experiences affect the developing **brain's architecture**, providing the foundation for all future learning, behaviour, and health as well as potential earnings and the capabilities to confront future problems. **Brains are built over time: brain development is** an ongoing process that begins before birth and continues into adulthood; however, 90% of the brain is developed by age five. The period before birth to age three is the most critical in human development. Thus, nurturing care strategies must be **targeted and intentional** on protective, and preventive strategies in the early years particularly for vulnerable and at-risk children. This reflects ECDNeK vision and mandate: "A society where all children aged zero to eight (0-8) years realise holistic ECD for lifelong success" Building on the global Nurturing Care Framework, which has been promulgated in law in Kenya in the Children's Act. We need to continue to work to develop integrated public policies, services, and programs to ensure that no child is left behind. The Nurturing Care Framework is supported by the regulatory framework in Kenya as well as globally in **the Convention on the Rights of the Child (CRC), African Charter on the Rights and Welfare of the Child (ACRWC) and Constitution of Kenya, 2010**. These instruments ensure that children not only survive but also thrive and later transform their societies.

Article 53 of the Constitution of Kenya (2010) guarantees a child's best interest as a key focus for our entire country. It apprehends a shared responsibility between national and county governments, the private sector, academia, civil society organisations and all relevant stakeholders.

KENYA: The COVID-19 pandemic made it difficult for many Kenyans, particularly for poor households. About 53% of households reported lower or diminished incomes whose implication has been a significant financial and emotional strain. This has affected families' ability to provide optimal caregiving to children in their care. Families have had to compensate by reducing the number of meals they consume. One in three children have, during the pandemic, eaten fewer quantities of nutritious foods and consumed fewer calories. This has led to increasing levels of malnutrition, particularly stunting and wasting in Kenya. Many young children in Kenya also missed out on quality early education and caregiving. This conference recommends family-friendly support to families with young children, especially during the most critical time of their development (the early years), including workplace breastfeeding support, integrated care and nutrition services, and violence-free spaces. It also calls for innovation and approaches that support families and children where they are including at roadsides where lactating women work, in prisons where children are incarcerated, and for those very young children for whom ECD centre-based provision is not a possibility for a host of reasons. The conference calls for these actions as we now know that the benefits of good quality ECD care and provision transcend the individual and family gains that are well documented, and benefit society at large across different spaces including the workplace, national economies (Gross Domestic Product) and national cohesion.

Promoting Thrival of at-Risk Children

- All children need nurturing care to achieve their full potential. Nurturing care is vital for their healthy growth and development. The formative stages of development - from pre-conception, pregnancy to age three - when the brain is most susceptible to environmental influences, are crucial
- Recognising that the structure and delivery of services to young children was interrupted by COVID-19, the Health System has had to innovatively deliver quality services. Community Health Volunteers (CHVs) must be supported as they adapt accordingly to support young children to thrive.
- Reiterate that children of mothers in conflict with the law have the same rights as other children. They are not guilty of any crime but end up as collateral victims of crime. All county governments to ensure female prisons in their counties have model childcare facilities providing nurturing care for children accompanying their parents to prisons including, crèches or daycare facilities, and referral services such as pre-and post-natal services and clinics for children.
- Urging governments to put in place child-friendly policy guidelines in the justice system right from when the mother is taken from the community until the time she is sentenced and imprisoned.

- Urging the ECD actors and the community to advocate for the introduction of onsite childcare facilities in the workplace, where young mothers can leave their babies, and that county governments lead by example.
- Recognising the rapid growth of urban informal settlements, lacking adequate indoor and outdoor play infrastructure for promoting holistic child development. Adapting local play material, linkages to Community Health Strategy (CHS) and devolved Health Units to secure brighter futures.

Financing

- Investing early in pre-primary Education and Health because early interventions have life-long effects on human and national development
- Calling on 47 county governments to prioritise investments in early years, beyond infrastructure/classrooms.
- Increasing investments towards promotive and preventive health support for young children.
- Calling on the National government to develop a financing framework indicating how funding for devolved functions related to early childhood should be utilized (e.g percentage allocations for infrastructure, teaching/learning materials, teacher remuneration and feeding programs).
- Ensuring free and compulsory pre-primary education for children aged four to five (4-5) years, by providing capitation for every child.
- Calling for increased use of evidence (data) and multi-sectoral collaboration to respond to emerging issues in early childhood development, care and education.
- Adopting the Nurturing Care Framework as a government program, with expenditure lines as well as ensuring longevity beyond political office terms.

Parent/Caregiver Empowerment

- Acknowledging that many parents of young children know what to do, but face many barriers as they strive to nurture, particularly in the context of COVID-19.
- Focusing on challenges facing the Prison System provides opportunities for collaboration to improve service provision in the female penal institutions. This is to uphold the right of every child to survival, protection, and development under the Constitution of Kenya 2010, and other legal instruments governing the rights and welfare of the child.
- Reflecting on the quality of nurture provided by traditional extended family and community safety nets. Early stimulation is critical and must be done intentionally and skillfully.
- Prevention of stunting is imperative to ensure that young children's development trajectories are founded early.
- Calling on County governments to provide adequate spaces for children to play in all caregiving environments and advocating for scaling up of inclusive ECD services.

Coordination

- Recognising that ECD is a devolved function. Bringing together the 48 (national and county) governments and coordinating all sectors that are linked to early child development, and consequently national development.
- Calling upon the 48 governments in Kenya, employers, service providers and policymakers to collaborate in providing targeted and workplace support for parents of children under the age of eight years, that is, fathers and mothers to get adequate time to nurture, quality childcare services: appropriate childcare benefits, and education of parents on responsive caregiving. With such policies, workplace productivity increases and promotes economic growth.
- Embracing multi-sectoral committees in the counties and national government.
- Supporting continued political leadership and championing of ECD at the highest political levels.
- Recognizing the County First Ladies Association (CFLA) commitment to become ECD champions or patrons for reaching every child aged under 8 years - with age-appropriate services.

We recognize that the Early Childhood period, the first 1,000 days (ages zero to three) and the subsequent 3,000 days (ages 4-8), are the most important for rapid brain development and the foundation of skills and capabilities that affect an individual's life. **Therefore, building on this conference and the proceedings of previous national conferences and communicate which ECDNeK issued [at KICD (2016), Kenyatta University (in Nairobi of 2018), Mombasa (2019) and now Siaya (2021)], we are making a call to action as follows:**

The Siaya Call to Action

This communique calls on all ECD stakeholders to lobby state and non-state actors and decision-makers in Kenya to prioritize Early Childhood Development (ECD) as a critical sector that is of national importance. We call for profiling and recognition of counties that are constantly improving investment in ECD services to showcase best practices for national adaptation. We call for the following substantive policy and action-oriented recommendations:

1. Recognize that the first 1,000 days of a child's life are critical in ensuring optimal brain and holistic development.
2. Ensure that children from diverse circumstances, with disabilities and special needs, including those accompanying their mothers to prisons, in refugee camps, informal settlements, emergencies, rural poor communities, among other marginalised settings, receive equitable childcare services to grow and develop to their full potential.
3. Embrace the needs of all children aged zero to eight (0-8) years with cooperative and synergistic-multisectoral programming. Needs of zero to threes should be prioritized in the workplace including capacity development/family support to parents/caregivers (the home) and onsite childcare.

4. Acknowledge that securing the future of Kenya's children is the responsibility of government in partnership with all stakeholders and, therefore, enact ECD policy enhancing coordination and collaboration by all actors.
5. Call all 47 county governments to work in partnership with all partners, including the private sector, in early childhood efforts to aim at scalable and cost-effective models of ECD programming to reach all children.
6. Recognize that attainment of the Sustainable Development Goals (SDGs) to which Kenya is a signatory prioritizes early childhood as the anchor to reach sustainable development across all sectors and aligns to Kenya's National Development Plan and the Big Four Agenda. ECD is the pathway to ensuring a more capable and productive workforce and to provide the future leaders we need.
7. Recognise existing government systems as key platforms for the creation of ECD champions and for reaching every child aged zero to eight (0-8) years with age-appropriate services, adaptation, and application of contextually relevant parenting support interventions.
8. Sustainably prioritize ECD provision with the funding requirement needed to target and impact holistic and optimal development beginning with secure funding for all children aged zero to eight (0-8) years.
9. Urge all ECD practitioners offering relevant programs and services and researchers - from the grassroots to national levels - to register as members of the ECD Network for Kenya, to enhance collaboration and partnership.
10. **Biennial ECD conferences:** Resolving that National ECD Stakeholder's Conference be held on a rotational basis, in each Regional Economic Block in Kenya.
11. The fifth biennial National ECD Stakeholders' Conference will be held in Turkana County.

Endorsed on 27th October, at the Fourth National ECD Stakeholders' Conference, held at Jaramogi Oginga Odinga University of Science and Technology, Siaya County, Kenya

----Ends----

BACKGROUND

Early Childhood Development: The Kenya We Want!

Article 53 of the Constitution of Kenya (2010) guarantees a child's best interest as of paramount importance for national development, which is a shared responsibility by all stakeholders. Investing in Early Childhood Development (ECD) therefore, is critical for everyone - governments, businesses, communities, parents, and caregivers, and most of all, babies, and young children. Nurturing Care for Early Childhood Development (NCfECD) not only ensures the survival of the voiceless children but also that those who survive also thrive and live to transform their communities.

This is aptly reflected in the vision of ECD Network for Kenya (ECDNeK), "A society where all children aged 0-8 years realize holistic ECD for lifelong success." The Nurturing Care Framework (WHO, 2018) draws on state-of-the-art evidence on how ECD unfolds to set out the most effective policies and services that will help parents and caregivers provide nurturing care for young children. It is designed to serve as a roadmap for action, helping mobilize a coalition of parents and caregivers, national governments, civil society groups, academia, the United Nations, the private sector, educational institutions and service providers, to ensure that every baby gets the best start in life.

The ECD Network for Kenya (ECDNeK)

ECDNeK exists to strengthen coordination and collaboration between state and non-state actors and support the development and implementation of relevant ECD policies and programs in Kenya through capacity development, research and advocacy. The Network works closely with National and County governments, organizations, parents and community members to ensure that children can access and participate in high-quality, holistic ECD programs. Specifically, the Network seeks to:

- i. Promote equitable access to quality ECD services in Kenya for all children.
- ii. Develop and work for an enabling environment that encourages local research in ECD.
- iii. Strengthen ECD stakeholders' collaboration and coordination.
- iv. Influence financial resource allocation and utilization towards ECD programs in Kenya.
- v. Childcare amidst COVID-19

Supporting children in diverse circumstances

The United Nations (2020) recognizes that COVID-19 is a universal crisis. Children of all ages have been affected by the socio-economic impacts and, in some cases, by mitigation measures that may unintentionally do more harm than good. The negative effects of this pandemic were

anticipated to impact children in the most deprived countries, in the low-income communities, neighbourhoods, and those in already disadvantaged or vulnerable situations. Children living in institutions, prisons, refugees, camps and informal settlements have also been highly affected. Therefore, greater investment is required to support these groups of children to ensure they are not left behind, which promotes equality for all children in reaching their developmental potential. In adjusting to the new normal, the 2021 national conference convened together a pool of ECD experts, policymakers, practitioners, development partners, researchers and academicians, who discussed the best workable strategies to ensure that no child is left behind. These stakeholders had a guided focus as follows:

- i. Promotion of access to services for children through prioritizing integrated child-centred programs.
- ii. Provision of practical support to parents and caregivers to enable them in supporting early learning.
- iii. Provision of inclusive programs that target all children regardless of their circumstances.

INTRODUCTION

The Fourth National Early Childhood Development Stakeholders' Conference

The Ministries of Education and Health, and the Siaya County government in collaboration with the ECD Network for Kenya, co-hosted the Fourth National ECD Stakeholders Conference in Kenya that was blended in nature. The conference brought together over 1,000 ECD practitioners, researchers, policymakers and leaders from national and county governments as well as UN Agencies, Academia, research institutions, civil society organizations, the private sector, donors, and the media. The conference provided an opportunity for participants to discuss and share insights on the status of ECD programs in Kenya, innovations, challenges and create resolutions to establish a holistic/multi-sectoral approach towards ECD in Kenya, which will enhance policy and practice on the implementation of the Nurturing Care Framework (NCF). The conference objectives were:

- i. To create awareness on the need for integration of nurturing care practices in ECD service delivery.
- ii. To advocate for systemic change through policy, at national and county levels.
- iii. To push for increased sustainable nurturing care investments in Kenya.
- iv. To interrogate the social fabric and its impact on holistic child development.

The three days' conference was characterized by plenary and breakaway sessions based on various sub-themes. The plenary sessions comprised of opening and closing ceremonies, in addition to presentations. The breakaway sessions comprised of paper presentations based on the following thematic areas:

- i. COVID-19 and childcare, teen motherhood and the plight of children of teen mothers
- ii. Childcare in the urban informal settings
- iii. The nurturing care framework/child care in diverse religious and cultural settings/protection and safety in childcare
- iv. APHRC panel presentation; childcare in urban informal and diverse cultural settings
- v. Policies, guidelines, regulations and financing in childcare settings
- vi. Childcare and women economic empowerment, and male involvement in childcare work
- vii. Child care in humanitarian situations and child care for vulnerable groups (e.g., disability, orphans, institutionalized, children in incarceration, street children)
- viii. Rethinking childcare workforce and SDGs and emerging issues
- ix. Implication for practise and policy and community responsibility and responsive child caregiving

DAY 1 – MONDAY, 25th OCTOBER 2021

Opening of the conference

Children's Presentations: *Pre-recorded*

Children of Siaya want stakeholders to support their holistic development. They cited responsive caregiving, good health, adequate nutrition, opportunities for early learning and safe and secure environments as critical in enhancing their optimal development. Click to view collated conference proceedings [here](#):

[Opening/welcoming Remarks](#)

Dr Teresa Mwoma, National Coordinator, ECD Network for Kenya, Senior Lecturer - Kenyatta University, Executive Director for African Council for Distance Education (ACDE): *Opening Address*

Dr Mwoma welcomed all the national, regional, and global stakeholders to the Fourth Blended Conference - those attending in person and virtually. She thanked the Siaya County Government, Vice-Chancellor and of Jaramogi Oginga Odinga University of Science and Technology (JOOUST) for having immensely supported the conference preparations, particularly under difficult circumstances - partial lockdown owing to the COVID-19 pandemic surge in Siaya county and nationally. She also thanked all partners, stakeholders and participants present for their invaluable contribution towards making the conference a success, since the onset of 2020.

Dr Mwoma added that over the last five years, the network had been able to put systems in place; a functional Secretariat, Board of Directors, and the process of recruiting members was in progress. The network had previously held three successful conferences with over 700 participants cumulatively drawn from 31 counties and over 70 organizations. Further, the network has participated in various Technical Working Groups (TWGs) including Nurturing Care and Advocacy Strategy Champions group both convened by the Ministry of Health (MOH). The network was also a member of the National Steering Committee on Curriculum Reforms, and National Early Childhood Education Committee (NECEC) convened by the Ministry of Education (MOE) in Kenya.

She noted that the 2021 conference was focused on caregiving for children under three years. The theme of the conference: “*Responsive caregiving in diverse circumstances: Innovations and inclusivity,*” was important because a focus on Caregiving during the early years (ages 0-8) formed the foundation of human development, marked with rapid brain development and serving as the most critical period for survival, growth, lifelong learning and development. Exposure to child poverty and inadequate care - malnutrition, toxic stress and lack of stimulation increases the risks of the children underachieving their development potentials. Thus, investing in the early years in terms of appropriate mother and child nutrition, good health, stimulation as well as having the policy and legal frameworks that guide caregiving, would contribute to ensuring that children access the right services, that is, nurturing care.

Dr Mwoma added that the conference would focus on children in diverse circumstances including those in emergencies, in refugee camps, those accompanying their mothers to prisons, those in informal settlements as well as children in the rural areas. She concluded by noting that the ECD Network for Kenya 2021-2025 Strategic Plan was ready for launching during the official opening of the conference.

Prof. Joseph Bosire, DVC Academics at JOOUST: *Remarks*

Prof Bosire of JOOUST thanked stakeholders for participating in the Conference. He pointed out that the development of ECD in terms of curriculum or academic and practical skills was imperative for Kenya and the continent of Africa. Programs in Special Needs (inclusive) Education, Early Childhood and Bachelor of Science were on course at JOOUST. He revealed that soon, a School of Nursing would be initiated at JOOUST that will produce graduates who will provide services in the health sector. He appreciated that more researchers and scholars were needed to bring more solutions to the challenges that are ailing society.

Prof. Stephen Gaya Agong’, Vice-Chancellor, JOOUST: *Remarks*

Prof. Agong’ remarked that ECD lays the foundation for human life. He appreciated the fact that the Governor and several First Ladies of counties had come in large numbers to express their support towards the conference’s success. He noted that developed countries were tapping/putting a premium on matters of child development, thus birthing the best of Educationists, Caregivers and researchers to support the nurturance agenda. Without this, society cannot progress. He thanked the stakeholders for taking strides to support the cause of ECD and even Children with Disabilities (CWD). Prof. Agong’ further noted that nurturing care and support to children should be prioritised to enable them reach their full potential. With the leadership of the counties and key stakeholders, he had confidence that all the necessary support would be accorded to advance the

ECD agenda. He wished all participants and the county leadership successful conference deliberations.

Prof. Kisili Kombo on Behalf of Prof. Paul Wainaina, Vice-Chancellor of Kenyatta

University: *Remarks*

Kenyatta University (KU), the host of the ECD Network for Kenya Secretariat was proud to be associated with the ECD movement in Kenya, particularly since 1985 when the Early Childhood discipline was initiated at KU. He noted that KU hosts the ECD Network Secretariat in the Department of Early Childhood and Special Needs Education, which champions ECD agenda in Kenya with stakeholders, several of whom were products of the said University. He added that the university was providing ante-natal care through KU health unit, having a daycare centre for children below three years and was training caregivers of Daycares on responsive care. Noting that daycares were critical in supporting mothers of children aged zero to three (0-3) to engage particularly in economic empowerment, and other daily household responsibilities, Prof. Kombo urged the delegates to be involved in advancing the themes and objectives from which the conference was framed, to promote quality services for young children in Kenya.

Ms Maniza Zaman, UNICEF: *Keynote Address - The role of UNICEF in supporting caregiving initiatives for children under three years*

Ms Maniza maintained that early stimulation is critical, and it must be done skillfully. Prevention of stunting was imperative to ensure that young children's development trajectories are founded early. She noted that children in poverty were found at greater risk since diet varieties in early life - particularly before the age of two years - was critical. Only a third of these children were found consuming adequate nutrition. He noted that young children need nutrients from diverse food groups to prevent suboptimal brain development, grow holistically and prevent infections. During the COVID-19 context, parents have been facing stress and unemployment as they strive to provide for their children, thus, babies are being fed fewer quantities as a result of increasing poverty levels.

Maniza highlighted UNICEF's support towards advancing child-friendly workplace policies that can provide support to families - fathers and mothers - to get time to support child development, access quality childcare, appropriate childcare benefits, and education of parents on responsive caregiving. Joining society to enable society free from violence against children was therefore imperative. With such family-friendly policies, workplace productivity increases, and economic growth is promoted. She lauded the ongoing efforts by ECD stakeholders, which would enable young children in need of care and protection to achieve quality ECD services. Revision of Kenya's ECD policy of 2006 was therefore imperative for all stakeholders, through collaboration with the Counties and the Ministry of Health in Kenya.

As care practices for optimal child services were critical for Kenya, Maniza called on all County governments to prioritise early years investments. She concluded that inclusive ECD services should also be taken to scale in Kenya.

Director-General, Education, Ministry of Education (MOE): *Guest Speaker - Status of Pre-Primary Education Policy Implementation*

Mr Gari, the Director, Early Childhood Development and Education (ECDE) at the Ministry of Education (MOE) noted that the National Government team at MOE were spearheading ECD efforts Nationally. He noted that the status of Pre-primary Education Policy Implementation was on course.

Mr Gari welcomed the Director-General Mr Elyas Abdi Jillaow to address the conference delegates and County leadership. The Director-General urged every stakeholder to emphasise teaching and learning at the pre-primary level in the counties and nationally. He noted that Pre-primary Education supports the language and socio-emotional development of young children as they transition to school. He emphasized that poor households should be targeted in all ECD efforts. He noted that the national level had a Director of ECDE, Mr Moriasi Gari who was leading the ECD efforts in Kenya.

CEO Representative, Lake Region Economic Blocks: *Remarks*

The Lake Region Economic Block (LREB) constitutes 14 counties namely Migori, Nyamira, Siaya, Vihiga, Bomet, Bungoma, Busia, Homa Bay, Kakamega, Kisii, Kisumu, Nandi, Trans Nzoia and Kericho. LREB has engaged in research and development research efforts - particularly demand-driven research, which is to be scaled up. Specifically, LREB is engaging with 16 universities in the region to domicile early childhood-focused research agenda. The related budget-making process was mentioned as imperative for the Block's member counties. Also, the ECD agenda was emphasized as critical for supporting teenage mothers, who are rampant in the Lake region, to nurture responsively.

Siaya County Leadership: *Remarks*

The following Siaya County Leadership gave remarks in the following order:

- a) **Joseph Onyango Ogutu**. The County Secretary
- b) Ambassador **Richard Phillip Owade**
- c) **Mr Wakla Dismas Odhiambo**, County Executive Committee member for Health and Sanitation,
- d) **Mrs Rosenell Odondi**, County Executive Committee Member for Education, Youth, Training, Gender and Social services.

Highlights of the remarks were as follows:

Scaling up of SMART start Siaya was found imperative. Before you talk about early learning, conception, life in the womb and brain development have to occur beforehand. Thus, Siaya is championing the five components of the holistic development of a child starting with ages of zero to three years.

The County leadership observed that the County of Siaya has integrated Nurturing Care for Early Childhood (NCfECD) as a government initiative. There existed clear policies and infrastructure for integrated child development programs vital for a sound multi-sectoral framework. There was a government-wide desire for children to not only survive but thrive and achieve their full potential. Further, all health services in Siaya county are child-friendly and under advanced Universal Health Care (UHC). Siaya County boasts of a robust network of CHVs who connect the county government to the communities and households.

Madam Florence Omundi, Deputy Commissioner General, Kenya Prisons Service:

Remarks

Madam Omundi briefly shared on caregiving for children accompanying imprisoned women. The Deputy Commissioner General, Kenya Prisons Service (KPS) noted that a segment of Kenya's children were "Serving a sentence without a warrant," as early as when they are in their mother's womb. She noted that her role in this Conference was to represent this child. Currently, about 250 children are imprisoned with their mothers, in various women's Prisons in Kenya. Kenya Prisons Service in partnership with AfECN, ECDNeK, Faraja and others are collaborating to develop a National Policy of Childcare in Prisons, particularly for children under the age of four years who are in the justice system.

H.E. Rosella Rasanga, First Lady of Siaya County Government: *Guest Speaker - Upscaling Smart Start Siaya's Nurturing Care Model*

H. E Rosella welcomed the participants to Siaya County. She then invited her fellow First Ladies of Counties to speak, in the order below:

- a) *First Lady Nyamira County, H. E. Naomi Nyaribo.*
H.E Naomi said that talking to babies from the womb - zero years - was indeed critical. How to communicate this to the men, was often a struggle for mothers.
- b) *First Lady, Bungoma County, H.E. Caroline Wangamati*
H.E. Caroline noted that it was crucial to focus on more than the survival (Maternal and Child Health) needs of children - thus focusing/ensuring their holistic development. She urged stakeholders to change this narrative. She also welcomed ECD stakeholders to work with her County, Bungoma.

- c) *First Lady, Kisumu County, H.E. Dorothy Nyongo*,
 H. E Dorothy shared greetings from Governor Anyang Nyongo, and highlighted that she had a vested interest in ECD. She assured the stakeholders that she was indeed learning much from the conference deliberations. She added that she was attending the ECD conference on behalf of her grandchild, a four-year-old, whom she was nurturing.
- d) *First Lady, Bomet County, Saline Barchok*
 H.E. Saline requested all stakeholders to support ECD and particularly teenage parents who are themselves children in need of nurturing, yet with a responsibility to nurture. She urged the Counties to invest in pre-primary school feeding initiatives.
- e) *First Lady Busia County, Judy Ojaamong*
 H.E Judy appreciated all stakeholders, and particularly H.E. Rosella for championing ECD. She added that it is the joy of every mother to give birth to a healthy child. As talking to children and communicating with them in utero was found important in promoting early brain development, H.E. Judy urged every family to form secure bonds with young children.

The First Lady of Siaya County **H.E. Rosella Rasanga** in her remarks maintained that ‘Upscaling Smart Start Siaya’s Nurturing Care model’ in all the counties is imperative. She thanked all delegates for coming to Siaya. H.E Rosella emphasized the role of Data in informing Child Development efforts. As the Patron of Smart Start Siaya’s Nurturing Care for Early Childhood Development (NCfECD) Project, H. E. Rosella expressed great pleasure to witness the County host the 4th national conference on ECD. Starting in March 2018, the NCfECD Project was initiated with the training of the County leadership on ECD, at Harvard University in the United States of America. H.E. Cornel Rasanga Amoth, Siaya Governor led a team of six County Government Officials to the said training.

Smart Start Siaya (SSS) project was the first-ever cross-sectoral initiative for ECD. A social and Behavior-Change Communication (BCC) campaign aimed at increasing demand on uptake of nurturing care in the county, under the office of the Siaya First Lady, has been successfully conducted. H. E Rosella noted that the “Smart Start Siaya” project was scheduled to run for five years, between 2017 - 2022 and has been under the coordination of a Multi-Sectoral Committee bringing together all key players. This Multi-Sectoral Committee championed for and oversaw the Mega launch of the activities of its five-year Strategic Plan. H. E. Rosella also appreciated the buy-in and support of His Excellency Cornel Rasanga, EGH, Siaya Governor throughout the implementation period. She noted that the Fourth ECD Conference provided an opportunity for stakeholders to focus not only on child survival but also on child thriving. H. E. Rosella appreciated the efforts of the ECD Network for Kenya and key partners in ECD for the ongoing support efforts.

She ended her speech by pledging to scale up NCfECD across the Counties, wishing all participants a very engaging experience.

Official opening of the conference

H.E. Cornel Rasanga Amoth, Governor, Siaya County: *Official opening delivered by Chief Guest, H. E. Deputy Governor Dr James Okumbe, Siaya County*

The Chief Guest in his address pointed out that, Siaya County has a land surface area of 2,530 meters squared with six sub-counties and 30 administrative wards. The County has a total human population of 993,165 according to the Kenya National Bureau of Statistics, 2018. Siaya County also has about 250,698 households which have 238,359 women of reproductive age. With 182,669 children being below five years, Siaya County has 684 public and 357 private Early Childhood Development Education (ECDE) Centers to provide education for this important segment of our population. Notably, the County Government of Siaya has fully constructed 348 of these ECDE Centers. Siaya County has an ECDE population of about 90,000 children. Investing in Early Childhood Development (ECD) has been a priority in the County since the advent of Devolution in 2013. Initially, the investments in the ECD sector were focused on construction and renovation of Health facilities to increase access to Maternal and Child Health Services; constructing and equipping preschool centres, recruitment of Preschool Teachers, scaling up the school feeding programs and improving road networks among other child-sensitive investments. In late 2017, reviews from various data sources revealed that despite several investments to improve childhood development and reduce child mortality, there were very minimal gains made. H.E. Amoth's team made efforts to reach out to the Hilton Foundation to request support for the training of the county leadership on Leading and Scaling Early Childhood Development Initiatives.

In April 2018, a team from Siaya including H.E. Governor Rasanga attended training at Harvard University where they learnt about Leading and scaling early childhood initiatives. Since then, there has been a high momentum in scaling up nurturing care in Siaya County. Thereafter, the County launched the Scale-Up of NCfECD as a Flagship program within Siaya and has continued to promote early childhood programs and provided leadership at the very highest levels of the County leadership with The First Lady H.E Rosella Rasanga as the County Nurturing Care Patron. The County Government has trained and sensitized Siaya Leaders across the County on the Science of Early Childhood Development (SECD) apart from establishing an all-inclusive Government-led Early Childhood Development Multisectoral Coordinating Committee. The County Government of Siaya also passed a Cabinet Paper committing a heavy investment of resources in ECD, to ensure the sustainability of the efforts, have anchored NCfECD in the Siaya County Health Act (2020) and are currently drafting a relevant policy document to include the school feeding program; build the capacity of frontline Healthcare Workers and CHVs and also Preschool teachers on Care for Childhood Development (CCD) and have envisioned Nurturing

Care for the next five years through the Nurturing Care for ECD Strategic Plan (2020 - 2025). Over 600 ECDE instructors have been recruited with a further 200 ECDE instructors about to be recruited. Ensuring that all our ECDE centres are equipped with teaching and learning materials, and indoor and outdoor play equipment was underway.

H.E. the Governor is committed to prioritising investments towards ensuring that all children in Siaya not only survive but also thrive and realize their full developmental potential. He added that his government would collaborate with supporting partners and take lead in supporting other Counties to scale up ECD in Kenya. This would include a national platform of the Council of Governors to ensure that all children in Kenya develop to their full potential. H.E. the Governor added that he would continue building on the gains made so far to prioritize investments in ECD, enabling Siaya County to regain its Glory of being the source of academic heroes: the model County where others would learn from, that is, a living University of ECD initiatives. Through support from Hilton Foundation, H.E. the Governor noted that his team had already started the process of engaging the leadership of the LREB to plan for scale-up of NCfECD across the counties. On behalf of H.E. the Governor, H.E. the Deputy Governor thanked the organizers of the Fourth National ECD Conference for choosing to hold the Conference in Siaya County despite the emerging challenges related to COVID-19.

He then declared the conference officially opened and launched officially, ECD Network for Kenya's 2021-2025 Strategic plan. Click to view the session here: [2021-2025 Strategic Plan](#).

CONCURRENT BREAKAWAY SESSIONS

1.1. [COVID-19 AND CHILDCARE](#), TEEN MOTHERHOOD AND THE PLIGHT OF CHILDREN OF TEEN MOTHERS

Breakout Room 1; Chair: Dr Hudson Ouko, Kenyatta University

Rapporteur: Penina Nyamori

1.1.1. The rollout of m2m services to support nurturing care for young and vulnerable children in Kenya during the COVID-19 pandemic. *Charles Muruka, Melissa Wallace, Fiona Burt, Ann Marjorie Mbule and Kathrin Schmitz*

Charles Muruka of Mother2Mothers (M2M) gave a brief on the m2m e-service noting that it is a virtual service delivery model developed to complement limited peer face-to-face services within a Health facility and the community. It includes Peer via phone Services and Virtual Mentor Mother Platforms (VMMP) administered Platform through WhatsApp platforms. He mentioned that m2m had has 908 high-risk registered clients. Out, of these 547 clients consented to Peer via Phone Services, with the consenting rate at 60%. The phone call success rate was 4,632 (92%)

while the unsuccessful rate was 413 (8%). Between January 2021 and September 2021, VMMP number gradually increased from 96 to 1,692,1692.

In terms of implications for policy and practice, Charles Muruka maintained that m2m e-services were a feasible and scalable service delivery model for reaching vulnerable populations during epidemics and normal times. He added that the adoption of e-services at scale can empower a significant proportion of the population and contribute to child development, SDG 3 on healthy lives and wellbeing for all and Universal Health Coverage.

1.1.2. Community Health Volunteers adopt strategies to help children thrive amidst the COVID-19 pandemic. *Miruka R., Oyugi B., Omedo D., Obong'o C., Oyugi A., O. Kadenge, O., Odero L., Ungadi J., Atieno J., & Burudi, C.*

Linda Odero of PATH pointed out that Community Health Volunteers (CHVs) have had to adopt strategies to help children thrive amidst COVID-19 by supporting the implementation of the National 2019 Novel Coronavirus Contingency (Readiness and Early Response) Plan in Siaya County - COVID-19 surveillance and response efforts. They have also supported the continuity of essential health services for children and their caregivers. She added that there was training and mentoring of CHVs to integrate COVID-19 services into ongoing NCfECD services and monitoring of child development milestones. Concerning pre-COVID-19, Linda mentioned that there had been the integration of counselling and play at the play corners during routine clinic visits and that integration of NCfECD - routine counselling - was conducted during the home visits.

Linda further added that one of the effects of the COVID-19 pandemic on the delivery of integrated community NCfECD services was that there occurred a disruption of routine community health services. For example, CHV's tasks mainly shifted to COVID-19 surveillance. Thus, quality interactions and demonstration activities at the household level were abolished by the need to keep social distancing. She pointed out that CHVs have adopted new strategies to support child development while minimizing cross-infection: by sitting outside the house during household visits, supporting families to have functional handwashing facilities, encouraging families to make and use their play items for age-appropriate stimulation activities, demonstrating stimulation activities without physical contact; helping caregivers conduct a return demonstration, and by conducting health talks; they require caregivers to carry from home their play items and use them during health facility visits.

Linda concluded that the context of CHV's work made it quite difficult to enforce some COVID-19 prevention measures; physical greeting, handling the Mother and Child Handbook, holding babies. She recommended that rapid response teams should be established and operationalized in facilities and community settings. CHVs should be supported adequately with recommended Personal Protective Equipment (PPEs) to discharge their duties. Further, the tools used by CHVs

including counselling cards should be made bigger to allow for visibility when used at a distance, to allow for social distancing.

1.1.3. Home learning in the context of COVID-19: A Case of the Madrasa Early Childhood Programme - Kenya (MECP-K) - Barke Ramadhan and Everlyne Okeyo

Barke and Everlyn pointed out that MECP-K had committed to support early years educators, families and children when the government ordered the closure of all learning institutions. In collaboration with county governments and other partners, MECP-K developed innovative approaches and adapted existing programming based on a suite of resources developed by the Aga Khan Development Network (AKDN) - i.e., a Cyclic Model with the learners at the centre. They revealed that before this, MECP-K conducted rapid assessment surveys to establish stakeholders' concerns, challenges and opportunities owing to the pandemic's impact on health and education. Findings from their study indicated concerns around reduced learning opportunities for children and parents' uncertainties about how they could support children's safety and learning during the school closure period.

Barke and Everlyn mentioned that MECP developed key messages to support pre-primary children's home-learning through engaging 90 ECD champion teachers who in turn worked with 10 parents each. The messages were shared virtually between teachers, parents and children reaching a total of 857; 95% of the targeted parents. They added that posters on health messages were developed, printed and distributed amongst communities that had limited access to mainstream media channels. They concluded by stating that MECP-K worked with 20 selected Madrasa Resource Training Institute (MRTI) alumni teachers and developed more than 100 teaching and learning resources to support home learning during the pandemic period and beyond.

1.1.4. Teen Motherhood and the plight of children of teen mothers: Integrating Responsive caregiving into DREAMS project in Siaya County. Miruka R., , Oyugi, B., Omedo, D., Obong'o C., Oyugi A., Kadenge, O., Odero, L., Ungadi, J., Atieno, J., & Burudi, C.

Miruka et al in their presentation argued that children born to teenage mothers are more likely to have challenges reaching their full developmental potential. Determined, Resilient, Empowered, Aids-free, Mentored and Safe (DREAMS) is a project targeting adolescent girls and young women (AGYW) aged 15-24 with a package of interventions to reduce their risks for HIV and cases of Gender-based violence and is implemented in Siaya County by Impact Research and Development Organization (IRDO). Previously, AGYW with young children would leave them under the care of their old grandmothers while they attended sessions at the safe spaces. PATH collaborated with IRDO to train AGYW accessing DREAMS group-based services on childcare and stimulation to improve their knowledge and practices on responsive caregiving. The training empowered AGYW with knowledge and skills to make play items and interact with their children through age-appropriate stimulating activities. The AGYW now bring their children to group sessions and have designated play spaces with assorted play items for the children. This has improved retention in

DREAMS group activities and enabled them to monitor their children's development using simple developmental milestone charts.

According to the presenters, collaboration is necessary among stakeholders in DREAMS projects to help children who are already at risk of poor development to thrive to reach their full developmental potential. Enhanced partnerships would enable access to integrated services for adolescent mothers and enhance growth and development for their children.

1.1.5. Understanding and impacting Early Childhood Development knowledge, attitudes and practices among teenage mothers and caregivers in Kenya. *Shujaaz - Dr Anastasia Mirzoyants, Head of Knowledge and Learning, Norah Kopi, Qualitative Research Coordinator, Joyce Wanjeri, Account Manager*

The Shujaaz team in their presentation revealed that Kenya reports that 22% of rural and 13% of urban girls give birth by the age of 18. Yet, teen mothers are misunderstood and mistreated by their communities: stigmatized, excluded from social activities, denied services, and in extreme cases endure emotional and physical abuse. Shujaaz Inc and Kays Foundation partnered to deliver a media-driven action research campaign to understand the experiences, knowledge, attitudes and practices of teen mothers and identify effective persuasive techniques to engage them and their communities in social and behaviour change. The lesson learnt was that the hostile social environment taints the experiences of young mothers, and makes their ECD journey typically traumatic. Using the findings, Shujaaz Inc implemented a year-long holistic media campaign addressing ECD via a three-pronged approach: recognizing/validating the experiences of teen mothers, celebrating positive parenting practices through relatable role models, and motivating other youth to support young mothers in their communities.

1.1.6. Early years care and education in the face of COVID-19 pandemic: A case of Kakuma refugee camp in Kenya. *Dr Ogogo Joyce and Dr Ouko Hudson, Department of Early Childhood and Special Needs Education Kenyatta University*

Dr Hudson Ouko noted that the Coronavirus pandemic has impacted negatively on Early Years Education particularly in the hard-to-reach areas including refugee camps (Kakuma and Dadaab) and the surrounding communities. The study conducted in Kakuma focused on gender inclusivity and access to quality early years' education.

Dr Ouko, in their presentation, revealed that there was a dire situation with the children of Turkana, Samburu and their neighbourhoods. These children scramble and struggle for handouts while the ladies are engaged in table banking to earn a living. He noted that young children deserve a quality education and psychosocial support. He added that UNICEF is training ECD teachers, however, there is a need for service providers to cooperate to enhance quality inclusivity in early learning. He reiterated that their study revealed that learners were ready to learn but were resource-deprived on teachers, learning materials and classrooms. COVID-19 had worsened the health and education

systems in this region, too. Dr Hudson concluded that there was a need for research to promote Early Years education and lifelong learning as that is every child's right, irrespective of their circumstances. The study findings may inform policy by advising the government on the benefits of homeschooling, particularly virtually.

1.1.7. The COVID-19 pandemic disrupting nutrition intake: Nutrition response to malnutrition among children under three years in Ugenya, Siaya county. V. Omondi. O. Kambona

Veronica Omondi in her presentation pointed out that COVID 19 Pandemic has disrupted the nutrition intake. She shared about the Nutrition Response to Malnutrition among children under three years in Ugenya, Siaya County. She mentioned that Siaya county had a stunting rate of 24.7% and a wasting rate of 4.7% that deteriorated further during the COVID-19 pandemic. She noted that there were increased poverty rates and household's food insecurity due to Government policies and preventive COVID-19 related measures. These disrupted market accessibility and availability of food products and further, loss of livelihoods and inaccessibility to seeking Healthcare and treatment in health facilities, thereby reducing malnutrition identification rates.

Veronica highlighted the methods used as the introduction of play-based interventions to support developmental responses and results realized. Anecdotal and informal observations revealed that caregivers were willing to learn to do the best for their children to develop well. Also, that in food-insecure homes, regardless of the educational level of the caregiver, children took longer to respond to the play-based interventions. Veronica concluded that it was critical to support vulnerable households during a pandemic to support child development and health. Their experience showed that sensitization and demonstration of the power of play had a profound effect on caregivers' ability to support play and thereby respond to children's developmental needs, leading to better health outcomes.

1.2 CHILDCARE IN THE URBAN INFORMAL SETTINGS

Breakout Room 2 (Chair, Dr Roseline Olumbe, Daystar University)

Rapporteur: *Bernard Ashiono*

1.2.1. The effects of mushrooming daycares on holistic child development in the informal settlements, Kajiado County. Allan Ragi; Stephen Ikonya; Jack Ndegwa; Peter Kamau; Charity Wachira

The study aimed at assessing and documenting the effects of the mushrooming childcare centres on holistic child development in the informal settlements of Kajiado East. The study was conducted in three sites: Isinya ward, Kitengela ward and Oloosirkon/Sholinke wards. A mixed-methods approach was used including in-depth interviews of key informants in the surveys. The

study found that 81% of the childcare facilities were informal and unregistered, the caregiver-to-child ratio was very low and didn't have enough play materials. Another finding was that most of the caregivers lacked skills and capacity on care, nutrition and childcare management and the space in the centres lacked clean water and basic hygiene facilities. The study had two key recommendations: First, the sensitization of employers on breastfeeding at the workplace, and the urgent need for providing childcare facilities. Second, the development and dissemination of a Bill dedicated to childcare services in Kajiado County to relevant stakeholders.

1.2.2. Engaging caregivers to enhance the achievement of desirable learning outcomes for children with disabilities in low resource settings. *Maria Omare*

The Action Foundation's Baseline Study (2020) on Caregiving and Safeguarding for CWDs in urban informal settlements found that CWD enrollment at a dismal 12% in eight (8) regular schools in Kibera and Kawangware. A survey conducted in 2014 by the VSO Jitolee, established that there were more children with disabilities (CWDs) out of school than those without disabilities. The survey also found home-based and systemic factors that hindered CWDs' school attendance, the persistence of stereotypes, misconceptions, stigma and discrimination towards children with disabilities in the schools and community. There was an engagement of caregivers to enhance the achievement of desirable learning outcomes for children with disabilities in Kibera and Kawangware using Education Above All's Activity Bank for Disabilities. Caregivers/parents of children with disabilities were found to contribute significantly to a child's learning and well-being. Thus, partnerships with principal caregivers enhanced the likelihood of children having positive and successful health, development and learning experiences.

1.2.3. "Kuishi na Kustawi" - Transforming early childhood development outcomes in Korogocho slum, Kenya *Jimiya Kome, and Maryclare Nyore*

The overall goal of 'Kuishi Na Kustawi' project initiated by **Terre des hommes (TDH) Kenya** was to transform ECD outcomes in Korogocho. The project seeks to improve holistic nurturing for young children, especially girls, through three interlinked outcomes: Centre-based development: which entails improving the ability of ECD centres and their staff to respond to the development needs of children aged zero to six (0-6); Support parents/community stakeholders to promote optimal and nurturing care and influence policy choices of the local and national child development service providers to prioritize ECD. Jimiya noted that the program targets three groups: 1,800 boys and girls aged between zero to six (0-6) including those living with disabilities, 100 ECD centre staff and, 600 parents, particularly fathers.

Major program activities included building the capacity of ECD staff, improving the standards of the centres; developing tools to support ECD staff in teaching and learning such as self-reflection tool; establishing referral pathways between child protection, education and health services in ECD centres, to identify critical/vulnerable cases and conducting positive parenting sessions to improve

parenting skills through modules on child development, positive discipline, parenting choices, and providing the required supporting resources.

1.2.4. Challenges facing children in urban informal settings and their effect on early childhood development *Linet Kaloki*

The study conducted by Kidogo aimed at focusing on children aged between zero to three (0-3) years. The purpose of the study was to establish the challenges that children in urban informal settings face which affect their achievement of full development potential. The childcare crisis in Kenya's urban informal settlement, where nearly 60% of the population resides, is limited to options for affordable and accessible childcare services. The greatest challenge facing children and caregivers was extreme poverty which undermines caregivers' ability to provide nurturing care and environments that are responsive, safe and stimulating to their children. Young children aged zero to four (0-4) were left in one of the 3,500+ 'informal' childcare centres leading to children missing out on a good start to life, lacking proper nutrition, healthcare, and access to quality early learning opportunities. This leads to effects that last a lifetime including stunted growth, low level of skills necessary for working in life, limited future productivity and risk of a cycle of poverty and that the neglect of children leads to failure in building human capital necessary for global development. Quality childcare is hindered by the lack of proper sensitization on its importance and lack of resources to facilitate safe and stimulating environments for children.

Recommendations of the study were that stakeholders should invest in quality and affordable nurturing care facilities, provide food for the severely malnourished groups, social protection in form of cash transfers/economic support to vulnerable caregivers, provision of information packages on childcare, child abuse, how to stimulate and proper nutrition.

1.2.5. Using IDELA approach for ECD learners' assessment. *Bentinck Ochieng (M&E Coordinator), Patrick Ooko (ECD Coordinator) and Irene Wali (CP and Education Specialist) Save the Children International*

Bentinck Ochieng in his presentation revealed that IDELA was a play-based assessment tool designed for children aged three to six (3-6). He noted that it takes about thirty minutes per child and includes 24 core items that cover four developmental domains together with learning approaches and aspects of self-regulation. The purpose of the study was to establish children's school readiness when schools reopened after closure, due to the COVID-19 Pandemic by examining their physical skills, emergent language and literacy skills, emergent numeracy and problem-solving skills, social-emotional skills, and their approaches to learning.

Bentinck presented the key results which indicated that 96% of children assessed, correctly mentioned their first and last names, but only 50% knew their correct ages. Children's skills in identifying numbers were relatively low: 48% of the children could not identify the number 12 for example. On emotional skills, 68% of the children identified things that made them sad, and 67%

identified one way to deal with their sad feelings. On story comprehension, 93% of the children correctly reported who stole the cat's hat but only 84% correctly stated the colour of the hat. He added that the assessment further employed a health and hygiene data collection tool whereby the children's knowledge of at least three critical times that hand washing was necessary was rather low with approximately 18% reporting before eating, after going to the toilet and after playing. Overall, he noted that nearly all children were motivated to complete the tasks. To maintain the children's curiosity and interest, Bentinck recommended that parents and teachers enhance children's learning by playing interesting games involving storytelling, basic literacy and math.

1.2.6. Parental employment and holistic child-rearing practices: Parental perceptions from an urban informal settlement. *Stella Ndugire Mbugua (Daystar University, AfECN), Dr Roseline Olumbe (Institute of Child Development, Daystar University), & Dr Ruth Walioli (Institute of Child Development, Daystar University)*

Stella in her presentation revealed that one in five children under age five (5) lacks adult nurturing for at least an hour, weekly. Many parents are unconscious that employment can negatively affect the quality of caregiving and subsequently, child outcomes (WHO and UNICEF, 2020). The study conducted in an urban slum, Babadogo during the COVID-19 lockdown period, sought to find out the perceptions of parents regarding ways employment affects their child-rearing practices. Through descriptive design, Stella conducted interviews to elicit parents' perceptions on child-rearing. Employed parents of children aged below six years formed the target population of 600, purposely sampled at 15% calculated using Fisher's formula: 83 household respondents and 84 caregiving environments for observation. Null Hypothesis testing found a significant association between parental employment and child-rearing practices. Parents voiced the need for holistic shared assistance from others whether unpaid childcare (from a spouse, workplace onsite creches and extended family and friends) or paid (daycares) adding that they first needed to be whole and psychologically well to effectively rear children, reflecting Gessel's (2019) who revealed that shared caregiving was beneficial to fathers improving physical, mental, and sexual health and reduced risk-taking. Most, 78.3% of the parents perceived their children as being very safely cared for while working and observations of 57 parent-child dyads of interaction were found stimulating for young children. The study concluded that employed parents were intentional about childcare during workdays but had more nurturing time on weekends at home during the lockdown period. The study recommended that working parents in marginalized settings: to prioritize early skilled nurturing, replicate shared caregiving at household levels and negotiate for social and workplace supports; Employers to scale-up supportive best practices for employees and provide quality onsite child-care services; Civil Society to design programs targeted at influencing parents' behaviour and ensure child development interventions ride on existing structures for sustainability.

1.2.7. Can tech-enabled distance learning work in lower-income settlements? *Chepkoech Faith and Mildred Obuya*

Tiny Totos is a program tailored to upgrade standards in the informal childcare market so that children can receive quality care. A monthly distance learning program is employed, consisting of

low- and high-tech components, monthly play-based learning packs, daily education and nutrition texts; short focused weekly training video clips; WhatsApp content to parents; bi-weekly radio shows; YouTube free training content and free phone call 24-hour support service.

The study was conducted to establish whether tech-enabled distance learning could be tailored to low-income families, be embraced by parents and have demonstrable impacts on child development. The objectives of the study were to identify evidence of use and impact of learning programmes at home and in open daycares, to inform and improve monthly learning content, track children's progress and development and actively engage parents in child development. About 1000 children aged between six months to four (4) years who received distance learning support were randomly selected to track their development outcomes in two assessments, conducted three months apart. Data collection was mainly conducted through phone interviews. The study findings revealed that Home-based distance learning could play an important role in child development. This is so particularly when it is complemented by centre-based, in-person learning. The group interaction was found to be key for children but also managers and mothers in the Tiny Totos network.

1.3. THE NURTURING CARE FRAMEWORK / CHILD CARE IN DIVERSE RELIGIOUS AND CULTURAL SETTINGS /PROTECTION AND SAFETY IN CHILDCARE

Breakout Room 3 Chair: Linzy Nyamboki, Build Africa

Rapporteurs: Janet Ndeto, Sally Moraa

1.3.1. Childcare and Safety for Children accompanying their mothers in Prison and Children in the Juvenile Justice System. *Christine Odera, Jane Kuria*

Lang'ata Women's Prison in Kenya has the most inmates compared to other female prisons in Kenya. Therefore, many children are living with their incarcerated mothers. Faraja Foundation, an NGO, has built a modest ECD centre inside the prison to support the nurturing of these children. The question of defining who a caregiver is was discussed. It was deliberated that a mother is the first caregiver a child has before he/she starts school. Structured learning begins at four years and therefore mothers are the primary caregivers a child has between the ages of zero to three.

The inmates supporting daycare services, wardens, health officials teaching the mothers on suitable nutrition, and proper breastfeeding are equally caregivers in the prison system. The discussion resolved that there are gaps regarding support and care for children accompanying their mothers in prison that should be addressed.

1.3.2. Community participation in the delivery of holistic and inclusive early learning and education in rural areas of Gilgil Sub-County-Nakuru County. *Linzy Nyaboki, and Aron Mativo*

Linzy Nyaboki highlighted the challenges that young children with disabilities face: inclusion and access to early learning programs. According to her, the project was geared towards building the capacity of the parents through monthly sessions by building their skills on how to attend to their children in the early years and giving emphasis on the critical role played by government officials as key partners in supporting the capacity building process. She added that the prominent interventions in this project were based on three elements: Parental skills-building, livelihood projects and capacity building of the children. She elaborated on the strategies applied like the production of training manuals on Early learning and development using play emphasizing the importance of supporting human growth and development. This impacted the community by increasing the knowledge on responsive caregiving using play. The project interventions, particularly the Community sensitization sessions that are conducted monthly were found to improve the provision of ECD programming in Nakuru county. Coordination of government and community capacity building to the parents was also found critical for improving access to early learning for children with disabilities.

1.3.3. Early Childhood Development Programming: Bridging the Spiritual and Material to Support Holistic Human Development. *Anil Khamis, PhD*

Anil's paper presented a critical analysis of the early childhood development programming in Kenya over the past four decades with a focus on the religious and spiritual components of existing curricula. According to Anil such curricula aimed to bridge the material and spiritual development needs of children and offer lessons to other faith-based communities. Principal debates and issues underpinning the process of curriculum development and the resources, pedagogical approaches, and training needs to mount an integrated curriculum were discussed. Anil highlighted the need to improve children's life chances based on empirical research of child development whilst grounding children in their traditions, values, and heritages spanning from their cultures and faiths.

1.3.4. Inclusion and aspects of child protection: A case study of Nyota care Dandora, Nairobi Kenya. *Janet Ndeto Mwitiki*

Janet Mwitiki gave a brief overview of the relationship between safeguarding child rights and inclusion. The vulnerability of children with disabilities to abuse came up, and the power of play in stimulating learning for these children was emphasized. The key issue addressed by Janet's presentation was the relationship between nurturing care and the model used by Nyota Care in promoting inclusion in the ECD programs in Dandora and Kibera. She pointed out how the model of inclusion, play and protection have had a significant impact on these children, primary and professional caregivers. She mentioned that the purpose of this project was to sensitize the community in addition to the co-learners in changing their perception regarding children with

disabilities who had been placed in regular ECD programs. Janet maintained that there was a need to sensitize the community on matters related to children with disabilities, encouraging them to enrol such children into learning institutions. The need for linking policy developers with the implementers was found vital in ensuring process success since early identification enables access to early intervention support.

1.3.5. APHRC PANEL PRESENTATION; CHILDCARE IN URBAN INFORMAL AND DIVERSE CULTURAL SETTINGS

Chair: Kenneth Okello

Rapporteurs: Regina Mwasambo

Title: The effect of the Kidogo COVID-19 response model on childcare provision in urban poor settings in Nairobi: Lessons for the ‘New Normal’ and beyond

Ruth Muendo in her presentation observed that Kidogo early years’ COVID-19 response model was conducted in urban informal settlements. The interventions ran for four months in 2020 during the COVID-19 pandemic. The impacts of COVID-19 were severe due to parents’ dependence on casual work and using daycare centres as places of childcare while they worked. There were gaps in quality-of-care provision that affects the participation of parents in paid work. In response to this phenomenon, Kidogo piloted a three-pronged approach that consisted of play packs for childcare, a WhatsApp platform for caregivers and conditional Cash Transfer (CT) for Mamapreneurs/daycare service providers.

She added that the objective of the study was to assess the feasibility and effects of the Kidogo model on childcare provision, to document lessons learnt during the COVID-19 pandemic and the ‘New Normal’. The study design was pre and post-intervention with the retrospective study. A total of 231 caregivers and 87 Mamapreneurs were enrolled at the start of the intervention and 184 caregivers and 87 Mamapreneurs continued through to the end. For the results, she noted that Knowledge Attitudes and Practices (KAP) questionnaires were used with positive results for Mamapreneurs. The WhatsApp platform for learning and interaction of caregivers had positive results for post interventions competence/knowledge. No significant change was realised in caregiver practices and interaction with children. The parental stress index did not have a significant change as well. The findings showed significant value for Mamapreneurs’ situation as revealed by the difference between pre and post-intervention. However, the intervention did not have a significant effect on caregivers’ knowledge, practices and parenting stress. Additionally, no significant effect on caregiver-child interaction outcomes across the five domains of development was found.

1.3.5.1. Improving the quality of childcare centres through supportive assessment and communities of practice' in informal settlements in Nairobi. APHRC

There is a high demand for centre-based care as more women engage in paid work. Informal daycare centres have been set up to meet demand and due to the high demand, many women have initiated informal daycare centres in their households. However, centre caregivers are untrained, lack tools, centres face poor sanitation conditions and the quality of services are generally poor. Children are at risk of contracting the diseases and facing poor growth and development outcomes. The study objective was to co-design and test the feasibility of a system for supportive assessment and skills building of day-care centre providers, with the long-term vision of improving the quality of paid day-care for children in poor urban settings. The team worked with 20 CHVs and other stakeholders and had pre-intervention using a phased approach. The team settled on four modules to train CHVs with Kidogo undertaking the training, and CHVs as Trainer of Trainers (TOTs) for the centre providers. The modules included learning through play, Child Protection, health WASH and record-keeping and business administration. Data collection is currently happening to assess Knowledge, Attitude and Skills (KAS). The KAS of centre providers has improved, but there is a need for daycare providers to be trained on ECD. High levels of poverty exist, thus needing urgent interventions urgently. Key recommendations include scaling up the interventions because the need for daycare centres is real in informal settlements; need for a policy for the regulation of daycare centres. After data collection is completed, evidence gained will be used to further refine the interventions; Community of Practice (all stakeholders) are needed and support supervision for CHVs might provide potential solutions.

1.3.5.2. Exploring the childcare market in Mukuru Slum: The Nairobi Early Childcare in Slums (NECS) study

Silas Ongango in his presentation noted that NECS study was an ongoing project happening in Mukuru informal settlement partially located in Starehe and Embakasi and that growing informal settlements were creating adversities for children well-being. He observed that there was an emerging use of paid childcare centres which are of poor and low quality. Currently, there is limited evidence on how and where to promote nurturing care in these centres. Among the objectives of the study was, to understand the use of paid childcare (and other strategies) in Mukuru, Nairobi, and to determine what parents and child characteristics are associated with these 'choices' and to document the provision of paid childcare in Mukuru (spatial distribution, size and operations) and to assess its quality. Onyango presented the results of the study which showed that 64% of these centres were privately owned, the majority of the care providers had no professional training or ECDE certificate, majority of the care providers were women, the centres operated for five to six (5-6) days a week. He added that the study impact is the understanding of the current situation and it offers considerable potential to both inform existing intervention programmes, and to support the development of new ones.

1.3.5.3. Caring practices and support for early childhood development and learning among nomadic pastoralists: Key lessons from stakeholder engagement activities. APHRC

Over 66% of children in sub-Saharan Africa are at risk of poor development. Nomadic farmers, constituting 14% of Kenya's population have particular/specific early learning needs because of

their semi-nomadic lifestyles and the low socio-economic status of women. The project sought to understand the ECD/caregiving practices/support among the Maasai (nomadic farmers) in Kenya. Findings from this study will be used to support the development of a community-based ECD programme fostering optimal development for children until they are aged 36 months. The project sought to ensure impact/co-evolution of the research by working closely with the Ministry of Health/County Health Department to generate evidence on: Maasai support practices for ECD and early learning; how this support can be used for interventions; and, how existing Kenyan ECD interventions would need to be adapted to support the nomadic pastoralists. A multi-stakeholder engagement meeting was held to explore areas of synergy and support. The project will provide information on the linkage between the components of the nurturing care framework and the Baby-Friendly Community Initiative (BFCl). Policy stakeholders are open to collaborate and explore synergies with development partners and non-governmental organizations in the generation of evidence to inform their actions including policy formulation and implementation and monitoring the progress of existing programs/initiatives. Involving the stakeholders in our programming is key and a pathway to ensuring their voices/ needs are incorporated into the research and for buy-in.

1.3.5.4. Community Perceptions and Practices of Early Childhood Development in an Urban-poor Setting in Nairobi: Uncovering contextual Drivers beneath Poverty. APHRC

According to Elizabeth Mwaniki, caregivers in low-income settings face many challenges, among them, poverty, low education levels, and adolescent mothers/young mothers below 25 years of age who are inexperienced in providing caregiving for children aged zero to five (0-5) years. She mentioned the objectives of the study which were: to understand the ECD knowledge, attitudes and practices in an urban-poor setting in Kenya and to explore the contextual factors that drive community perceptions and practices of ECD in these settings. Results of the study were divided into four major themes including community knowledge and perceptions of ECD, community perceptions of children's needs, community practices in providing nurturing care and stimulation and barriers to meeting children's needs. Some of the barriers were poverty and economic pressure, lack of accurate information, cultural/religious beliefs and practices, gender roles in parenting, limited focus on child development in assessments, family conflicts, and single parenthood.

Elizabeth pointed out that caregivers used harsh discipline strategies such as canning, pinching, hitting children although regulation against corporal punishment was being used on younger children. CHVs reported that it was normal for caregivers to scold children. Elizabeth recommended that there was a need for ECD awareness among CHVs and caregivers and that interventions for improving attitudes and practices should address barriers beneath poverty and include addressing ignorance, misconceptions, religion in addition to cultural beliefs and practices.

1.3.5.5. The feasibility and effects of a mobile phone technology for optimizing, tracking and responding to children's developmental progress in Korogocho, Nairobi, Kenya: Findings of a quasi-experimental study

Presenters: Margaret Nampijja, Elizabeth Mwaniki, Ruth Muendo, Silas Onyango, Maurice Mutisya, & Patricia Kitsao-Wekulo

Dr Margaret Nampijja noted that global data on children at risk of not achieving their developmental potentials was alarming. She revealed that that parents need to be supported to provide stimulation and monitoring of child development. She stated that the study objective was to develop and test the feasibility of using mobile phone technology to optimize, track and respond to children's developmental progress. She further reported that the mixed-method approach of having intervention and control arms with buffer village was used to minimize contamination. The benefits realized were that phones provided ECD knowledge and skills, enabled real-time monitoring and stimulation, was simple, easy and convenient to use, and it was low cost to access everywhere and provided a better ECD monitoring option. She however observed that there were challenges faced which included phone ownership, phone number sim replacement and loss of sim cards.

She recommended that mobile phone-based child development monitoring was feasible, the mobile platform had the potential to improve caregiving practices and child development and that there was a possibility of scaling up to a wider population.

1.4. POLICIES, GUIDELINES, REGULATIONS AND FINANCING IN CHILDCARE SETTINGS

Breakout Room 1: Chair: Leonard Chumo, Uthabiti Africa

Rapporteurs: Sally Moraa

1.4.1. Systems strengthening approach to scaling up Nurturing Care for Early Childhood Development; Smart Start Siaya initiative. *Dr Elizabeth Obinge Omondi (PhD)*

According to Ken Oruenjo, the Smart Start Siaya initiative brings together a diverse array of actors, including government decision-makers, civil society organizations, health facility staff, pre-school teachers, community leaders, and local champions. He mentioned that the initiative looks at every entity from the point of “a glass that is half full” and thus emphasizes strengthening systems and structures. The model is a government-led, evidence-based, and multi-sectoral approach committee riding on every opportunity and every available platform. He stated that the county speaker, religious leaders and MCAs were trained on childcare.

Some of the achievements of the Smart Start initiative included Nurturing Care for ECD that is enshrined under the County Health Act, and components of Nurturing Care for ECD in all departments, ECD-flagship project in the County Investment and Development Plan (CIDP) with

the governor (H.E Cornel Rasanga) at the steering wheels and the County First Lady as the Patron. He concluded with a quote, “If we change the beginning of the story, we change the whole story.”

1.4.2. Priority Setting for Early Childhood Initiatives: Analysis of policies, guidelines and financing across Lake Region Economic Bloc counties in Kenya. *Dr Elizabeth Obinge Omondi (PhD)*

Ken Oruenjo who made the presentation posed and answered two questions to start his presentation, ‘What is ECD?’ and ‘What is Nurturing care for ECD?’ Early Childhood Development refers to the cognitive, physical, language motor, social and emotional development between the ages of zero to eight (0-8) years. Nurturing care is characterized by a caregiving environment that is sensitive to children’s health and nutritional needs, responsive caregiving, emotionally supportive and developmentally stimulating and appropriate, with opportunities for play, exploration and protection from adversaries. Nurturing care is important for everyone and is especially important in the earliest years of a child's life from age zero to three (0-3) years as this is a period of rapid brain development that sets the foundation for later health and wellbeing.

Ken maintained that the reason for investing in the Nurturing Care for ECD was that the future of any society depended on its ability to foster the health and well-being of the next generation and that today’s children would become tomorrow’s citizens, workers and parents. He mentioned that these children would set priorities to build efficient, responsive and resilient systems. It aims to provide the best use of financial and other resources in line with population value choices, needs and demands.

1.4.3. Collaborative action to invigorate steady policy and regulatory framework for childcare in Kenya. *Leonard Chumo, Asayya Imaja Joyce Wesonga and Gladys Muthara*

Joyce Wesonga in her presentation pointed out that the collaborative action for child care in Kenya was the umbrella Initiative by UTHABITI Africa which exists to accelerate the growth of Early Childhood Care and Education in Kenya. The Collaborative Action for child care in Kenya brought together an ever-growing number of partners engaged in advancing quality ECCE in Kenya. She mentioned that they had partnered with APHRC, ECD Network for Kenya, UNICEF, Global development incubator, and Kidogo Early Years. Joyce added that the objectives of a collaborative Action which include: to share learning and networking, policy advocacy on children focused workforce, improving coordination among local actors, increasing access to research and information sharing.

Some of the findings she mentioned were that there is insufficient funding for local organizations, and this is a hindrance to collaborations and more, COVID-19 restrictions have hindered the implementation process and finally, incentives and innovations are needed to increase financing for the sector.

1.4.4. The state of the early childhood care workforce in Kenya: Preliminary findings and insights. Gladys Muthara, Sofina Merinyo, Tracy Koske, Asayya Imay, Joyce Wesonga, Sharon Macharia, and Masheti Masinjila

Sofina Merinyo pointed out that the study sought to investigate the challenges faced by female Early Childhood Care workers in Nairobi, Kisumu and Mombasa. She stated that the workforce was composed of women aged 21 to 32 years. The objectives were to document the age profiles of young women working in households and Early Childhood Care Education (ECCE) centres in low-income urban settlements - specifically to assist in taking care of children aged zero to five (0-5) years, to document the challenges facing these workers as they sought employment, and within employment, to propose policy and regulatory reforms necessary to improve the working situations of child care workers in Kenya and make recommendations for policy and practice.

Sofina further gave the findings which indicated that childcare workers had limited access to training and support from government and stakeholders; there was little connectedness between childcare workers in the ecosystem, and a huge gap in the development of the Early Childhood Care workforce in the urban setting. Some of the recommendations were that policies targeting an attractive environment should include salaries within the minimum wage of Ksh. 13,572 and increased investment and education in childcare services. She recommended that a union of caregivers should be formed to facilitate better bargaining power for salaries, consideration of a saving group such as a SACCO and promotion of benefits such as a medical cover to facilitate the improvement of their welfare at the county and national levels.

1.4.5. Strengthening Early Childhood Care and Education in urban settings: Reflections on policy and practice. Asayya Imay Joyce Wesonga, Leonard Chumo and Gladys Muthara

Tracy Koske revealed that the study sought to establish gaps in policy and regulatory reform in Nairobi, Kisumu and Mombasa. The objectives were to document and review existing Early Childhood Care Education Development (ECCED) Policies at the national and county level, specifically focusing on the three counties, to document the gaps that needed to be filled to accelerate ECCE, to make recommendations for the creation of a supportive policy and regulatory environment and to map out childcare services/interventions and understand existing gaps. She mentioned that globally, 350 million children need childcare services but lack access to them. Many governments have policies that support the provision of childcare for example policies on breastfeeding, maternity and paternity leave and child protection policies. She added that over 100 million women work in the informal sector and therefore have to leave their children under alternative care. Tracy mentioned some of the findings, including raising awareness on the need to provide quality ECCED Services and greater demand created by the devolution of ECCED Services. The recommendations bordered on developing minimum standards for quality, alongside minimum standards for training, licensing and certification, in addition to a coordinated multi-

sectorial effort at the county level to ensure sufficient ECCED policies were developed and implemented.

1.4.6. Strengthening Early Childhood Development (ECD) Delivery in Kenyan counties.

Eva Masinde - Programme Manager, Wadzi Katsidzira - Initiative Lead

Eva Masinde in her presentation pointed out that there was growing evidence that investing in children aged zero to eight (0-8) years has significant dividends to individuals, communities and national economies through improved livelihoods, greater workforce participation and growth of the Gross Domestic Product (GDP) growth. She noted the need for a standardised budget for ECDE. Over the last seven (7) years, counties had on average spent 8.4% of their expenditure on Early Childhood Education (ECE). Less than half of the counties (21) had spent more than 8.4% of their total expenditure towards ECE in counties. Further, 70% of Kenya's early learners were enrolled in public institutions which account for 61% of total learning centres. Eva recommended that the initiative proposes to provide comprehensive and tested budget guidelines to enable proper planning and costing for needs in cross-cutting sectors that contributed to ECD Pre-primary schools with the input of both budgeting experts and county government officials. She elaborated that the program would focus on several areas: identifying and prioritizing ECD needs in an efficient, effective and equitable manner.

1.5. CHILDCARE AND WOMEN ECONOMIC EMPOWERMENT, AND MALE INVOLVEMENT IN CHILDCARE WORK

Breakout Room 2: Chair: Carolinda Awour, Lwala Community Alliance

Rapporteurs: Racheal Makena

1.5.1. Improving breastfeeding and nurturing care practices among working mothers in a Kenyan tea estate: The role of C4D. *Betty Samburu (Dr.), Laura Kiige, Susan Jobando, Nicholus Kiriimi, Bridget Job-Johnson and Patrick Codjia - UNICEF, Kenya*

In her introduction, Betty Samburu stated that in Kenya, the Exclusive BreastFeeding (EBF) rates, up to six months of life, was at 61%. Mixed feeding starts early, especially when mothers return to work. The component of nurturing care integrated into optimal nutrition for children is less understood and most working mothers face numerous other barriers to optimal childcare.

She pointed out that the objectives of the study included strengthening support to mothers working in a private tea estate to improve optimal breastfeeding and nurturing care of their children. The model was implemented in a vast agricultural setting by the Ministry of Health (MOH) in collaboration with the African Population and Health Research Centre (APHRC) and Kenya Private Sector Alliance (KEPSA) with UNICEF's technical support. The initiative employed Communication for Development (C4D) to design evidence-informed social and behavioural

change approaches. She added that the intervention targeted pregnant/breastfeeding women and consisted of workplace support policies, day-care centres (crèches) and lactation centres with facilities near the workplace; home-based nutritional counselling for pregnant, breastfeeding women and community members in general, by trained Baby-Friendly Community Initiatives (BFICI) volunteers, in baby-friendly gatherings targeting influencers.

Study findings included two day-care centres for children of working mothers established at the initial stages and an additional two were demand-driven, to support mothers from time of their return to work until the start of pre-school - when their children were aged three. Private breastfeeding rooms were also created next to the daycare centres. The prevalence of EBF improved from 20.2% pre-intervention to 80.8% post-intervention. She concluded with the study implication which was that the experience demonstrated improved breastfeeding rates, nurturing care and demand creation for improved childcare in the community.

1.5.2. Provision of childcare services in rural and remote tertiary institutions to grant vulnerable young mothers an opportunity for economic empowerment. *Emmanuel Ogwel*

Martin Kiveng in his introduction stated that there were over 130 vocational training institutions across Kenya that provided skill-based training to learners including those from vulnerable backgrounds in every sub-county. The aim was to improve their skills and provide economic empowerment to Kenyans. He mentioned UNICEF's (2004) report which indicated that girls' education leads to more equitable development, stronger families, better services, better child health and effective participation in governance. With that in mind, young mothers in the rural areas of Kenya who come from vulnerable backgrounds experienced difficulties returning to their studies. He mentioned that Kidogo conducted a survey targeting students (specifically young mothers with children under three years) and principals in three Vocational Training Centres (VTC) in Obange, Akando and Ahero communities. He stated that among the objectives of the study were to find out the existing childcare options and extent of use by young mothers in the three communities; to establish how childcare affects enrolment, performance and completion rates among young mothers attending VTC and to identify pre-existing expectations of an ideal childcare centre among young mothers in the VTCs.

Study findings were that the majority (about 80%) mentioned they were not aware of any childcare options near them. The implication was that they either stayed with their children at home or carried them wherever they went. The existing childcare options mentioned included: leaving children with neighbours or a non-relative at a fee (Ksh.100 per day, Ksh. 3,000 monthly or leaving children with a friend or sister (if available). In his conclusion, Martin Kiyeng stated that setting up childcare centres was a good intervention as it helped the mothers to concentrate better in their TIVET courses. It also helped the children to receive stimulation in the childcare facilities through the use of child-friendly play items.

1.5.3. Child Care and women in the agricultural labour of Kirinyaga County, Kenya. *Dr Ruth Walioli*

Ruth Walioli emphasized that women made significant contributions to the agricultural and rural economies in all developing nations (FAO, 2011). According to her, evidence shows that women comprised about 43% of the agricultural labour force globally and in developing countries. But the agricultural sector in many developing countries was underperforming, in part because women, who represented a crucial resource in agriculture and the rural economy through their roles as farmers, labourers and entrepreneurs, almost everywhere were faced with several constraints (FAO, 2011). She noted that the key among such constraints was lack of childcare support. She argued that women in the agricultural labour market were carrying a heavy burden as they must combine childrearing with economic activities. Women, therefore, had several roles to fulfil. Her findings were that where the elderly (mainly grandparents) were available, they were seen actively engaging in childcare. Childcare Institutions mainly included preschools. They doubled up as childcare centres. Notably, while 55% of mothers had preschools available to them, only 40% utilized them. She noted that in agricultural labour, motherhood and childcare were one. For those mothers who were married, help from fathers was only in time of sickness and financing of the family. More than 50% of the respondents desired alternative childcare services.

She concluded by stating that the study revealed the need for extension of present services to cater for infants and toddlers and several weaknesses concerning the timing of availability of services and program quality. She recommended that there was the need for reviewing of the operational hours of childcare facilities, need for more supervision of the centres by the quality assurance officials, as well as training of caregivers including house helps on ensuring quality standards.

1.6. CHILD CARE IN HUMANITARIAN SITUATIONS AND CHILD CARE FOR VULNERABLE GROUPS (e.g., disability, orphans, institutionalized, children in incarceration, street children)

Breakout Room 3: Chair: Linda Kharemwa, UNICEF

Rapporteur: Regina Mwasambo

1.6.1. The role of traditional birth attendants in supporting pre and postnatal care for women in refugee camps: A case of Ifo Camp, Dadaab Kenya. *Teresa Mwoma, Jacqueline Kituku, Josephine Gitome, Newton Kahumbi, Priscila Ndegwa, Muthoni Maina, and Jen Bagelman*

Teresa in her presentation revealed that the WHO estimates that about 140 million women give birth every year globally (WHO, 2018; Gurara, Muylberman, Jacquemyn, Vangeertryden & Draulans, 2020). In 2016, about 50 million births took place outside a health facility. The majority of these cases were in Sub-Saharan Africa where nearly half of all births occurred at home without

skilled birth attendants (WHO, 2018). In low- and middle-income countries (LMIC), the majority of births are attended by Traditional Birth Assistants (TBAs) - the only source of help women can rely on (Lane, & Garrod, 2016; Kruske, & Barclay, 2004). LMIC rely on TBAs without skills because professionally trained persons are in short supply. WHO advocates for skilled care at every birth to reduce the global burden of 536,000 maternal deaths, 3 million still-births and 3.7 million newborn deaths experienced annually (WHO, 2008). In low resource settings, rural and refugee camps, professionally trained personnel are often in short supply hence women also tend to rely on TBAs for delivery.

Skilled birth attendants provide maternal care during pregnancy, childbirth and postpartum and newborn care at health centres. They monitor the progress of the pregnancy, detect complications, provide preventive measures, develop birth and emergency plans with the woman and her family and advise women on a healthy lifestyle and nutrition in pregnancy. At childbirth, skilled attendants monitor the progress of labour including possible complications; they stay with the women, manage abnormalities such as breech delivery, and work in a team of professionals with obstetric, neonatal and anaesthesia skills and can handle severe complications. During the postnatal period, skilled birth attendants help mothers and babies with breastfeeding, manage severe postpartum bleeding, depression, give timely support/treatment during preterm birth or birth complications; provide counselling on postnatal contraception, advise mothers on Preventing Mother To Child Transmission of HIV, HIV testing, antiretroviral therapy, counselling on infant feeding and safer sex practices including the use of condoms as well as the importance of family planning (WHO, 2008).

TBAs have continued to be culturally and socially accepted in many societies despite their limitation in handling childbirth complications. Many refugees and migrant women have additional economic, financial and social challenges that may interfere or compete with pregnancy care. Being a refugee or migrant can be considered a risk factor in itself (WHO, 2018; Cheptum, Gitonga, Mutua, Mukui, Ndambuki and Koima, 2017).

Teresa revealed that a qualitative study was conducted in Ifo refugee camp Dadaab with a sample of 9 participants (three TBAs, two men, two pregnant mothers and two Save mothers) who were purposively sampled with a focus on the role of TBA during pre and postal period. Results indicated that men perceived TBAs as playing a critical role in caring for the unborn baby and the mother during pregnancy. Through massaging the mother's womb, they could tell predict the birth date and even the size of the baby. According to men, TBAs come from the community hence conversant with community customs and they could meet the pregnant woman's needs before and after delivery. TBAs perceived their role as that of helping the pregnant mother deliver, cleaning the baby and wrapping it to keep it warm. If the baby developed a cold, she would rub the baby with herbs and coconut oil. They advised pregnant mothers on good nutrition and some TBAs accompany the mother to the hospital.

Save mothers on their part, they support pregnant women deliver in times of emergencies when dilation has happened, and the woman cannot reach the health facility. They escort pregnant mothers to the health facility during labour; advise pregnant women on managing their pregnancies, attending antenatal clinics and delivering in hospital; advise women with complications like blood pressure to take medication as directed by the doctor but also to deliver in a health facility, and advise women on the importance of breastfeeding practices and technique. In conclusion, home delivery was perceived by participants as the best option. It is evident that TBAs were unable to handle complications, and thus need to be sensitized on the importance of encouraging pregnant women to deliver in health facilities where skilled birth attendance is offered and not to be taken as a last resort when there are complications.

1.6.2. Addressing factors hindering optimal early childhood development of children with disabilities in Kilifi County. *Dennis Kitsao*

Dennis Kitsao gave an overview of the project AMURT Africa is implementing “Malezi Kamilifu” - an integrated ECD project in Kilifi County. The project started in January 2020 and will end in December 2022. He pointed out that the project objective was to strengthen community-based systems in Kilifi County to improve integrated ECD, targeting children under five including children with disabilities. Partners supporting the implementation of the project include CHVs, Child Protection Volunteers (CPVs), ECDE teachers, County Departments of Health, Education, and Social Services, and the State Department for Children’s Services. The project conducted a rapid assessment for Children with Disabilities (CWD) in the county and found that CWD faced stigma and discrimination.

He elaborated on the strategies being implemented by AMURT: changing community attitudes towards CWD by addressing myths and misconceptions associated with CWDs, increasing access to social protection services for CWDs, and improving care for CWD through strengthening social and family support systems. Issues inhibiting optimal development for CWDs in Kilifi county include inadequate knowledge on disabilities among family and community members: stigma and discrimination of CWDs lead to abuse and neglect in terms of health, hygiene, and protection. Another issue mentioned was that there was under-utilization of social protection services and opportunities: families with CWDs have inadequate knowledge of the safety-nets available, hence, CWDs miss out on opportunities that would improve their health, and development.

Dennis Kitsao recommended that there is a need for reduced stigma and discrimination of CWDs in the family, increased number of CWD accessing health, education, and social protection services and improved quality of ECDC for CWDs.

DAY 2 - TUESDAY, 26th OCTOBER 2021

Click to view [PLENARY SESSION](#)

Madam Florence Omundi Momanyi, Deputy Commissioner General, Kenya Prisons Service: Caregiving for children accompanying imprisoned women - Challenges and opportunities for collaboration

A child is embedded in the life of everyone. Kenya Prisons Service (KPS) have different categories of children, under four institutions: Girls' (15-17 years) institution in Nairobi; Boys' (15-17 years) institution in Mombasa and Western; Boys' (17-21) years institution in Kamiti; Children (under four years) accompanying their mothers to prisons. Children with mothers in prisons and mostly unseen. Currently, there are 3,000 female offenders with 250 children accompanying their mothers. Prisons are under the Ministry of Interior and Coordination of National Government. The KPS team and partners have advocated for alternative sentences for some mothers. Prisons provide care for children aged four years and below while their mothers are incarcerated.

Madam Omundi said that before sensitization on the importance of ECD by Africa Early Childhood Network (AfECN), not much attention was given to these children. However, after sensitization, the first 1,000 days of human life have been prioritized in the prisons by offering support for unborn babies and pregnant mothers. Special forms are filled by mothers with children while going to court to help the judges know the mother has a baby/child in prison. Prisons are now providing antenatal care, safe spaces are being established, preparation of children for enrolment into preschools is underway, provision of necessities like clothing, and balanced diets are also supported. In collaboration with AfECN and other stakeholders, KPS is currently developing a policy for Childcare in Prisons.

Some of the interventions undertaken during the COVID-19 period included: training Human Rights Officers to help mothers of these children and giving mothers talk-time opportunities with their children back at home. The following needs were expressed: capacity building of prison officers nurturing care. Needs for psychosocial support to children and their mothers are high and may not be met currently. Madam Omundi reiterated that there were many opportunities for collaboration with KPS and called for more stakeholders to support - particularly the improvement of the relevant infrastructure supporting holistic child development.

**Dr Elizabeth Omondi, Member of Smart start Siaya Executive team and Lecturer
JOOUST: Guest Speaker, Teen motherhood and the plight of teen mothers**

As Coordinator for Adolescent Health in Kenya, Dr Elizabeth shared lessons learnt during efforts to eliminate teenage pregnancies. She noted that with or without the COVID-19 pandemic, statistics remained high - the same - over the last five years. COVID-19 surge was blamed for rising teen pregnancies.

Dr Elizabeth shared that for children 10-14 years, it was reported that:

- About 24,666 teens became mothers (2016-17 financial year)
- 24,000 teen mothers (2017-18), a difference of 1,000 teen mothers
- About 21,000 teen mothers (2018- 19)
- BUT during the peak of COVID-19, about 15,000 became teen mothers (2019-20) a drop of 5,000, yet we blamed COVID-19 for the surge in teen pregnancies
- Post COVID-19 surge, there is a rise to about 25,000 teen mothers (2021): children are back to school and teenage pregnancies continue to rise.

Similarly, statistics for teens aged 15-19 indicate that the situation is more critical as follows:

- 311, 000 teens were pregnant (2016-17 financial year)
- Almost 400,000 teens (2017-18)
- Almost 400,000 teens (2018-19) without COVID-19
- BUT during the peak of COVID-19, about 330,000 teens, with a significant drop of 70,000 teen mothers

Globally, there is a high rise in teenage pregnancy, but it was uninformed that we blamed COVID-19 as the cause of teenage pregnancy because the data is contrary to this. Best practices have been shared widely and funding has been provided widely to support a reduction in the numbers. But the change starts with one individual changing life at a time. None can do it independently. Collaboration is key. The problem must be addressed up the stream, not downstream where the work has been ongoing. Children must be supported to transition into adulthood with nurturing care and spirituality. Nurturing values must start from age of eight years - the do's and don't's and inculcating morality - traditional cultural norms must be integrated and scaled up. Delaying sexual debut was rewarded in the community.

Dr Caroline Mwangi, Head, Division of Neonatal and Child Health (DNCH), Ministry of Health: Guest Speaker, Pediatric Care amidst COVID-19

Dr Caroline noted the mandate of the Division of Neonatal and Child Health (DNCH) as ‘a Kenya where all newborns and children survive, thrive, and live to fulfil their full potential. The promotion of evidence-based interventions was imperative, at all levels of service. Reducing maternal and child morbidity and deaths – diarrhoea, malaria, and neonatal maternity contributions - among neonates (child under one week); infants (under two years) and children under five years was paramount. Further, comprehensive ECD especially in the first 1,000 days of life, and implementing nurturing care frameworks was underway, spearheaded by MOH. Further, Dr Caroline added that creating an enabling environment for delivering quality newborn and child services was critical.

Effects of C-19 on Children has been vast. Resources of MOH have mostly been reallocated to COVID-19 interventions since the onset of the pandemic. This has harmed child survival and development in the country. Hidden impacts – analysis by Save the Children – included the explosion of non-essential services (turn to emergencies) and low access health care – thus indicators of child survival and Development were adversely affected; there was no access to the justice system due to closure of the courts and caregiver support was diminished due to rising poverty levels and related domestic violence at the household levels.

DNCH’s response was an innovation at the National and County levels. Virtual meetings were embraced and collaborating with other sectors to give children a voice was increased. Outcomes realised include a reduction in numbers of children presenting signs of pneumonia, and under-five diarrhoea presentation of symptoms reduced. However, neonatal deaths have had no significant change. Household contacts showed that Under-five COVID-19 were 2,000 cases and 30 deaths were reported, thus few children were lost during the period, compared to adults.

Lessons learnt to include proactivity especially when handling children at risk; the importance of data and using it for multi-sectoral collaboration; responding to emerging health issues; the importance of policy and guidelines and a realisation that Community Health is a game-changer for the delivery of services for children; thus, strengthening community health strategy - CHVs - should be a key focus in Kenya.

Prof. Amina Abubakar Director, Institute for Human Development (IHD), Aga Khan University (AKU): Guest Speaker, Childcare for the vulnerable groups

Prof. Amina noted that the Chief Justice, Lady Martha Koome had participated in the Launch of the SECD Hub run by the Ag Khan Development Network in Nairobi on 25th October 2021. She added that COVID-19 has presented unprecedented challenges for the child and their families. The Institute for Human Development (IHD) has focused on supporting urban informal settlements

due to the rapid increase in globalization (50% of residents consisting of young children). Children aged zero to five years in these settings (Nairobi and Mombasa) were targeted, with responsive caregiving and mental health matters considered. Families of children with disabilities were considered - 165 families/caregivers and also key informants included daycare workers, CHVs, among others.

Comprehensive mental health support was found essential for caregivers, coupled with economic empowerment activities. Single parents were also cited as more vulnerable hence needed more support. Increased investments towards promotive and preventive support for young children came in handy.

Beatrice Oyugi, PATH: *Community Health Volunteers adopt strategies to help children thrive amidst COVID-19 pandemic*

Beatrice noted that the structure and delivery of COVID-19 were interrupted during the COVID-19 period. Health systems had to innovate to deliver quality services. But for children, the effect has been high risk and exposure to sub-optimal development. Threats to basic healthcare, missing vaccines, posed serious risks to development, little interaction with others, witnessing domestic violence as reported across the country. But COVID-19 brought an opportunity for parents to practice caregiving and promote child development at the household level.

Lack of physical space to play and social interaction persists as well as exposure to poverty - parents experienced a lack of livelihood or loss of jobs. PATH's response with support from CHVs included: Nurturing care integration into routine household visits, in partnership with the County Government; supporting utilisation of health facilities' play corners and targeted efforts promoting responsive caregiving through stimulating interactions. Beatrice noted that physical greeting - handshaking that is African, reduced to prevent C-19 exposure. PATH however has been helping families put in place handwashing facilities in their compounds; capacity building them to use household items to promote play and use of counselling and messages evolved from demonstrations/model to messaging from a distance, which adversely affected their delivery.

CONCURRENT SESSIONS

2.1. RETHINKING CHILDCARE WORKFORCE AND SDGS AND EMERGING ISSUES

**Breakout Room 1: Chair: Dr Anil Khamis, IHD/AKU
Rapporteurs: Racheal Makena and Bernard Ashiono**

2.2.1. Nutritional Status and Health of Early Childhood: A Case Study of Nairobi and Kajiado Counties. *Munaweza Muleji, and Lydia Asiko*

Munaweza Muleji gave an overview of a study conducted noting that complementary feeding practices and nutritional status were assessed on children aged six to 59 months in Nairobi and Kajiado Counties. The study findings indicated that children in Nairobi were largely wasting, under-weight and stunting. The study, found that the prevalence rate of wasting, underweight and stunting was more rampant in Kajiado than in Nairobi. The study revealed low animal protein intake in Nairobi (1 out of 10 ate an egg or fish) and more than half of the children consumed three meals a day. There was evidence of suboptimal complementary feeding in the two counties. However, gaps in complementary feeding such as consumption of only two meals per day were identified in Kajiado. Munaweza Muleji mentioned that health-seeking behaviour was a challenge with reports of low adherence to clinic visits and evidence of childhood illness which contributed to the high malnutrition levels, hence the need to improve household food security.

Muleji key recommendations were: a need for sustained action to improve livelihoods and food security for the average households of rural and urban poor, urgent nutritional intervention to avert high levels of wasting among the children and the need for community sensitization to help bring about behaviour change (focus of sensitization - clinic visits, nutritional education, management of childhood illnesses and early stimulation).

2.2.3. Testing means to scale Early Childhood Development interventions in rural Kenya - *Msingi Bora Edith Alu, Jill Luoto, Alie Eleveld and Alex Mwaki*

Edith Alu gave an overview of the study results from an implementation evaluation of Msingi Bora, a group-based responsive stimulation and nutrition education intervention recently tested in a cluster randomized controlled trial across 60 villages in rural Western Kenya. Msingi Bora conducted a mixed-methods implementation evaluation between April 2018 and November 2021. Qualitative and quantitative data on program inputs, outputs, and outcomes were collected to examine how aspects of the program's implementation, such as program acceptance and delivery fidelity, related to the observed program impacts targeting parents and children.

Findings of the study revealed initially very low levels of familiarity or knowledge of ECD among parents and CHVs. In response to this, she mentioned that the program increased training and supervision and provided a structured manual to enable CHVs to successfully lead the sessions. She noted that group-based parenting intervention delivered by local CHVs can improve multiple child outcomes and parent outcomes and recommended that results of this study form the basis for scaling similar interventions in low-resource rural settings to serve families in need of ECD programming.

2.2.4. Rethinking childcare workforce: The Human Factor Approach. *Dr Lynn Kisembe, Moi University - Department of Linguistics, Literature, Foreign Languages and Film Studies*

Dr Lynne Kisembe shared that toddlers' needs can be grouped in various categories: The necessities of life, caring for Fellowship Conversations, playing and having fun doing so, and academics: Reading to the child, stimulating and seasoning the senses to develop using questions and age-appropriate tasks. She noted that the key research question was, 'What are the barriers to the provision of quality child care services that are related and revolve around the Human Factor (HF). She maintained that HF is based on the fact that desire and willingness are critical factors in whatever an individual finds him/herself doing and which require a great deal of commitment. A positive HF gives these characteristics, such that those who possess positive HF qualities have a greater edge over others. Available research reveals that the provision of quality childcare services contributes to the lifelong health, education and social development of the child. She finished by stating that becoming successful in the provision of quality and effective childcare services through the development and nurturing of positive Human Factor qualities would enhance community development and nation-building.

2.2.5. Factors affecting the implementation of learning through play in the Zambian public preschools and community. *Sarah Bwalya, Derrick Kambadzo, Jerry Banda, and Grant Mapoma Mwinsa*

Grant Mapoma Mwinsa shared evidence of research in ECE, Child Development and other related topics on Childhood in the Global South, most of the modern practice in the provision of ECE extends only to the last two decades or slightly after 1990 (UNESCO, 2006). She mentioned that the research demonstrated that strong curricula focus on learning through play at the community and school level has a quadruple effect on learning outcomes and child development. The study assessed the implementation of learning through play in the Zambian public.

Modern ECE provision in Zambia was very new, mostly by public institutions and recently (2014 to present), government and community schools. Before 2013, offered by the private sector, for the rich, methods of teaching were didactic and no Learning through Play (LtP) was used. The Education Reforms document emphasised three key issues on ECE namely, (1) use of playful pedagogy as opposed to conventional methods of teaching, (2) supporting holistic child development through expressive, creative and playful means of songs, dances and stories, and (3) use of locally available and affordable teaching materials and equipment (MOE, 1977). However, the government did not want to be the main provider of this important aspect of Education and as such did not make it a requirement for entry into Grade 1, leaving it a choice for parents in urban areas and especially the affluent ones. Presently, ECE centres or classrooms are annexed into primary schools, with challenges on teaching methodologies such as LtP.

In a study conducted in Lusaka, Mwanza-Kabaghe et al (2015) found that only one out of the twenty selected schools had implemented ECE as prescribed in the curriculum and syllabus for the

Ministry of General Education. Mtonga (2012) revealed that as children engage in games and play that focus on society's values and norms, they develop a sense of social responsibility and social intelligence. Mtonga found common play and games in Zambia: Songs, poetry and narratives; games, play and dances; throwing and hitting games; seeking games; guessing games; daring games; acting and role-playing games; dancing and singing games, and language games. Mufalali (1974) on some children's common play songs and dances in Western Province revealed that there was a repertoire of such activities in Zambia. Many of these activities had also been noted to be adult songs and dances. Some of the songs and dances involve handclapping, dancing in pairs or using one's shoulders. Further, the performance of such activities could also involve the accompaniment of some musical instruments such as the xylophone (silimba) and drums.

Grant Mapoma Mwinsa mentioned a gap that most of the studies have not looked at why teachers found it difficult to implement learning through play. A case study design was employed with 100 participants who were sampled purposefully due to their positionality as teachers and experts of ECCDE. Data was collected through interviews, observations, focus group discussions. Qualitative data was analysed thematically by identifying common themes or patterns within data for purposes of describing a phenomenon. Descriptive analysis was used to analyse quantitative data. Findings revealed that teachers and parents were aware of the importance of play as children in schools and the community but lacked skills on how to use this pedagogical approach. It was also established that public schools usually lack space and time to apply LtP due to over enrolment. Evidence suggested that applying playful learning benefited learners a hundredfold than unadventurous learning.

The study argues that training of teachers and the community in LtP pedagogy should be an important aspect. It further posits that Continuous Professional Development (CPDs) for educators be an ongoing practice in schools. The study further revealed that the majority of the teachers were aware of the need to implement LtP but found it difficult as it is too tasking for lesson planning. In addition, the study revealed that most teachers can teach activities using the didactic methods due to the nature of their training which did not involve LtP. The study also indicated that the majority of the teachers would love to learn how to use LtP so that their teaching can improve and be enjoyable for the learners (Mwanza-Kabaghe et al, 2015; Munsaka & Kalinde, 2017; Lungu & Matafwali, 2020).

Mwinsa concluded that: training of teachers in learning should be prioritised; continuous professional development (CPDs) for educators ought to be an ongoing practice in schools supervisors in schools and communities receive basic training in LtP. Recommendations were that teacher training should include LtP, lecturers should emphasise practical aspects of ECE provision, trainee teachers should be exposed to ECE classrooms throughout their training than just during teaching practice, teacher training programs for ECE teachers emphasize the use of available local

materials for production of teaching and learning aids and revise the school syllabus to reflect/integrate LtP.

2.2.6. The role of ECD mentor coordinators in integrating nurturing care within the health system in Siaya County. Omedo, D., Oyugi, B., Oscar, K., Obong'o, C., and Burudi, C.

Dennis Omedo found children in low-income settings having lower odds of attaining developmental milestones and in dire need of NCfECD. PATH, in its efforts to support the Siaya County health system, deliver NCfECD, engaged four mentor coordinators. The health system offered easy reach as caregivers and children routinely visited health facilities for pre-and post-natal care services. He mentioned that they conducted a study to assess contributions of the mentors at the sub-county level in NCfECD integration in health facilities, contributions of the mentor activities in community settings, and how the mentors' role can be embedded in the County Health System of Siaya.

The study revealed that mentor coordinators played a vital role in coordinating and ensuring the integration of NCfECD in community and health facilities settings. The study identified their significant contribution to capacity building of health providers, supportive supervision, and quality improvement as well as coordination of community-level activities. He concluded by mentioning that the lessons would guide in institutionalising the mentor coordinator's role within the health system for quality NCfECD services in Siaya County and beyond.

2.2. IMPLICATION FOR PRACTICE AND POLICY AND COMMUNITY RESPONSIBILITY AND RESPONSIVE CHILD CAREGIVING

Breakout room 2: Chair: Dr Benson Odongo, JOOUST

Rapporteur: Sally Moraa and Penina Nyamori

2.2.1. Delivering Nurturing care through Community Health Workers (CHWs): A case of Lwala's Community Health - Led model. *Caroline Linda Awuor, Erick Auko, Steve Okongo, and Lwala Community Health*

A baseline survey was conducted by Lwala Community Alliance to establish the status of Nurturing Care components among caregivers of children under four years within North Kamagambo in Rongo. About 98% of the targets respondents knew the CHVs who visited their households. To Lwala, this was an indication that adding Nurturing Care to the CHV service delivery would enhance quality service delivery to children and their caregivers. Caring for a child in their home environment has a profound impact on their ability to survive and thrive during their first 1, 000 days. Families need knowledge and skills to give the best care to their children. CHVs can reach people in their homes, enabling them to target families with necessary resources to improve the care environment for children and

their families. Lwala has over the years worked with CHVs, and 11 representatives from county and sub-county government on their KAP, and challenges they faced in supporting child stimulation, nutrition and healthcare.

The results showed that the community (parents, and CHVs) appreciated the importance of ECD. However, their perceptions and caregiving practices were generally poor and were driven by poverty and cultural and religious beliefs/practices, and family factors that acted in the background of poverty. They were then supported, trained and supervised for the effective delivery of services. This led to an increase in the number of children supervised and supported by CHVs.

2.2.2. Understanding and impacting Early Childhood Development knowledge, attitudes and practices among teenage mothers and caregivers in Kenya. *Dr Anastazia Mirzoyants – Shujaaz*

Evidence shows that 22% of rural and 13% of urban girls in Kenya give birth by the age of 18. Yet, teen mothers are misunderstood and mistreated by their communities: stigmatized, excluded from social activities, denied services, and in extreme cases endure emotional and physical abuse. Shujaaz Inc and The Kays Foundation partnered to deliver a media-driven action research campaign to understand the experiences, knowledge, attitudes and practices of teen mothers and identify effective persuasive techniques to engage teen mothers and their communities in social and behavior change.

The presenter added that they had learnt that the hostile social environment taints the experiences of young mothers and makes their ECD journey typically traumatic. Added to that, teen mothers deal with a shortage of information/resources and financial and mental-health challenges – all of which harper optimal ECD. Shujaaz Inc carried out comprehensive studies to inform the persuasive strategy and media campaign. This resulted in a comprehensive, nuanced account of teen mothers' lifestyles, mindsets, barriers and motivators to advancing their KAP. Using the findings, Shujaaz Inc implemented a year-long holistic media campaign addressing ECD via a three-pronged approach: recognizing/validating the experiences of teen mothers, celebrating positive parenting practices via relatable role models, and motivating other youth to support young moms in their communities.

2.2.3. Understanding caring practices and opportunities for early learning among Nomadic Pastoralists in Kajiado County, Kenya. *Maurice Mutisya, Elizabeth Mwaniki, Paula Griffiths, Emma Haicraft, Teresa Mwoma, and Judith Kimiywe.*

Over 66% of children in sub-Saharan Africa are affected by poor development and learning in the early years which are attributed to a lack of responsive care, including feeding

practices, stunting and poverty. This is shown to impact young children's emotional, social, physical and cognitive development. Many of the ECD programs in the rural and urban poor areas aim to address the challenges. Nonetheless, mobile populations such as nomadic pastoralists face a unique set of challenges concerning responsive care and early learning support. Yet, a dearth of information exists on the caring practices and support for early learning among children aged zero to 36 months in nomadic settings. The study assessed caring practices, support for caring practices and early learning opportunities among the Maasai Community in Kajiado using a mix of methods and a sample of 670 caregiver-child dyads. Preliminary results showed high levels of child malnutrition with one in every three children surveyed stunted. Study findings will be used to generate evidence to support the development of a community-based programme to foster optimal ECD and early learning of children aged zero to 36 months from nomadic populations.

2.2.4. Associations between exclusive breastfeeding (EBF) duration and children's developmental outcomes: Evidence from Siaya County, Kenya. *Silas Onyango, Elizabeth Kimani-Murage, Patricia Kitsao-Wekulo, Nelson Langat, Kenneth Okelo, Christopher Obong', Jürg Utzinger and Günther Fink*

Silas Onyango stated that exclusive breastfeeding (EBF) during the first six months of life is widely promoted as a key strategy to enhance child health, growth, and development. He noted that even though a high proportion of children in Kenya were currently breastfed exclusively, relatively little is known regarding the developmental benefits during the first year of life. He noted that the paper aimed to establish the association between EBF and ECD outcomes among children aged between zero to six (0 – 6) months in Kenya. The aim was to assess the associations between exclusive breastfeeding and development in the first year of life. Silas mentioned that data was analysed from 585 children ages zero to six (0-6) months at the time of the interview. Findings revealed that EBF in the three to six (3-6) months' age range has positive associations with child development, especially for communication, gross motor and problem-solving. He concluded by noting that programs encouraging mothers to continue EBF in this period may have substantial benefits for young children.

2.3. [AfECN CATALOGUE](#) OF ABSTRACTS FOR ECDNeK CONFERENCE

Breakout room 3: Chair: Elizabeth Gitonga, AfECN

Rapporteur: Regina Mwasambo

Title: Caregiving for children accompanying imprisoned women: Challenges and opportunities for collaboration: Florence Omondi Momanyi, Deputy Commissioner General, Kenya Prisons Service

Florence Omondi Momanyi mentioned that a child is embedded in the life of everyone. Prisons have different categories of children in four institutions:

- a. Girls 15-17 years institution in Nairobi
- b. Boys 15-17 years institution Mombasa and Western
- c. Boys 17-21 years institution in Kamiti
- d. Children accompanying their mothers to prisons

She mentioned that children with mothers in prisons and mostly they are unseen. Currently, there are 3,000 female offenders with 250 children accompanying their mothers. Advocated for alternative sentences for some mothers. Prisons are under the Ministry of Interior and Coordination of National Government. Prisons provide care for children aged four years and below while in prison. She elaborated that before sensitization on the importance of ECD by AfECN, not much attention was given to these children. However, after sensitization, the first 1,000 days have been prioritized in prison for unborn babies and pregnant mothers. Special forms are filled by mothers with children while going to court to help the judges know the mother has a baby/child in prison. Prisons are now providing antenatal care, safe spaces are being established, preparation of children for enrolment into preschools, provision of necessities like clothing, and a balanced diet. In collaboration with AfECN and other stakeholders, they are currently developing a policy for childcare in prison.

Some of the interventions undertaken during the COVID-19 period were they trained human rights officers to help mothers of these children, give mothers talk-time to talk with their children back at home. The following needs were expressed: capacity building of prison officers, psychosocial needs of the children, and their mothers are high and cannot be met currently. She concluded by recommending that there are many opportunities for collaboration and called for more stakeholders to support infrastructure strengthening.

2.3.1. Quality of Early Childhood Care in informal, home-based daycare centres in Dagoretti North and Naivasha Sub-Counties, Kenya. *John Kariuki Chege - Children's officer Naivasha sub-county*

The study was designed to describe the status of childcare service provision for children of zero to three (0-3) years in vulnerable communities in Kenya and Ethiopia and to identify opportunities for creating environments that support and sustain quality childcare service provision at the family, service providers, community, and local and national levels. Among the study, objectives were to conduct a mapping of childcare services available in vulnerable settlements/communities and to propose childcare solutions to address existing barriers to achieving and maintaining good quality services. The study utilized a concurrent parallel mixed methods research design; a design that

involves the simultaneous collection and analysis of both quantitative and qualitative data. The study was conducted in Naivasha commercial horticultural farms associated with informal settlements, Kawangware slums in Dagoretti North sub-county and at Langata Women's Prison. To facilitate data collection CHVs were involved in the mapping of households and developing a list of mothers with zero to three (0-3) year-old children. A digital version of a structured questionnaire was used to collect data from 324 households randomly selected from a list of 600 households across the study sites. Interviews were conducted with 28 key informants, 22 in-depth interviewees and 12 FGDs from purposely selected participants across the study sites. Findings revealed that the main service providers included the health services of the County health departments, children's services, flower farms and home-based daycare service providers. The main types of services offered were maternal and child health including ante-natal and post-natal care, growth monitoring, deworming, immunization, and nutrition services. Findings also revealed a lack of guidelines/policies to guide the provision of services in home-based daycares with a lack of clarity on which government department should provide supervision to assure the quality of the services. The main recommendation of the study is that the government should develop clear policies and formulate guidelines to support provisions of daycare services in informal settings.

2.3.2. Using Community Activators as Grassroot Advocates and Promoters of Quality ECD Services. Moses Abiero, and Elizabeth Gitonga, AfECN

Community activators or Community-Based Organizations (CBOs) occupy a special space in service delivery at the grassroots levels as they advocate for and support efforts at providing highly valued programmes and services at local levels reaching several of their community members. Through community activators, various investments targeted at upstream human services such as ECD, helping families especially in marginalized and hard to reach areas access quality ECD services, helping children to achieve their full potential in a way that is transformative for our society. AfECN in collaboration with the ECD Network for Kenya, Council of Governors and County Governments conducted mapping of community activators supporting ECD work in Kenya. The findings of the mapping are expected to provide models of engaging community activators to advocate for and promote the delivery of quality ECD services at local levels, with greater impact on children in marginalized and hardest to reach areas.

Plenary Session: [County governments sharing](#) on progress made in ECD

Session Chair: Dr Teresa Mwoma, National coordinator, ECDNeK

Rapporteur: Racheal Makena and Sally Moraa

- 1. KAJIADO COUNTY:** Kajiado County aimed at raising the literacy level from 62.5% to 70% in Kajiado. Some of the strategies used included: campaigning against Female Genital Mutilation, retention through feeding programs, training of teachers and offering bursaries to learners. He noted that there were 1, 313 ECDE centres in the county, with 2021 teachers and

76,465 learners. Ksh. 983 million has been used in the last four years; 265 classrooms had been constructed so far, 28 ECDE centres fenced, 23 toilets and 13 administration blocks built, 580 million bursaries given to 26,000 students, and Kshs. 25 million set aside to continue with feeding programs. The county has partnered with World Vision TO continue feeding the children.

2. **VIHIGA COUNTY:** Victor Seredi pointed out the milestones made in Vihiga which were: 756 children between zero to three years had been identified, 44,638 were enrolled in ECDEs, 407 public ECD had been constructed and employed teachers were equipped with friendly furniture, and other teaching materials provided to enhance quality. He noted that teachers had been trained on the Competency-Based Curriculum (CBC) and 814 teachers employed on contract. He added that the feeding program was being implemented in the county. Under health, Otichillo Program was passed to reduce infant mortality. There was the provision of Vitamin A supplements to children and school-based deworming programs put in place. Victor mentioned that one of the major challenges faced in Vihiga was the lack of partners to support the programs.
3. **KISII COUNTY:** Magudi Samson started by sharing milestones made which included the enrollment of 80,000 children, 960 teachers employed. Additionally, five have masters degrees, 312 with a certificate, 525 with diplomas, two with PHDs and others pursuing certification. He mentioned that 225 classes had been constructed and equipped with play materials. New curriculum designs had been provided to teachers and locally available materials were used to enhance learning. Samson mentioned that several children were dewormed and that the Child Protection Act was implemented. He concluded the county was looking forward to bringing partners on board to support them.
4. **NANDI COUNTY:** Nandi boasts of six sub-county ECDE coordinators with 240 ECDE centres developed. Nandi had a vision of constructing a model ECD centre, plans to distribute free milk to learners, have partnered with Safaricom Foundation and through the County Department of Health had been able to deworm children. All ECD centres were provided with face masks and water points. Ksh. 90 million was allocated to ECD centres.
5. **BUSIA COUNTY:** Busia County has a total of 456 ECDE centres, with an enrollment of 56,000 children. The county has employed 439 teachers (of Certificate and diploma levels) permanently and 555 teachers on contracts. A total of 984 teachers cover the entire county. The county has procured 15,000 child-friendly plastic chairs and teacher learning materials; adequate textbooks supplied to all schools; in collaboration with MoE and county, have constructed 263 classrooms with 85 under construction. The remaining 85 classrooms will also

have toilets constructed alongside them. The county had developed a pre-primary Act that was waiting for implementation. The feeding program was incorporated in the Act.

- 6. NAIROBI COUNTY:** Nairobi county had established new schools in different sub-counties and refurbished some of the already existing ones. In the year 2020/21, the county issued 80M to support the feeding program in all public schools of Nairobi. Strengthened partnerships had also impacted the county positively, in areas of WASH (Water, Hygiene and Sanitation), operationalization of Child Care Facility Act, 2017, and also physical development of schools. In response to COVID-19, the county received a lot of support from partners, especially in addressing the continuous hand washing and installing hand-washing stations in schools, in addition to supplying face masks. To support learners in the schools, the county had purchased furniture: over 4000 chairs and 1000 tables.
- 7. MOMBASA:** Mombasa has 232 ECD teachers that have been fully equipped with teaching and learning materials. About 15 ECDE centres have feeding programs. During COVID-19, the ECD centres were supplied with masks and hand washing items. The county has a Mombasa Child Care Facility Act, 2016, that helps in the regulation of child care facilities and it is currently being operationalized. Mombasa has an ICT robotic program that has been piloted in 6 ECD centres, which enables children to interact with technology. Mombasa has also implemented a stride children program that focuses on children with special needs. The county has an unconditional cash transfer program that targets the very needy children to support their learning.
- 8. TURKANA:** The county has six sub-counties, with an ECD enrollment of 137,536 children and 570 ECD teachers. The county has a total of 937 public ECD centres and seven private centres. After devolution, the county has constructed 230 model ECD centres that are fully furnished and cut across 30 wards. The county has also offered seed programs to all public ECDs. The county has committed a budget of 150M to support the feeding program. For quality assurance, all ECD teachers have been trained on CBC. The county also supports the Board of Managers (BoM) in both public and private centres. Through support from UNICEF, the county has been integrating nurturing care in their programming and works closely with the health department. Registration of birth has been continuous. The county is developing an ECD framework that will guide on addressing the ECD gaps.
- 9. MIGORI:** The county has a total of 630 public schools and a capacity of 1,978, among which 673 teachers are on contract. The county has been integrating ECD interventions; primary health and Nutrition, WASH, Immunization, supplementations and deworming. The school feeding program in the ECD centres was a community-based approach. The ECD teachers were trained on CBC, and 400 ECD classrooms have been constructed. County has sub-county

officers who supervise the implementation of the curriculum, procure chairs for the ECD centres and oversee the construction of classes.

- 10. EMBU:** After devolution, 484 teachers were employed. The county was looking forward to employing more teachers. The teacher-pupil ratio is 1:39. The county also had a Childcare facility Act, 2016 that was yet to be implemented. Access increased from GR 47 (2014) to GR 71 (2021). Construction of 224 classrooms was done. The feeding programs for ECD has been piloted in one ward and the county was looking forward to scaling it to other wards. This has been done through feeder centres that had been established in densely populated urban and rural centres. The ECD teachers were trained on CBC which had been supported by various organizations and has been partnering with Embu University on parental engagement related research. The county was experiencing challenges on ECD budget allocation, reported that they were struggling with support for children under threes and were looking forward to learning from other Counties on related interventions for under threes.
- 11. HOMABAY:** The county has an ECD enrollment of 83,763 children, 881 ECD public schools and four stand-alone centres, 1,352 teachers (on contract), 8 sub-county officers and 40 ward supervisors. The county is a champion for inclusive education, positive parenting programs, in addition to nutrition feeding programs and works in partnership with the organizations that implement in the county. The county reported that they were facing issues related to policy gaps, and budget allocation for ECD was not well prioritized.
- 12. SIAYA:** Siaya county has a total of 611 ECD teachers, with the inclusion of special needs teachers. The county has four institutions for physically challenged persons. The county is looking forward to developing regulations for private ECD centres for quality provision of services. The Education department works closely with the health and agriculture department, and have constructed 6,348 ECD centres. Community Health Strategy has guided the implementation of health indicators through CHVs who support monitoring. The school feeding program has been implemented in two wards and will later be rolled out to the other 28 wards. The last survey conducted on nutrition status showed that stunting was at 22% and breastfeeding rate at 57%. All CHVs had been trained on nurturing care and are paid a stipend of Ksh. 3,000 and are all NHIF covered. Siaya's five-year plan on nurturing care for ECD had already passed the cabinet approval stage. A multisectoral implementation approach is used in partnerships with the stakeholders.

DAY 3 - WEDNESDAY, 27th OCTOBER 2021

Click to view [Plenary Session](#)

Dr Sam Mburu; Miriam Antonia; Irene Wali, Save the Children: Integrated Child Survival Project for Marginalized Communities in Kenya

Miriam Antonia, in her introduction, stated that Save the Children was currently implementing a three-year Integrated Child Survival Project for marginalized communities - named Nitunze Project in Turkana North. The project applies the WHO integrated approach working in partnership with the Ministry of Health. The project sought to ensure that children under five have better access to health, nutrition and WASH services through accessing ECDE Centres.

Save the Children International (SCI) and the Turkana County Government's Ministry of Education, Sports and Social Protection conducted a qualitative assessment to ascertain the status of ECD activities in Turkana County. Miriam presented the objectives of the study as to establish the state of ECD services in Turkana County (accessibility, availability, monitoring and financing), to establish ECD program interventions being implemented by the county government and other stakeholders in Turkana County, to establish the status of ECD multi-sectorial Coordination mechanisms in Turkana County, and to establish the status of teacher training, professional development and support in Turkana County. She mentioned that the study was conducted in September 2021. Study participants included 18 ECD Center Managers/Headteachers, six Sub-County public health officers, six ECD officers, an officer from the Planning Department and the Director of ECD in Turkana County. In total, 32 key informants were interviewed.

In the findings, she mentioned the following:

Physical infrastructure: Turkana County has considerably invested in physical infrastructural development for ECDs. The financial resource allocation for infrastructure has been going on a downward trend from Ksh. 297 million in 2019/2020, 200 million in 2020/2021 and 201 million in 2021/2022. Increased enrollment in ECD centres increased demand for infrastructure development. Nonetheless, Turkana County has built 230 modern model-ECD centres (Stimulation area, kitchen, instructional material and play equipment).

ECD staffing and professional development: Turkana County has a total of 820 ECD teachers. Of these, 679 are employed by the County Government while 51 were volunteers. In terms of professional qualification two teachers have Master's Degrees, 32 have a Basic Degree, 212 Diploma, 413 Certificate and the other 110 do not have professional qualifications. The others included Secondary and Primary School dropouts and leavers. Only 20% of those interviewed reported that they had received capacity-building support.

ECD school feeding: 80% of the ECDs surveyed reported that they had comprehensive feeding programs supported by the County (Corn, Soya Bean, beans, rice, oil and iodized salt). Partners are supporting the school feeding program (676 ECD centres).

Information and Communications Technology: To increase information access, Turkana County had developed an information hub (Turkana ECD and Education Management Information System (TECDEMIS) that provides a one-stop-shop for information regarding ECD in the County. Embracing ICT would address several challenges faced in the ECD sector such as access, quality, relevance, equity and transition.

Special Needs Education at ECD centres: All the ECD respondents interviewed were not aware of the existence of an Education Assessment and Resource Centre (EARC). Further, none of the schools was well equipped to handle children with special needs.

Quality Standards and Monitoring: Roughly 95% of the ECD Centers reported that they operated between three hours to five hours daily but averagely operated for four hours daily starting from 8:00 a.m to 12:00 p.m. ECD Centers reported that they sometimes do not meet the operating hours' requirements due to food shortage in the households and the ECDs. This resulted in learners coming late to school for example at 10 a.m. or not coming at all. About 60% of the ECD Centers met the teacher/pupil ratio (1:35). About 80% of the ECD Centers reported that the required amount of physical space per learner was not met.

Quality Standards and Monitoring: Majority (80%) of ECDs interviewed reported that the centres were inspected to be standard compliant even though the inspection was not done regularly. 100% of the ECD Centers had been monitored and/or supervised by the County Government.

Health, Nutrition and Water, Sanitation and Hygiene: This assessment indicates that all the ECD centres interviewed were not aware and have never received health support. Altogether, 60% of the ECD centres said they had adequate WASH facilities which are not disaggregated by gender.

Child protection: A total of 80% ECDs reported that there were no forms of abuse and violations affecting children in the ECDs, while 20% reported that there were few instances of child abuse where parents made the ECD learners skip classes and stay home to look after their younger siblings. Most ECD Centers acknowledged that there are mechanisms/procedures within the ECD to handle these cases.

ECD financing: ECD centres do not receive direct funding from the county government and therefore did not know the given criteria. Some reported that parents, from time to time, contributed money to buy firewood, pay volunteer teachers and pay school cooks. They also sometimes bought books for the learners.

Miriam's recommendations included: there was a need to provide infrastructure support for quality ECD services, support the ECD Centers with adequate learning and playing materials for quality, support ECD centres to be well equipped with proper infrastructure, employment and training of teachers on how to handle children with special needs, and continuity of partners supporting feeding programs to enhance nutrition, enrollment and retention. She concluded that the County government, with support from partners, should uphold the localization of health workers by having more CHVs support ECD centres on monitored schedules and reporting.

Dr Caroline Mwangi, DNCH, MOH: Validation of the National Advocacy Strategy

Dr Caroline Mwangi presented for validation the Nurturing Care Advocacy Strategy draft 3, before over *1,000 delegates* (attending physically and virtually) drawn from *10 countries, 23 county governments* and over *70 organisations* during the closing ceremony of the Fourth National ECD Stakeholders' Conference hosted in Siaya County. She thanked AfECN and Advocacy Champions drawn from multiple sectors for their commitment towards putting together the inaugural Nurturing Care Advocacy strategy 2021-2025, which had been drawn from the year 2020. She noted that the related agenda would be taken to the highest level possible.

Kenya has endorsed the Nurturing Care Framework (WHO, UNICEF, & World Bank Group, 2018). It provides an evidence-based road map for securing optimal early and lifelong development of all children for building human capital for inclusive, sustainable development. Whilst the NCF calls for nurturing care from conception until children reach the age of 9 (nine) years, it emphasizes the importance of the first 3 years, during which time children's cognitive development is most rapid and susceptible to positive and negative impacts within their care environment.

The Ministry of Health's (MOH's) Division of Neonatal and Child Health (DNCH) has led a multi-sectoral process for the collaborative development of a SMART National Advocacy Strategy and supporting implementation plan. The process commenced in 2020 with a capacity building programme supported by the African Early Child Network (AfECN) that resulted in the development of a **draft one**. Four thematic working groups were constituted in 2021 to further develop the strategy into **draft two**: Health, Nutrition, Early learning and Safety and security/responsive caregiving. (Pre) Validation workshop held in September 2021 to provide significant inputs into **draft three**, which is now ready for validation at this conference.

The Advocacy Strategy Vision for *every young child in Kenya aged zero to nine years survives, thrives, and develops to their full potential*. Dr Caroline noted that the advocacy strategy was geared towards advocating for all issues involving young children and it contained an implementation strategy of the NCF in Kenya. Various inputs had been being sought from thematic validators from the National level and now the counties, so that the Ministry of Health could be

able to complete the document, have it signed and launched. She called upon the participants of the Fourth National ECD Stakeholders' Conference to advance the advocacy strategy by partnering with MOH.

Stella Ndugire Mbugua - DNCH-MoH: Conference Communiqué

The sharing of the conference communiqué was conducted by Stella Ndugire - Mbugua. She acknowledged Ruth Muendo, Dr Roseline Olumbe, Dr Anil Khamis, and the Secretariat led by Dr Teresa Mwoma, all the rapporteurs and Jennifer Kaberi and the Mtoto News team, for the backend documentation support. The communiqué was endorsed unanimously. Call to Action Themes included: Child thrival, financing, parent/caregiver empowerment, and coordination. The 2021 Communiqué and Siaya Mombasa call to Action can be found on pages 11-12 in this report.

Key actions for Kenya were that stakeholders should recognize that the first 1,000 days of a child's life are critical in ensuring optimal brain and holistic development; ensure that children from diverse circumstances, receive equitable childcare services to grow and develop to their full potential; needs of 0-3s, be prioritized in the workplace including capacity development/family support to parents/caregivers (the home) and onsite childcare; enact ECD policy enhancing coordination and collaboration by all actors; 47 county governments to work in partnership with all partners, including the private sector, to scale up and cost-effective models reaching all children; secure funding for all children; the Biennial ECD conferences shall be held on a rotational basis, in each regional economic block in Kenya; and that all ECD practitioners offering relevant programs and services and researchers - from the grassroots to national levels - should register as members of ECD Network for Kenya, to enhance collaboration and partnership.

Voting for the host county the Fifth ECD Stakeholders Conference (County host)

The conference delegates voted for the Fifth Biennial National ECD Stakeholders' Conference to be held in Turkana County.

Closing plenary

Vote of thanks, Lily Oyare - Board Member

After recognizing the dignitaries present and observing the protocols, Lily Oyare appreciated the support, particularly financial from partner organizations and conference registrants including Government of Kenya Line Ministries of Health and Education, Kenya Police Service and other pertinent departments, Council of Governors, H.E. Rosella Rasanga, The Board of ECD Network for Kenya, development partners, JOOUST, LREB, Smart Start Siaya, Session chairs, rapporteurs, abstract reviewers, ushers, ECDNEK secretariat, online audience, social media handlers, documentations and reporting team and all who had contributed toward the success of the conference. During the reflection session at the end of Day three of the conference, H. E. Deputy

Governor Dr James Okumbe, Siaya County appreciated the team for the co-hosting opportunity, thanked all delegates for the detailed deliberations. He noted that he was glad that the next Conference would be held in Turkana County. H. E. Deputy Governor Dr James Okumbe officially closed out the Siaya conference. Oscar, Master of Ceremony, invited Sr Rosemary of AOSK to make the closing prayer, and delegates also sang the Kenya National and East African Anthems. Click to view the closing ceremony here: [Conference Closing Ceremony](#)