REPORT ON THE FIFTH NATIONAL EARLY CHILDHOOD DEVELOPMENT (ECD) STAKEHOLDERS CONFERENCE

Themed
From Policy and Evidence to Action

Held on

17th - 19th July 2023

At Stegra Hotel, Turkana County, Kenya

#5thECDConf

#5thECD

The Early Childhood Development Network for Kenya (ECDNeK)
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Thank you very much!

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LIST OF ABBREVIATIONS

ACWECA	Association of Consecrated Women in East and Central Africa
ADS	Anglican Development Service
AfECN	African Early Childhood Network
AGYW	Adolescent Girls and Young Women
AIC	Africa Inland Church
AKF	Aga Khan Foundation
ANC	Ante-natal Clinic
AOSK	Association of Sisterhoods of Kenya
APBET	Alternative Provision of Basic Education and Training
APHRC	African Population and Health Research Centre
ASAL	Arid and Semi-Arid land
ASRH	Adolescent Sexual and Reproductive Health
CAPI	Computer Assisted Personal Interview
CBC	Competence Based Curriculum
CEC	County Executive Committee
CECM	County Executive Committee Member
CEO	Chief Executive Officer
CHPs	Community Health Promoters
CIDP	County Integrated Development Plans
CIDT	Community Informant Detection Tool
CoG	Council of Governors
COVID-19	Corona Virus Disease of 2019
CREDI	Caregiver-Reported Early Development Instrument
CRS	Catholic Relief Services
CST	Caregivers Skills Training
CWD	Children with Disability
DD	Developmental Disorders
ECD	Early Childhood Development
ECDE	Early Childhood Education
ECDNeK	Early Childhood Development Network for Kenya
ECDOs	Early Childhood Development Officers
ECE	Early Childhood Education
EIDU	Erwarte Immer Das Unmögliche
F4E	Food for Education
FCDO	Foreign, Commonwealth & Development Office
GDP	Gross Domestic Product
HIV	Human Immunodeficiency Virus
ICCM	Integrated Community Case Management
IDELA	International Development and Early Learning
IECD	Integrated Early Childhood Development
JICA	Japan International Cooperation agency
KANCO	Kenya AIDS NGOs Consortium
KDHS	Kenya Demographic and Health Survey

KES	Kenyan Shillings
KICD	Kenya Institute of Curriculum Development
KLB	Kenya Literature Bureau
KMET	Kisumu Medical and Education Trust
LREB	Lake Region Economic Bloc
LtP	Learning through Play
MECP-K	Madrasa Early Childhood Programme in Kenya
MIYCF	Maternal Infant and Young Child Feeding
MoE	Ministry of Education
MoH	Ministry of Health
MPs	Members of Parliament
MTM	Moments that Matter
NC	Nurturing Care
NCCS	National Council for Children Services
NDD	Neurodevelopmental Disorder
NCF	Nurturing Care Framework
NGO	Non-governmental Organization
NITA	National Industrial Training Authority
PMTCT	Prevention of Mother to Child Transmissions
SSA	Sub-Saharan Africa
SWAP	Safe Water & AIDS Project
TAF	The Action Foundation
TCPD	Teacher Continuous Professional Development
TTK	Tiny Totos Kenya
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USD	United States Dollar
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

FIFTH BLENDED NATIONAL EARLY CHILDHOOD DEVELOPMENT (ECD) STAKEHOLDERS' CONFERENCE (2023)

Theme: From Policy & Evidence to Action

Held at Stegra Hotel, Turkana County from 17ᵗʰ - 19ᵗʰ July, 2023

CONFERENCE COMMUNIQUE AND CALL TO ACTION
#5thECDConf; #5thECD; #5thConference

Preamble

1,193 conference participants from **31 counties in Kenya, 11 countries** and over **80 organizations** comprising Government Officials, United Nations Agencies, Civil Society Organizations, Faith Based Organizations, Philanthropists, Donors, Private Sector, ECD professionals, practitioners and academia convened for the Fifth Blended National Early Childhood Development (ECD) Stakeholders' Conference themed *"from Policy and Evidence to Action"* from 17ᵗʰ - 19ᵗʰ July, 2023 at Stegra Hotel, Turkana County, Kenya.

The conference takes cognizance of the new governments in place at the National and County levels as we mark 10 years of Devolution. As delegates and ECD champions, we have interrogated systems supporting nurturing care for all children. Kenya has a population of 12.2 million children aged 0-9 years comprising 72 % rural and 28% urban dwellers. The Kenya Demographic Health Survey (KDHS, 2022) notes progress in the reduction of stunting from 26% in 2014 to 18% in 2022; however, these data is in need of being updated as the COVID-19 pandemic led to significant reversals in health, education and livelihoods affecting women and children most. Therefore, ECD Stakeholders need to do more to ensure that no child is left behind.

The Nurturing Care Framework has been adopted by the regulatory frameworks in Kenya through various legal[1] and legislative instruments to support children's rights to survival, full development, thriving, and societal transformation.

The 2010 Constitution of Kenya (Article 53) recognizes the right of all children to be protected from abuse, neglect, harmful cultural practices, all forms of violence, inhumane treatment and punishment, and hazardous or exploitative labor. Further it stipulates that the best interest of the child is a central tenet for the development of the entire country with responsibility shared by the National and County Governments and also the Civil Society.

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[1] Legal and legislative instruments supporting children's rights include: Convention on the Rights of the Child (CRC, 1989), African Charter on the Rights and Welfare of the Child (ACRWC, 1990) and Constitution of Kenya (2010).

County Governments in Kenya are working to enhance investments in early years by initiating integrated ECD services. Despite Kenya's investment in Early Childhood Development (ECD) reaching an estimated USD 81 per child, this amount remains significantly lower than that of regional counterparts in Eastern and Southern Africa. Persistent regional disparities and inequalities are particularly notable in hard-to-reach areas.

The timely finalization of the Integrated Early Childhood Development policy and its implementation is now urgent. We call upon all stakeholders to create coordinated support structures and processes to meet the needs of all children. The National Council for Children Services (NCCS), mandated under the Children's Act (2022), warrants engagement of all stakeholders to support effective monitoring and advocacy. **Therefore, building on this conference and the proceedings of previous national conference communiques, ECDNeK as issued [at KICD (2016), Kenyatta University in Nairobi (2018), Mombasa (2019), Siaya (2021) and now Turkana (2023)], we make the following Call to Action:**

The Turkana Call to Action

This Communique calls on all Early Childhood Development (ECD) State and non-state actors to embrace multi-sectoral collaboration and implement the Roadmap of Action on ECD. This entails collectively moving from the available knowledge and evidence-base to action. We urge all ECD stakeholders to engage in coordinated efforts and interventions to overcome fragmentation of services and unleash synergies. The Integrated Early Childhood Development Policy must be the reference point informing activities, services, and provision at all levels of Government, with governmental oversight. We therefore call for the mainstreaming of ECD and early learning in the existing education system.

The following are the substantive policy and action-oriented recommendations made at this conference:

1. **Systems thinking and the Nurturing Care Framework: Strengthening community systems - leveraging the community health strategy to ward level**
   - Emphasize prevention and control of poor health with a focus on wellbeing, address the burden of **malnutrition** through education for parents and caregivers, optimal preconception care, access to prenatal services, safe delivery and Maternal Infant and Young Child Feeding (MIYCF) to ensure pregnant mothers and children have a good start in life;
   - Utilise existing government systems and political leadership and the First Spouses as **ECD Champions**;

2. **Leveraging intersectionality: Coordination, Technical Working Groups, and implementation blocks**
   - Prioritise **multi-sectoral coordination** on the early years focused on age and stage-related child development; building on the Science of ECD which tells us that the first 1,000 days (ages zero to three) and the subsequent 3,000 days (ages) 4-8, are the most rapid for brain development and the foundation of an individual's skills and capabilities;
   - Development of a **costed ECD Implementation Plan** that aligns to sectoral mandates with intra-Ministry coordination;
   - Coordinate Government **monitoring and reporting** on the Situation of ECD in Kenya and the level of implementation of the Integrated ECD Policy;

- Actively support ECD advocacy with a **communication strategy** at County and National Government levels, for state and non-state actors to collaborate in supporting parents, caregivers and service providers with information, technical competencies and evidence for investing time, energy and resources in the early years;
- Prioritise ECD and ring-fence **resourcing** on young children to ensure higher economic and social returns in the County Integrated Development Plans (CIDPs) and annual budgeting rounds;
- Leverage **technology and data analysis** capabilities to inform planning, budgeting and early warning interventions in crisis areas;
- Support, under the leadership and direction of the County, a **comprehensive mapping and up-to-date database** to support partnerships, collaboration, and programme synergies to reach unreached areas;

3. **Aligning knowledge: Indigenous and traditional child-rearing practices and cultures that promote nurturing care**
    - Enhance uptake of **positive indigenous knowledge** on the care and needs of all children aged 0-8 years, including in the workplace and social support services to diversify and strengthen quality childcare options;

4. **Reframing inclusivity: A good start for all children**
    - Empower, through **capacity building and training**, the ECD workforce, including parents and caregivers, to address the need for early detection, screening and support differently abled children including children with extraordinary talent;

5. **Early Childhood Education: building programs on best practices**
    - Articulate early years workforce training with the Competence Based Curriculum (CBC) to professionalise the ECD workforce with recognised qualifications, training, and schemes of service;

6. **Sixth biennial National ECD Stakeholders' Conference will be held in Garissa County in 2025.**

Endorsed on 19th July, 2023 at the Fifth National ECD Stakeholders' Conference, held at Stegra Hotel, Turkana County

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1.0 BACKGROUND

1.1 THE ECD Network for Kenya (ECDNeK)

The Early Childhood Development Network for Kenya (ECDNeK) is a membership organization that was established in September 2015. This was after a realization of a gap in coordination of Early Childhood Development (ECD) initiatives in Kenya provided by various actors and organizations that were engaged in service provision, capacity development, research and advocacy. Subsequently, in September 2019, the network was registered with the NGO's Coordination Board of Kenya as a non-profit organization.

The ECD Network for Kenya undertake programs in relation to research in ECD, Nurturing Care for ECD advocacy, effective partnerships and coordination of state and non-state actors. This ensures strengthening of multi-sectoral collaboration among actors and in the end promote access, quality and holistic ECD programs for children in Kenya.

Although incepted in 2015, the network was launched in 2016 by the Ministry of Education (MoE) and stakeholders, during the 1st National ECD stakeholders' conference, held at Kenya Institute of Curriculum Development (KICD) in Nairobi. ECDNeK secretariat is hosted in Kenyatta University's (KU's) Department of Early Childhood and Special Needs Education, in Kenya. ECDNeK has held a series of annual and biennial conferences from 2016 to 2021. The conference themes included; Accelerating Early Childhood Development through partnerships (Nairobi County, 2018), Promoting synergies: inclusive approaches to Early Child Development (Mombasa County, 2019), Responsive caregiving for children in diverse circumstances: Innovations and Inclusivity (Siaya County, 2021).These conferences acted as avenues where ECD actors exchange knowledge and learning, promotes partnerships and networking, advances ECD advocacy, ECD actors interacts with policy makers, promotes collaboration in program implementation and promotes synergy among actors.

The ECD Network for Kenya is managed by nine Board of Directors, and under it, is a secretariat headed by the Executive Director. The Board was constituted in 2019 and convenes on a quarterly basis, with Annual General Meetings with members. Details for the leadership and Board can be found here

Our Vision

Strong multi-sectoral collaborations advancing Nurturing Care for Early Childhood Development in Kenya.

Our Mission

Promote, support and sustain an enabling environment for the implementation of Nurturing Care for Early Childhood Development through research, advocacy, effective partnerships, and coordination

Our Goal
Our goal is to contribute to inclusive and equitable quality Early Childhood Development opportunities for children 0-8 years in Kenya, through the following strategic objectives:
1. To influence an enabling policy environment for ECD.
2. To influence increased Investment and Accountability for ECD.
3. To strengthen coordination of ECD initiatives.

1.2 INTRODUCTION

The Ministries of Education and Health in collaboration with the ECD Network for Kenya, Council of Governors, and Turkana County co-hosted the Fifth National ECD Stakeholders Conference from 17th -19th July, 2023 at Stegra Hotel in Turkana County Kenya. The conference brought together over **1,193** conference participants from 31 counties[2] in Kenya, 11 countries[3] and over 80 organizations comprising Government Officials, United Nations Agencies, Civil Society Organizations, Faith Based Organizations, Community Based Organizations, Philanthropists, Donors, Academia, Research Institutions, ECD professionals, practitioners, researchers and the Private Sector.

The conference provided an opportunity to explore the challenges and opportunities associated with translating policy and evidence into action, including issues related to financing, capacity-building, and stakeholder engagement. It showcased examples of successful policy implementation and discussed ways in which we can continue to improve our approach to ECD policy-making and implementation.

The objectives of the conference included:
- Strengthening community systems by leveraging existing data on areas of community strategy, use of technology, policy implementation and engagement.
- Creating awareness on practical and context relevant approaches for implementing the Nurturing Care Framework while engaging the government through collaboration, coordination and technical support processes at all levels of governance and management.
- Identifying the link between Early Childhood Development and feasible cultural or indigenous child-rearing practices and childcare models, supporting all children to thrive.
- Identifying milestones, gains and drawbacks in the development of Early Childhood Education policy and practice in Kenya.

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[2] Baringo, Bungoma, Busia, Elgeyo Marakwet, Embu, Garissa, Homa Bay, Kajiado, Kakamega, Kericho, Kiambu, Kilifi, Kisumu, Laikipia, Machakos, Makueni, Mandera, Marsabit, Meru, Migori, Mombasa, Nairobi, Nakuru, Nyamira, Nyandarua, Siaya, Trans Nzoia, Turkana, Uasin Gishu, Vihiga and West Pokot

[3] Kenya, Nigeria, Rwanda, Spain, Tanzania, United Kingdom, Zambia, Cayman Islands, Gambia, Mauritius and Uganda

2.0 CONFERENCE PROCEEDINGS,

2.1 PRESENTATION - ECDE LEARNERS

The children's presentation expressed the value of education. The children noted that all the leaders they knew were once in school. They asked for protection and appreciated the nurturing care agenda. They noted the importance of good nutrition and the ongoing feeding programs underway in local schools. They recognized and appreciated all the partners who support the children's agenda. .

2.2 OPENING REMARKS

Address by the National Coordinator for ECD Network for Kenya, Dr. Teresa Mwoma

Dr. Mwoma welcomed all the national, regional, and global stakeholders to the 5th ECD Stakeholders conference 2023. She recognized the commitment and support of the Governor, Turkana County in ensuring the success of the conference. She appreciated the Principal, Turkana University for the support from the university in planning the conference. Additionally, she thanked the following players who also contributed to the success of the conference – UNICEF, PATH, Child fund, Aga Khan University IHD, APHRC, CRS, Lwala Community Alliance, Warldof Kakuma, World Vision Kenya, KMET, AOSK, AfECN, Build Africa, JICA, Lutheran World Federation, Save the Children, Mary Meals, Welt Hunger Hilfe, Ateker Hotel, Stegra Hotel, Turkana University, Kenyatta University, KANCO, Kidogo Early Years, Fin Church Aid, ACWECA, Upward Bound Company Limited, EIDU, AIC Health Ministries, KLB, and Turkana Development Trust.

She stated that the network had a small token to go towards feeding the preschool children after which she called upon the ECD network's chairperson to hand it over to the Governor Turkana County. She further went on to stalk the progress that had been made in the country in relation to early childhood development, and highlighted that the conference would provide delegates an opportunity to interrogate the systems that had been put in place to ensure a nurturing care environment for all children in Kenya.

The size of the child population represents a potentially significant asset and opportunity for national development if enabling environments are provided. There are 12.2 million children with 72% in rural areas and 28% in urban areas as reported by the 2019 national population census. The recently released Kenya Demographic and Health Survey (KDHS) showed that of 18% of children stunted, were from mother's with low education, those living in rural and those from the lowest quantile. The wealth index and level of mothers' education (lacking formal education) and informal residence, all have a significant influence on Early Child Development trajectories. Much progress has been made in recruiting ECD teachers: a scheme of service for ECD teachers has been prepared, but this had not been implemented in all counties.

Dr. Mwoma noted that implementing ECD interventions in Kenya was tremendous in scope, but the statistics showed that disturbing inequalities and shortcomings persisted. There was also delay in the completion of the IECD policy and the Nurturing Care Advocacy strategy. Dr. Mwoma called on the National Council for Children's Services, steering the finalization of the Integrated Early Childhood Development (IECD) Policy, to conclude the process at the earliest opportunity to pave way for

implementation of this key policy. She also called on all counties to pay ECD teachers in line with their qualifications; and on the Ministry of Health to steer the finalization of the Nurturing Care Advocacy Strategy so that the strategy could be ready and available for use.

She concluded by inviting all delegates present to join the ECD Network, as members where they would be able to collectively voice issues affecting children.

Address by ECDNeK Board Chairperson - Beatrice Oyugi, PATH

Beatrice noted that PATH's goal was to ensure a Kenya where all actors in ECD joined a multi-sectoral forum to address the issues of children. A key question was on how to translate the evidence already available and the numerous policy documents into action to help a child to thrive. This prioritization of ECD and the allocation of adequate resources would be viewed as an investment. This required intensified advocacy on the part of all actors. Beatrice called on political leaders to prioritise ECD and consider it as an investment to transform human capital, rather than an expenditure.

Turkana University College Principal - Prof. George Chemining'wa

Prof. George Chemining'wa warmly welcomed everyone to the 5th National ECD Stakeholders' Conference. He proudly mentioned that Turkana University College is situated in Turkana County, known as the "Cradle of Mankind," inspiring its motto, "the Cradle of Knowledge." Established in 2017 as a constituent College of Masinde Muliro University of Science and Technology, the university aims to achieve global recognition for excellence in teaching, research, and outreach. Its core mission revolves around generating, preserving, utilizing, and disseminating high-quality knowledge for the betterment of humanity. Hosting this Conference aligned perfectly with the University's Vision and Mission.

The conference theme, "From Policy and Evidence to Action," deeply resonated with the University's dedication to excellence in education and holistic development. Turkana University College highly values the pivotal role played by Early Childhood Development in shaping our society's future. To address this, the University offers academic programs in Early Childhood Education through the School of Education and Social Sciences. The institution firmly believes that policies, underpinned by evidence-based practices, should be translated into tangible actions that benefit our children and communities.

One of the University's proudest achievements is its incorporation of indigenous knowledge and traditions into academic programs, ensuring that graduates possess a profound understanding of the local context and children's needs. This is particularly vital due to the institution's location in a region renowned for its rich cultural heritage and resources. Moreover, the University embraces the opportunity to collaborate with practitioners, policymakers, researchers, and leaders in the field of ECD. Above all, it strives to bridge the gap between theory and practice by harnessing collective expertise to bring about meaningful change.

Prof. George emphasized that the conference provided an invaluable platform for open dialogue, knowledge sharing, and the exploration of innovative ideas that will shape the landscape of Early Childhood Development in Kenya. He urged delegates to actively engage in conference sessions, seize networking opportunities, and share their invaluable insights. He urged the community to collectively envision a future where every child in Kenya has access to quality Early Childhood Development services, regardless of their background or circumstances.

2.3 OPENING CEREMONY

The Turkana County Education Committee Member (CECM) addressed the delegates and described that the Turkana County's agenda on ECD included revitalizing education and child protection.

H.E Hon. Jeremiah Ekamais Lomorukai, Governor, Turkana County

The Governor Turkana County H.E Hon. Jeremiah Ekamais, welcomed everyone in the conference to Lodwar town and Turkana County. He was grateful that Turkana County had been selected to host such an important conference. The conference was in line with the spirit of devolution for equity and inclusion. He stated that the forum presented a unique opportunity to put Turkana on the map of Kenya and highlight the tremendous progress they had made in the ECD sector. It also allowed key national stakeholders in the education sector, to witness first-hand the opportunities and challenges faced in different, less developed parts of Kenya.

In his opening address, the Governor noted that it was necessary for deliberate efforts to be made to translate policy from mere statements into action. For instance, there were many children who were out of school in Turkana County and there was a need for more ECD centres to reduce the distances to these centres. In response, the County was building new model ECD centres and was keen to renovate and equip existing ones. Children in Turkana County have access to quality Nurturing care. Regarding the constant drought that impacts households, the county was determined to strengthen feeding programs in schools.

Chief Guest: Dr. Erick Mutai, Chair Education Committee, Council of Governors and Governor of Kericho County

The Chief Guest, Dr. Erick Mutai, Governor of Kericho County, focused on the tremendous development happening across the counties to create formal learning environments and strengthen infrastructure. According to the Chief Guest, enrollment had improved, teachers were recruited, but the question regarding the status and gaps in early learning remained unanswered. He noted that counties were creating child-friendly spaces in schools and providing playfields and materials to build these child-friendly environments.

Dr. Mutai emphasized that the feeding programs were excellent. He added that there was a need to provide meals to children to keep them in school and, in turn, enhance their academic performance. Dr. Mutai stressed the importance of convening stakeholders from multiple sectors, including nutritionists from the Ministry of Health and Ward Administrators, to ensure the proper administration of nutrition for Early Childhood Education (ECE) learners.

The Chief Guest, however, mentioned several challenges, including a shortage of resources at the County level. To address this issue, a conditional grant for Early Childhood Development and Education (ECDE) was being developed, with the aim of employing ECDE personnel on permanent and pensionable terms. An allocation of KES 5 billion would be earmarked for remunerating ECD teachers. He also acknowledged the challenge posed by the rising enrollment rates, with a current ratio of 70:1 learner to a teacher. Therefore, to address access challenges, there was a pressing need to recruit more teachers and construct additional facilities to achieve a target ratio of 30:1 learner to a teacher.

2.4 KEYNOTE ADDRESSES

Supporting the Government to Improve ECD Systems in Kenya; Agnes Ngonyo - UNICEF

The early years, up to five years of age, are perhaps the most influential development period for children. Kenya prides in an improvement in rates of women giving birth in health facilities, immunization and a drop in stunting rates as reported in the recently released Kenya Demographic and Health Survey (KDHS) survey. However, access to education remains a challenge for hard-to-reach areas and the arid and semi-arid areas.

Laws and policies can improve Early Childhood Development by increasing access to and quality of ECD services, as well as saving money and time for parents to provide optimal nurturing care for their young children. The legal and policy environment for ECD must be backed with sound and current evidence and inform a solid implementation framework to enhance impact and ensure that no child is left behind.

Agnes noted that improving the use of indigenous knowledge was critical, and should be linked to existing systems. In addition, ECD information systems should be inter-linked for timely and effective sharing of information on children. With an effective information management system, and a good policy environment to enable us move from evidence to action, the ECD community needs to focus on developing infrastructure and collaboration among different actors.

The development of policy and the implementation of ECD interventions is hampered by low budget allocation. ECD in Kenya is allocated USD 81 while other countries in the region allocate USD 138 per child. Agnes noted that the role of UNICEF was supporting the government to improve ECD systems in Kenya. The recommendations raised were that we needed to close the gap between what we know and what we do. This should be done with concrete and scalable interventions. There was also the need for a significant increase in the resources allocated to ECD to align with the USD 138 per child in the region.

The Importance of Taking a Systems Approach to Turn Evidence and Policy into Action; Maniza Ntekim - Conrad N. Hilton Foundation

Ms Ntekim emphasized on the importance of taking a systems approach to turn evidence and policy into action. She focused on the actions required to move from policy and evidence to action. She looked at four key areas which included:

1. Right policy environment
   A timetable for finalisation of the IECD policy whose development started in 2018 was essential, so that implementation could begin. Ms Ntekim also noted that a sustainable systems approach in ECD was critical, to create the right policy environment and support the County Governments to put ECD policies and legislations that mattered in place.

2. Multi-sectoral collaboration
   What is each sector going to do to work better with other actors, and co-ordinate efforts in ECD?

3. Governance
   Accountability, Regional fora and County leadership fora, as well as meaningful community participation.

4. Financing
   We need to quantify and cost our interventions to help mobilise resources. We need to use that information to ensure that County Integrated Development Plans (CIDP) intentionally invest in children. We need adequate allocation of finances to services for children - primary health care, pre-primary education and protection programs. Key recommendations were that action was required in four key areas - ensuring a right policy environment for ECD, multi-sectoral collaboration amongst actors, strengthened governance and increased financing - so as to move from policy and evidence to action.

First Lady's Address, Turkana County, H.E Lilian Ekamais

The First Lady noted that Turkana County promotes the inclusion of Children with Disabilities and called on all actors to allocate adequate resources to ensure the effective inclusion of Children with disabilities.

Keynote address: Role of First Spouses in promoting Early Childhood Development in the Lake Region Economic Bloc; H.E Emilly Nyaribo, First Lady, Nyamira County

Her Excellency the First Lady of Nyamira County in her keynote address emphasized that we cannot achieve SDG targets if we do not prioritise ECD. Nutrition; and the Health of the mother was also important because of the critical window of opportunity existing in the first 1,000 days from conception to three years. The First ladies across the Country had championed ECD implementation in their Counties and other programmes that aligned with the Nurturing Care Framework (NCF). They were committed to do ''Word of mouth advocacy networking'' to advocate for mothers and young children to thrive.

Noting that the Nurturing Care Framework was key for the best interest of children, H.E Emilly Nyaribo emphasized that it must be implemented through a multi-sectoral approach that goes well beyond the academia to include all actors including environment, health and local administration.

She advocated for allocation of resources enough for expectant mothers and facilities; benchmarking with Siaya and adopting the Smart Siaya initiative together with integrating ECD in CIDPs, educating chiefs, sub-chiefs and village elders and including all key actors to achieve a truly effective multi-sectoral approach.

The Role of Ministry of Health in Promoting Implementation of Nurturing Care for Children 0-5 years in Kenya; Dr. Janette Karimi, Head Division of Newborn and Child Health Ministry of Health (MoH)

In her address, Dr. Janette emphasized brain development, stating that 90% of brain growth occurs before primary school. At birth, the brain is 25% of the adult size, by 2 years, 70%, by 3 years, 80%, by 5 years, 90% and full development occurs at age at 25. Dr Karimi noted that the best predictor of academic success at the end of high school is how well the child was doing on the very first day of school. Negative caregiving has long-term negative effects on brain development including working memory and inhibitory control

functions. Mothers and fathers make meaningful contributions of maternal executive function and caregiving to the development of executive function across early childhood. The emotional and physical health, social skills, and cognitive-linguistic capacities that emerge in the early years are all important prerequisites for success in school and later in the workplace and community.

Dr Karimi noted that the role of the MOH, therefore, is to ensure good health and nutrition by ensuring mothers are educated and have access to preconception care, antenatal care and safe delivery to ensure a healthy pregnancy and delivery. Further MOH's goal is to ensure optimal newborn and child care for the prevention and early treatment of disease. Healthcare workers are likely to be the first point of contact with caregivers and so play the essential role of providing health education and service delivery to the caregivers to enable them to provide nurturing care to their children. The first 1000 days (from conception to 2 years) is critical in the physical and cognitive development of a child.

County Departments of Health are mandated to provide health promotion, disease prevention, curative and rehabilitative services. They, therefore, focus on families and their communities and strengthening service delivery.

Dr. Jeanette noted that Kenya had adapted the NCF in 2018, an IECD policy was being developed in partnership with NCCS and MOE and that the Nurturing Care for ECD Annual work plan was being integrated into the Ministry of Health's broader work plan.

Childhood Disabilities and Responses - Meeting the Developmental Needs of all Children; Dr. Anil Khamis - Aga Khan University, Institute for Human Development (IHD)
During the ages of 0-3 years the brain develops most rapidly, Therefore the earlier we intervene the better the outcomes achieved. Caring for the caregivers is important in advancing nurturing care. Further, children with disabilities are likely to get to school later than they need to, which further negatively affects their life course capacity to achieve their full potential. The Nurturing Care Framework (NCF) does have enough specific intervention and information on Children with Disabilities. We need to make deliberate efforts to reach all children. Inclusive Early Childhood Development is important and helps children to develop a conscientious and inclusive approach. We need to train the workforce to identify, detect and intervene in cases of Children with developmental delays, special needs and disability. Dr Anil recommended that multisectoral coordination of ECD should extend to and indeed start at community level.

The Role of Higher Institutions of Learning in Promoting Nurturing Care for Children Aged 0-3 in Kenya; Dr. Esther Waithaka, Chair Department of Early Childhood Education and Special Needs, Kenyatta University
Dr. Waithaka revealed that training in Early Childhood Education at university level was introduced in 1995. Kenyatta University trains ECE trainers at all levels of education and has trained over 10,000 teachers. Certificate level students are trained as teacher assistants. In addition, the university runs a child care centre that caters for children aged three months and above and teachers at the centre are employed at graduate-level scheme of service.

Apart from research and training, universities and institutions of higher learning are required to engage with other stakeholders to effectively address the needs of the child. Kenyatta University supports advocacy and hosts the ECDNeK secretariat. The University advocates for ECE teachers to be hired at graduate level. Kenyatta University in partnership with Tharaka Nithi County and Yale University from the United States of America are conducting a randomized control trial study on establishment of play groups in public pre-schools. Kenyatta University believes in giving the child the best start before thinking of other levels of Education.

The Role of the Ministry of Education in Promoting Quality Early Childhood Education in Kenya; Mr. Sereria Mirumbe, Ministry of Education, A.G Director ECDE:

Sereria Mirumbe noted that children who enroll and complete pre-primary learning are better prepared for primary education and lifelong learning. Ensuring quality in delivery of education is mandated for all actors.

Quality early childhood education includes:
- The learning environment which requires construction of buildings;
- Training and employment of qualified ECD teachers;
- School feeding programme - provision of adequate morning, mid-morning and lunch break meals.

He also said that MOE has collaborated with the Ministry of Health on vaccination and immunization of young children; and have allocated more funds to quality assurance and standards; ensured capacity building for teachers on new and innovative pedagogies; ensured that learners have tools for assessments. Additionally, Mirumbe noted that the MoE had been part of developing Policy on childcare for incarcerated mothers, which had been finalized in 2022 and policy regulation on learners and trainers with disability.

The Role of Research in Policy Development and Implementation in Kenya; Dr. Beatrice Inyangala, Principal Secretary, Higher Education and Research

The role of research in policy development and implementation in Early Childhood Development is critical. According to her, research: (i) helps identify the risk factors that may hinder optimal development; (ii) helps evaluate impact of existing policies and interventions; (iii) builds public awareness and garners support for policies; (iv) informs training and development of teachers, caregivers, and practitioners by providing evidence-based best practices; (v) provides a foundation upon which effective policies and programs can be built. The challenges of research in policy development and implementation includes; time investment, scale and objectivity, communities and incentives. Solutions to these challenges are that: researchers need to have the intent of influencing policy and practice; production of high-quality research; academic incentive and reward systems need to move away from publishing and citation counting to promotion of research impact; wider communication of findings to the public, civil society and policymakers; use of intermediaries between researchers and practitioners; researchers engage with the political context of their work; researchers engage the users to understand the demand-side dynamics of especially in practice and policy circles; cultivating a closer relationship between policymakers and academic researchers.

Dr. Beatrice Inyangala presented two scenarios were given in line with this discussion:

Scenario 1: Risk Assessment
What could be the:
1. Effect of teen pregnancy on ECD uptake - In Kenya there are currently about 300,000 teen pregnancies.
2. The Education Sector Analysis (2018) revealed that close to 25 percent of children who are supposed to be enrolled in pre-primary are out of school; with a few directly enrolled in primary schools.

Scenario 2: Impact of Policies
Do we have policies which have not been fully implemented?
- Economic survey (2018) 3,390,545 ECD learners with 112, 703 trained teachers (A ratio of about 30:1) as opposed to 25:1
- As of 2019, 29,000 special needs teachers had been trained with about 17,000 employed.

- National Survey on children with disabilities and special needs (2018), 2,489,252 (11.4%) learners live with disability.

Recommended Teachers' ratio
- 1:1 for: Deaf Blind, Cerebral Palsy and Severe/Multiple impairment; 1:5 Autism
- 1:10 Mild mentally Impaired and Gifted and Talented;
- 1:12 Hearing Impaired
- 1:15 Visually Impaired and Physically Impaired

The Role of NCCS in Unpacking the Children Act, Regulatory and Policy Implementation of ECD Systems in Kenya; Sheikh Abdinoor CEO, NCCS

The National Council for Children's Services is a State Corporation established under section 41 of the Children Act, 2022. The Council draws its mandate from Section 42 of the Children Act, 2022. The Council is mandated to regulate, coordinate, and oversight children services in Kenya and advise the Government on all matters relating to children.

The Children Act, 2001, needed to be aligned with the United Nations Child Rights Charter, the African Charter on the Rights and Welfare of the Child and the Constitution of Kenya. The Children Act, 2022 is informed and supported by other Acts of parliament relevant to Registration of births, Health, Nutrition and Education. The NCCS has the following mandate: (1) Advisory role (2) Regulatory role and (3) Co-ordination role.

Sheikh Abdinoor said that the NCCS endeavours were collectively geared towards furthering the best interest of the child. Parental responsibility is also articulated - because in the African family context, children have rights, yes, but also responsibilities. Protection of children from abuse was also expanded to address online abuse or the potentiality of it. There is also provision for the right to social security with an obligation to create a Children's Welfare Fund. The creation of child safe houses is also included and the new Act recommends provision of a unit in every Police Station to deal with offences related to child welfare.

With regards to the Integrated ECD Policy that is currently being developed and having been validated in July 2023, Abdinoor noted that there had been fragmentation and a siloed approach on Early Childhood Development (ECD), which was skewed towards the education sector focus - covering children of age group of four to eight years marginalising children aged zero to three. It has become necessary for an integrated, holistic perspective on ECD. It is also necessary to integrate the IECD Policy into all other policies concerned with children matters. The policy was also necessary in providing guidance in resource use and thematic implementation in order to achieve the desired ECD goals.

Sheikh Abdinoor remarked that a roadmap for the completion of the IECD Policy completion exists. He noted that support from all actors was required to complete the policy through a collective, collaborative process. He called for increased funding and investments in ECD, to enable NCCS to complete the process.

3.1 Early Childhood Education: Building Programs on Best Practices

3.1.1 Influence of Nurturing Care Framework on Learner Participation in Pre-primary School Activities in Turkana Central Sub-County, Turkana County, Kenya; Joyce Chebet

Nurturing care plays an important role in promoting learner participation in pre-primary school activities. However, in Turkana Central Sub-County, participation of learners in pre-primary school activities has been a challenge with lower enrollment rates and eventual high dropout rates. This study sought to assess the influence of the nurturing care framework on learner participation in pre-primary school activities in Turkana Central Sub-county, Turkana County, Kenya. The study was guided by the motivational theory and theory of learner participation. A mixed methodology was applied and the concurrent triangulation design. Target population consisted of 35 head teachers, 153 pre-primary school teachers, 490 parents' representatives and 606 learners totaling 1,284 from which a sample of 305 respondents (10 head teachers, 110 pre-primary school teachers, 10 representatives of parents and 175 pre-primary school learners) was determined using the Yamane's Formula. Quantitative data was analyzed descriptively using frequencies and percentages and inferentially using Pearson's Product Moment Correlation Analysis with the help of Statistical Packages for Social Science (SPSS Version 23) and presented using tables. The study established that the learner enrollment in pre-primary schools in Turkana Central Sub-County stands at 67.9% against a national aggregate of 92.7% with components of the Nurturing Care Framework such as good health, security, nutrition practices and provision of opportunities for early learning not fully integrated. The study recommends that the County Government should partner with stakeholders in pre-primary school education and development partners enhance nurturing care to mitigate against low learner participation in pre-school activities.

3.1.2 Tiny Totos Kenya Daycare best practices, informing child outcomes over time; Chepkoech Faith, Mildred Obuya and Naleke Konchela

Tiny Totos Kenya is a social enterprise solving African's childcare crisis by turning babysitters into childcare entrepreneurs. Tiny Totos provide informal caregivers with access to network, capital, training and technology and thus quality of service improves. The TTK study used a longitudinal approach to assess child developmental milestones. A descriptive sampling technique was used where data was collected through direct observations and structured interviews with caregivers by their field staff. The data was collected using Caregiver-Reported Early Development Instrument (CREDI).

The key findings were that (i) empowerment of caregivers is critical for child development (ii) the resource centre aids caregivers to understand and employ play-based learning practices (iii) use of a daily routine in daycares has a direct impact on child development (iv) providing nutritious meals to children supports their overall well-being and enhances their learning abilities. In conclusion, Tiny Totos interventions have the potential to significantly enhance children's developmental trajectories.

3.1.3 EIDU - an effective digital teaching and learning program for ECDE; Nina Bolte

EIDU has introduced a cost-effective, holistic teaching and learning digital platform, supporting all stakeholders in the ECDE sector. The platform has integrated the Tayari structured pedagogy program (commissioned and co-developed by the MoE) as well as a personalized digital learning curriculum for learners. The program has seen remarkable success as teachers have embraced the program and learners are learning more than their peers without the program.

Through the enhanced EIDU's technology approach, the County Governments are realizing positive change in the following ways: (i) availability of high-quality teaching and learning resources (ii) continuous teacher capacity building (iii) guided support on effective pedagogy in the classroom (iv) accountability through real time monitoring. Even with the positive outcomes that were recorded, not all teachers are able to adapt to their new roles within a short time-frame. Continued support is necessary for sustained impact.

3.1.4 Translanguaging as a medium for creating school-home interaction in Early Childhood Education Centres in Turkana County; Edward Lokidor

The paper aims to explore how teachers use translanguaging to create home-school interaction in Early Childhood Education Centres in Turkana County. The study will be guided by translanguaging theory. Through a case study approach, semi-structured interviews, Focus Group Interviews and unstructured interviews, data will be collected and analyzed using thematic analysis. The findings of this study may inform the need to recognise translanguaging as a legitimate medium in creating home-school interaction in ECD in Turkana, hence filling the gap resulting from by high levels of parental illiteracy.

3.1.5 A case for Early Childhood Development and Education, Policy and Practice in the County Governments in Kenya; Tracy Koske, Sharon Macharia, Joshua Ainabyona and Asayya Imaya

This paper underscores the experiences of Uthabiti in the policy development process within the Kenyan County Governments, presents the best practices and makes recommendations for the creation of a supportive policy and regulatory environment. County Governments have faced many challenges in attempting to draft and implement policies and programs for Early Childhood Development and Education. While the Constitution of Kenya devolves pre-primary education and childcare to County Governments, little has been done to expressively unbundle these functions. Over the past three years, Uthabiti Africa has worked collaboratively with stakeholders in the counties to develop and critique policies on Early Childhood Development and Education. In doing so, Uthabiti Africa has, in the process, acknowledged the position held by government officials and thus puts the Government in the lead. In March 2022, Uthabiti, through the Policy and Regulatory Technical Working Group, planned and convened the first-ever National Policy on Early Childhood Care and Education and Development, where over 39 County Governments were represented. Participants interrogated the policy and practice in ECCED and developed a Call to Action. Currently, Uthabiti Africa leads policy conversations in five Counties of Kisumu, Nairobi, Mombasa, Kajiado, and Busia, with plans to scale up to 15 more Counties across Kenya. Uthabiti Africa continues to use experiences gained over time to inform policy programming and contribute to National discourse, such as the development of the National Childcare Policy that the Council of Governors lead.

3.2 Reframing inclusivity: A good start for all children

3.2.1 Sources of risk and resilience for children from Arid and Semi-Arid Areas (ASALs) in Kenya: A qualitative Study; Esther Chongwo, Joyce Marangu, Phyliss Moraa, Eunice Njoroge, Barack Aoko and Moses

It is estimated that over 250 million children under-5 years in low and middle-income countries are at a risk of not reaching their full development potential (Black et al, 2017). Despite these risks, there are those children who grow up and overcome the challenges (Masten et al, 2018). Children living in marginalized Arid and Semi-Arid Lands (ASALs) or communities in Kenya are vulnerable to poor developmental outcomes due to a constellation of risk factors (KHDS, 2014). However, there is a dearth of comprehensive data on sources of risks and resilience in these children. Systematic documentation of the risk factors for

child outcomes will be key in quantifying the overall burden and informing policy. Additionally, understanding the factors that enhance coping and resilience in children from these marginalized arid and semi-arid communities is key to implementing targeted interventions. As a step towards the development of contextually relevant interventions, we conducted a situational analysis. The main aim of the study was to qualitatively document the community perceptions on sources of risk and resilience for children living in Arid and Semi-Arid communities in Kenya. The study was conducted in 10 arid and semi-arid counties which are majorly marginalized communities in Kenya. These regions have the highest levels of poverty in the country and the lowest development indicators (KHDS, 2014). Purposive and snowballing techniques were used to recruit 10 Key Informants per site with varied levels of involvement with Early Childhood Development. A semi-structured interview guide developed by the research team was used. In total, we conducted 103 in-depth interviews with key informants. Of these, 45 were females and 58 were males. The mean age of the participants was 43.89 years (SD = 10.89 years). The interviews were audio-recorded and transcribed verbatim. NVIVO software was used for data management and analysis done thematically. Preliminary findings highlight several risk factors for poor child outcomes. They include female genital mutilation, early marriages, polygamy, poor maternal mental health, Gender-Based Violence, food insecurity leading to malnutrition, insecurity, nomadism, poverty, and other climate change effects such as heat stress, floods, droughts and extreme cold at night. Some of the identified sources of resilience include responsive parenting, family support, exclusive breast feeding, communal child ownership, traditional activities such as dances, religious activities including Madrasas where children start learning at very early age, school feeding programs, and natural adaptation of the children. This study recommends the urgent need to address the challenges that face children in these marginalized communities. Furthermore, it necessitates the finding of innovative programs to protect and support the holistic development of these children.

3.2.2 Nurturing Care for Children with Neurodevelopmental Disabilities: A Cross-Sectional Descriptive Study in a Rural Setting in Kenya; Silas Onyango, Margaret Nampijja, Nelson Langat, Paul Otwate and Patricia Wekulo

Globally, it is estimated that over 53 million children currently live with Neurodevelopmental Disabilities (NDDs), the majority of these children live in low- and middle-income countries (LMICs). Childhood disabilities are a significant cause of poor development in children and are a public health concern in many sub-Saharan African (SSA) countries. Nurturing care has been recommended as a pathway for addressing the developmental needs and unlocking the full potential of children including those with NDD. The study was aimed at establishing the strategies to support the holistic development of children with NDDs using the Nurturing Care Framework. The aim of the scoping review is to identify, explore, and map the literature on nurturing care practices for children with NDDs in Sub Saharan Africa.

The caregivers' experiences were varied, including: that the mother bears the burden of caring for children with developmental disabilities; caregiver's feel isolated, psychologically fatigued and mentally distressed; denial of existence of disability by some caregivers; high cost of care for children with developmental disabilities; and also, that caregivers are overwhelmed with fear, anger, blaming oneself, guilt, stigma, social rejection and embarrassment. Gaps in the provision of nurturing care are: (i) education and health systems are not adequately prepared to handle children with DD (ii) weak support systems from families, communities, and government (iii) lack of proper diagnostic, identification and placement procedures (iv) lack of specific policies and guidelines on the management of NDDs (v) inadequate childcare facilities for children NDD (vi) limited resources to provide care for children with NDDs (vii) stigmatization at the community, school and health system levels (viii) self-stigmatization, guilt and feeling of rejection (ix)

misunderstanding the causes of NDDS (x) burden of care rests with the mother (xi) little attention is paid to the mother's wellbeing.

Evidence generated from this study will inform appropriate interventions or practices that can inform policy on nurturing care for children with NDDs. This will ensure that children living with disabilities in low-resource settings receive the nurturing care they need to grow and develop to their full potential. The research findings will be disseminated through national, regional, continental, and global platforms to add to the national, regional and global knowledge base. The recommendations for practice include creation of nurturing and supporting families and communities to support mothers of children with developmental disabilities, creation of inclusive and enabling environment for all children, creating favorable polices and guidelines that promote nurturing care for children with developmental disabilities and strengthening the health system's capacity for early identification, diagnosis and management of developmental disabilities.

3.2.3 A Case Study of Baby Junior Community Inclusive ECD Centre, Dandora, Nairobi County, Kenya; Janet Ndeto Mwitiki

Inclusion, an aspect of Child Safeguarding: Children with disabilities are often deprived of appropriate care, education, play, and participation in their communities. According to UNESCO 2019, less than one in fifty children with disability attend school. This negatively impacts the child's holistic development denying them the opportunity to reach their full potential. Both the Convention on the Rights of Persons with Disabilities (CRPD) and the UN Convention on the Rights of the Child (UN CRC) highlight the importance of active participation of children with disabilities in the community.

3.2.4 Reconstructing the Child for a Competitive Future in Busia County, Kenya; Dr. Jael Joan Bigambo

The dynamics in the Global Era of the family, Education and Technology have raised fundamental changes and practices that address the place of the child. This paper demonstrates the need to "Reconstruct" the Kenyan child in the context of Early Years Education (EYE). The basic question is: Has the child in Busia County ever had a "Good Start" to life? The sample cases in this study demonstrated the need to identify the target children, raise them and expose them to their relevant Fundamental Human Rights, Equity and Access. The bottom line is to include the Kenyan Child in the Global Development Agenda for a competitive Future through Education.

3.2.5 To Explore Parental Support as a Psychosocial Factor in Relation to Academic Achievement in Ainabkoi Sub-County, Esther Bitok

The core components for academic achievement of orphaned and vulnerable children in Early Childhood Development includes the opportunity to receive instructive education and physical, mental, and social education in a nurturing and stable learning environment. The main objective of this study was to explore parental support as a psychosocial factor in relation to academic achievement in Ainabkoi Sub-County. The study employed Bronfenbrenner's Bio-Ecological system theory. A descriptive survey design was adopted in this study. The target population comprised 580 teachers from 99 Early Childhood Schools in Ainabkoi Sub-County. Cluster and random sampling techniques were used to determine the respondents. An interview guide and questionnaires were used to collect data. Cronbach's Alpha coefficient was used to test the reliability of the questionnaire. Quantitative data were analyzed using descriptive statistics such as measures of central tendencies, standard deviation, percentages, and frequency tables with the aid of SPSS version 25. Analyzed data was presented using tables, graphical illustrations, and narrations. The study findings showed that parental support as a psychosocial factor affects the academic achievement of Orphaned and Vulnerable Children in the Ainabkoi Sub-County (Mean=3.97, Std. dev=1.01). Parental support positively influences the academic achievement of vulnerable and orphaned children in Ainabkoi

Sub-County in Kenya. The study recommended the following: Parental support should be ensured since the information is shared about how the child is doing at home for the benefit of the teachers, and in turn, the parents can keep abreast of the child's academic status and performance.

3.3 Strengthening community systems - leveraging the community health strategy down to the ward levels and Aligning knowledge: Indigenous and traditional child-rearing practices and cultures that promote nurturing care

3.3.1 Perceptions of caregivers and healthcare workers on the development of an mHealth intervention in an urban informal settlement in Nairobi; Joyce Marangu, Amina Abubakar and Mark Tomlinson

While there have been advances in addressing undernutrition globally, low- and middle- income countries in Africa have experienced an increase in the number of children with suboptimal nutrition outcomes (Dwomoh et al., 2022). Children suffering from undernutrition often have poor developmental outcomes (Victoria et al., 2021). Caregivers in low-resource settings often have limited knowledge on tracking important health, nutrition, and child development indicators. We developed a digital intervention that sends parenting messages, and tracks various indicators for health, nutrition, and child development. To explore perceptions of caregivers and healthcare workers on caregiver and child health, nutrition, and development; and the facilitators and barriers to implementing digital intervention. The study was based in urban informal settlements in Eastleigh, Nairobi, characterized by a high-density population with a large number of refugees and low-income households. A qualitative approach which involved key informant interviews - KII - (n=12) and two Focus Group Discussions with caregivers of children below two years (n=17) was used. Data was audio-recorded, transcribed and analyzed thematically using NVIVO software. Preliminary findings showed that caregivers perceived health, nutrition and responsive caregiving to be important for child growth and development. However, there was limited knowledge on nutrition for lactating mothers and complementary feeding. Some of the caregivers did not practise exclusive breastfeeding, mostly because of participation in economic activities. While adherence to vaccination schedules was believed to be high due to reminders from the health workers and knowledge that it was beneficial, it was reported that some groups such as caregivers who abuse substances, and refugees experiencing language barrier were unlikely to adhere. Healthcare workers reported challenges in service provision among caregivers including refugees' underuse of health services for fear of being arrested, low uptake of immunization among refugees due to ignorance, and poor feeding practices e.g., overconsumption of fast foods. Responsive feeding was also perceived to be a challenge with force feeding being reported as common. Perceived facilitators for successful implementation of the digital intervention included adequate training of the health workers and caregivers, use of local language and audio option to address low literacy levels, intervention being free of charge, sharing meaningful content, limiting the number of messages to one or two per week to avoid engagement fatigue, male involvement especially at recruitment, and confidentiality to enhance refugees' participation. Some of the perceived barriers were internet costs, phone sharing, low level of smartphone ownership, phone loss, caregivers' lack of time and non-motivated caregivers. Findings from this study could benefit researchers, policy makers and other stakeholders intending to implement interventions in similar contexts in their efforts to alleviate undernutrition and enhance the growth and development of young children.

3.3.2 Role of Parental Care Centers (PCCs) in building community sustainability around Nurturing care; Build Africa Kenya

Build Africa Kenya had introduced an inclusive Early Childhood Development intervention in Nakuru (rural areas of Gilgil) and Turkana counties (Kakuma, Kalobeyei and Letea Wards). The focus was to develop more holistic ECD delivery - including cognitive skills, health, nutrition and social development - in the community and established ECD Centres, to benefit preschool children aged 3+ and their families.

This concept was grounded on an overriding problem of lack of holistic community-based and parental ECD learning support and non-inclusive ECD Centres with integrated provision for pre-school children to flourish in health, nutrition, sanitation, safeguarding and early cognitive stimulation. This gap is also backed up by the UNICEF Kenya report (2020-2022) further indicating that more than a quarter of children under the age of five, or two million children in Kenya, have stunted growth and 52.5% of children in Kenya are multidimensionally poor, hence the need to build strong community and parental contribution on elements of nurturing care. Compounding this is teachers and caregivers ill equipped with ECDE skills. BAK developed a Model of Parental Care Centre (PCCs) to address this gap and increase parental holistic educational skills and aptitude development among pre - school children of aged three years and more, and ensure that the knowledge gained in the Parental Care Center is applied by parents to support their children's early development and education. This was also targeted to bring in fathers, who, as per our internal assessments, viewed ECDE as a mother's "thing" for which they did not play any role apart from food on the table. The model further envisioned to improve access to assistance/support with critical health and nutrition issues (vaccinations, immunizations and provision of Vitamin Supplements) among pre-school children and to increase parental and caregiver provision of access, knowledge and capacity to support their children's preschool education at three years or more. The model therefore centrally placed parental engagement program with the following key elements; developed parenting and Community Based Trainers and Mobilizers Manuals (CBTMs) in order to equip caregivers with the skills and knowledge to support their children's education. CBTMs use these manuals to deliver parental learning sessions The manuals further integrate nurturing care and development of core CBC competencies at home level. CBTMs received intensive training on delivery of manuals to parents and coordination of all PCCs. They are also tasked to provide linkages to local government Public Health Officers to guide health and nutritional supplementation support. They are also BAK Focal Persons within the community on Safeguarding as well as formation of Community Safeguarding structures (security agencies, community leaders, church/mosque, youth and women leaders) as well as inter-agency safeguarding forums for referrals, technical expertise and leveraging services for children from such agencies. Parents are capacity built on responsive caregiving and other components of nurturing care to support holistic child development.

CBTMs and parents meet twice a month for two hour sessions each. Sessions reinforce messaging on child protection and safeguarding - people keep away because they lack reporting or referral structures which are confidential and they can trust so as not to damage relationship within family and community or risk, in some cases where culture is involved like FGM, Early/arranged marriages stigmatization, isolation, resentment/anger and in some cases, violence. Health Linkages are done between parental care centers and preschool health and nutrition services from nearby dispensaries so that children will access regular deworming and Vitamin A supplementation from the Ministry of Health. Adherence to vaccination drives and response to outbreaks, facilitating travel to government health facilities and proper nutrition services will reduce widespread malnutrition which severely affects children's learning. These services are made available at the ECD centre, making it easier for parents to get a one-stop shop for children services right at the ECD centre. This ensures they improve on attendance of their children as services are provided right at the centres - particularly because they do not have to make trips to health centres, that are afar or crowded. This saves them time and are able to earn their daily incomes. School heads also collaborate with CBTMs to convene parents at PCCs and provide safe spaces at ECD centres for the meetings. The school leadership drives conversation on sustainability structures like income generating activities to sustain the model when the project phases out. They also capacity build the School Management Boards and are at the forefront on Child Safeguarding matters. ECD teachers identify areas of teaching and learning gaps like material development where parents can contribute and guide them on their roles. They work together with CBTMs to identify areas in manuals (modules) where parents need further training. They support CBTMs on cooperating aspects of CBC particularly parent engagement aspects.

3.3.3 Male Caregivers' Routine Activities and Children's Social Play in Nyando Sub-county, Kisumu County, Kenya; Victor Sakwah and Tobias Aulo

Incorporating children's play into male caregiver's daily routines makes play and quality interaction between male caregivers and their children easier, a regular and expected part of the day, rather than something that is seen as an additional or optional activity especially for male caregivers evidenced to have little time with their children. It becomes more beneficial, accessible and less overwhelming for male caregivers especially when social play activities are attached to routine activities that impact on the socio-economic well-being of the family. ADS-Nyanza courtesy of Episcopal Relief Development, conducted a formative research to help gain insights and inform interventions for male caregivers spending quality time of at least 15 minutes a day in social play with their children to stimulate holistic growth and development. The study established that incorporating play into daily routine activities promotes nurturing care and helps male caregivers build stronger relationships with their children, understand their interests and needs, which make it easier to connect with them and facilitate play.

To investigate how social play can be incorporated in male caregiver's busy schedules, Qualitative research design was used - in-depth interviews, observations and Focus Group Discussion. Participants were recruited from caregiver support and learning groups and faith leaders' consortium within ADS-Nyanza program sites in Nyando sub-county, Kisumu County. A purposive sampling of 80 participants involving male caregivers, female caregivers, parent-in-laws and faith leaders was selected to ensure diversity in terms of age, gender, ethnicity, opinion and socio-economic status. The ranked priorities were: key reasons for male caregivers' limited involvement in their children's activities and how children's activities can be incorporated in their father's daily routine activities. The results of the study revealed several parameters of getting male caregivers involved in the activities of their children that include: incorporating children's social play in their activities as one of the priorities, eliminating the perception that playing with children is only a woman's affair, reminding fathers that playing with their children cannot be perceived by peers as being "lesser male caregiver", attaching social play with children to a family's livelihood activity, and making social play with children a growing or nurturing process but not an event. The findings on these parameters given the range of values between 0 (lowest) and 1 (highest), on average had a mean value of 0.908. This implies that these measures are very much applicable and can therefore play a significant role as far as incorporating social play in the fathers' routine of activities. The findings of this study underscore the need for strategies to help male caregivers in incorporating social play into their daily routine activities in order to promote children's social and emotional development.

3.3.4 Traditional foods as a motivator for early childhood development for the Nomadic Turkana Community of Kenya, Dr. Tioko Logiron, PhD

According to the United Nations Convention on the Rights of Children (UNCRC), the African Charter, and the Millennium Development Goals (MDGs), many African countries are expanding and improving early childhood care and education especially to reach vulnerable and marginalized children. Food has been used as a bait to attract children to learning institutions. Governments and nongovernmental institutions have done targeting and food distribution to the centers yet nomadic children do not get the opportunity to be at the centers based on the nature of their livelihoods. At the center of this trend is the desire to ensure equity in education provision by increasing schooling success and reducing dropout rates and grade repetition across diverse socioeconomic backgrounds. The focus has never been on how the indigenous knowledge on wild fruits motivates children to go to the learning centers. The contribution of wild plants to the Turkana diet in quantity is unknown. This paper gives a detailed approach on use of traditional vegetables and fruits, seasons of vegetables and fruits, approaches of harvesting, cooking and consumption, sustainability approach of the school feeding program on the traditional fruits and vegetables and how the different traditional Turkana species can be conserved at the early childhood centers so that it can be used as food and as well as motivating factor that will attract nomadic children to schools.

3.3.5 The impact of financial inclusion on nurturing care for Early Childhood Development in the informal settlements: A Quasi-Experimental Approach; James Kimani, Stephen Njuguna, Jane Wanjiku and Pauline Njoki

The aim of the study is to assess the impact of financial inclusion on Nurturing Care for Early Childhood Development in Nairobi and Kajiado informal settlements. Since the outbreak of COVID-19, the unfortunate reality is that the income gap has widened among families with limited access to financial services. Children of mothers in the informal and marginalized communities under-five years fail to achieve their full developmental potential due to their income gaps and limited access to financial services. Financial inclusion plays a critical role in promoting the financial well-being, as well as children's holistic development. Sustainable Agribusiness program together with Dimewise Social Enterprise Ltd will develop, implement and evaluate the impact of financial inclusion on Nurturing Care for Early Childhood Development in the informal and marginalized communities in Nairobi and Kajiado Counties. The study will employ a quasi-experimental design and will use a mixed-methods approach combining quantitative and qualitative methodologies. In one of the cohorts is 100 caregivers accessing savings and credit facilities to spur their economic empowerment and nurturing care for early childhood development. On the other hand, 100 caregivers receive standard care provided by Community Health Promoters. Child developmental outcomes will be assessed for both cohorts. Feasibility of the intervention and its performance will be compared across the two cohorts to assess its effect on women economic empowerment and nurturing care domains. The findings will provide evidence on the relationship between financial inclusion and nurturing care for early childhood development outcomes. The results will inform the scalability and sustainability of the project and inform IECD policy implementation.

PANEL DISCUSSIONS

4.1 Reframing inclusivity - A good start for all children

The panel discussed reframing inclusivity discussed the following:
- At the age 0-3 years the brain develops most rapidly, therefore the earlier we intervene the better the outcomes achieved.
- Care for the caregivers is important in advancing the nurturing care of children.
- Children with disabilities often arrive at school later than necessary, which can further negatively impact their life trajectory.
- The Nurturing Care Framework lacks sufficient specific interventions and information for children with disabilities. We must make deliberate efforts to ensure that all children are reached.
- Inclusive Early Childhood Development is important as it helps children develop a conscientious and inclusive approach.
- We need to train the workforce to identify cases early and intervene early for children with disabilities.
- The multisectoral approach to ECD should extend to, and indeed, should begin at the community level.
- Develop targeted interventions to address the mental health needs of teenage mothers.
- There are numerous guidelines that require consolidation. Specifically, guidelines for capacity building at the childcare center level are diverse and in need of harmonization and government endorsement.

- There is a need to involve male caregivers as early as possible in the formative years of child development.
- The workforce includes parents, community workers, teachers, and other actors.

Childcare (Day Care Centres in Turkana County)

- There was no relevant training for 80% of daycare caregivers.
- Only 60% of the caregivers knew that policies exist.
- Lack of adequate resources - ECD centres and daycare centres.
- There is not enough space for play activities.
- There is a lack of sufficient latrines.
- Poor monitoring and regulation.
- Segmented policies – make it user-friendly to enhance child protection and safeguarding.

4.1.1 Learning through play for preschoolers with disabilities in Kenya: Existing approaches, policy gaps and recommendations; Silas Onyango, Linda Oloo, Margaret Nampijja, and Patricia Kitsao-Wekulo

Key strategies and modifications are needed to support the involvement of children with disabilities in play activities. However, these strategies and approaches are not well established. In addition, young children with disabilities have not received substantial support and attention that warrant their inclusion in play activities. The paper determines the existing learning through play approaches for children with disabilities and seeks to establish the gaps in the provision of learning through play for children with disabilities. Further, the paper seeks to provide key recommendations to address these gaps from the stakeholders' perspectives. Data used in this paper has been collected as part of the ongoing qualitative survey that seeks to strengthen the capacity of play-based learning in Kenya.

Results from focus group discussions with parents and preschool teachers, and Key informant interviews with Government officials conducted in Kenya, are presented. Children with Disabilities are engaged in similar and usual activities like other children. The activities include singing games and poems, traditional folklore and general indoors and outdoors. Gaps include a lack of suitable materials, not enough assessment services to ascertain the needs, ECD teachers lack capacity to handle Children With Disabilities, and poor physical infrastructure. Further, no policy guidelines on learning through play for Children with Disabilities exist in Kenya. Finally, the devolved system of Government places children with disabilities under the National Government. County governments should employ teachers with special needs training to support the inclusion of Children with Disabilities in play activities. In addition, ECD teachers' capacities should be built on special needs to effectively support the inclusion of children with disabilities. Cost-effective materials should be developed and adapted to the needs of Children with Disabilities. Effective inclusion of children with disabilities into mainstream learning through play activities requires culturally adapted play materials, strong policy framework on learning through play and well-trained teachers.

4.1.2 Supporting African Communities to Increase the Resilience and Mental Health of Kids with Developmental Disorders and their Caregivers (SPARK), Vibian Angwenyi et al.

African children with Developmental Disorders (DD) including intellectual disability and autism and their caregivers experience severe challenges. Due to community stigma and parental blame, children with developmental disorders are often locked in their home. Most children with developmental disorders in

sub-Saharan Africa do not attend school and receive no formal support. Affected families often live in poverty as care responsibilities mean caregivers are unable to work. Caregivers report severe stress and social isolation; many caregivers report mental health problems, including suicidal thoughts. To improve the wellbeing and mental health of children with DD and of their caregivers, research-based approaches will lead to the development and evaluation of a model of care with and for local communities. The project sites are in Kenya (rural Kilifi and Nairobi's urban informal settlements) and in Ethiopia (rural Gurage and Addis Ababa). The project (2022-2024) incorporates training persons who know the local community well (e.g., health workers or teachers) to help them identify children with Developmental Disorders and to raise community awareness. The study will develop and evaluate a new Community Informant Detection Tool (CIDT), aimed to support the identification and referral of children with DD. Identified children will be referred to the new Caregivers Skills Training (CST) programme developed by the World Health Organization (WHO). The research will investigate how well the CST works, with a cost-effectiveness component to the study. The CST teaches caregivers strategies to support their child's development and reduce challenging behaviors. Local community leaders, teachers, health workers and parents of children with developmental disorders in the development of the care model will be key to reduce the barriers to accessing health and education services and to overcome and promote community-based support and inclusion. Local communities and stakeholders in Kenya and Ethiopia, will be involved throughout the project's implementation to ensure the care model proposed meets the local needs and fits within the existing health and education systems. Findings from this project will be shared and disseminated to local stakeholders, policy makers, and international partners to inform future implementation of care models for children with Developmental Disorders across the world.

4.1.3 Supporting Adolescent Girls with Young Children in promoting inclusive and Stimulating environments for Early Childhood Development in Homabay County; Miruka R, Oyugi B, Omedo Ochuka, Odero L and Sheila M.

Childbearing begins early in Kenya, with 15% of women aged 15–19 having ever been pregnant. Adolescent Girls and Young Women (AGYW) who become mothers often face significant challenges in providing a stimulating and supportive environment for their children often resulting from social and emotional burdens associated with young parenthood. This often leads to poor child developmental outcomes. In collaboration with USAID Nuru ya Mtoto project and KMET, PATH piloted a package that integrates maternal mental well-being and positive parenting into AGYW programs. The package consists of 14 weekly modules delivered by adolescent mentors to small groups of AGYW. An assessment was done at baseline and end-line to determine the contributions of the package to adolescents' parenting knowledge and practice, mental well-being and relationship with their significant others. There was a correlation between AGYW mental health status and relationship with significant others. Significant improvement on mental health of AGYW at the endline was noted and improved knowledge on Maternal Infant and Young Child Nutrition, responsive caregiving and child development was recorded. AGYW targeted interventions were provided through their peers and with support from their significant others to increase their knowledge and skills for self-care, enabling them to provide responsive care to their children.

4.1.4 Disability-inclusive Early Childhood Development and Education Project in Homa-bay and Turkana Counties: Baseline Findings, Sheru W. Muuo, Anita Jeyam and Julia de Kadt

There is an urgent need to scale up Early Childhood Development and Education services in low- and middle-income countries, particularly for Children with Disabilities. A multi-stakeholder non-randomised cluster trial was implemented in 12 schools in Homa Bay County and six schools in Turkana County. At baseline in 2021 and 2022, we assessed the proportion of pre-primary one (1) children with functional difficulties and the status of early learning and development of two cohorts of children in our study sample. We used the Washington Group Child Functioning Module to identify children with functional difficulties and the International Development and Early Learning (IDELA) tool to assess their early learning and development. The IDELA scores were compared across geographical location, socio-demographic groups and functional difficulties, using regression models adjusted for age and accounting for clustering within schools. The proportion of children experiencing functional difficulties was 22.5% in Homa Bay peri-urban area, 18.4% in Homa Bay rural area and 8.8% in Kakuma. Median (IQR) IDELA scores were 52.2 (IQR=41.4, 61.3) in Homa Bay peri-urban, 44.7 (32.2, 56.7) in Homa-Bay rural and 30.7 (19.6, 41.6) in Kakuma. Scores did not differ significantly by sex or relative wealth in any of the areas. However, in Kakuma, children with functional difficulties had significantly lower IDELA scores than those without (-4.91 [-8.23, -1.59]). In Homa Bay, scores did not differ significantly across functional difficulty status. Within all study areas, a substantial proportion of children in Pre-primary experience functional difficulties. This highlights the importance of disability-inclusive Early Education services.

4.1.5 Using facility exit interviews to improve Nurturing Care for ECD integration in Siaya County; Dickens Omedo, Chris Obong'o, Beatrice Oyugi, Richard Miruka and Linda Odero

Children in low-income settings have lower odds of attaining developmental milestones and are in need of Nurturing Care (NC) for Early Childhood Development. Sub-Saharan Africa accounts for 66% of the 250 million children under five who fail to reach age-appropriate developmental milestones. PATH's S-ECD project builds the capacity of health care providers and the overall health care system in Siaya County to integrate NC into routine service delivery. The health system offers easy reach as caregivers and children routinely visit health facilities for pre- and post-natal care services. We conducted facility exit interviews to assess integration of Nurturing Care for ECD services. We assessed (1) facility preparedness to integrate NC content into routine consultation and the service points, (2) exposure to NC content among caregivers, and (3) perception of caregivers on Nurturing Care for ECD in public health facilities within facilities in Siaya County. Public facilities have integrated NC. More than 62% of the caregivers reported having received child health services for their children. Similarly, about half of caregivers reported that the health care provider informed them to play and its importance to a child while 10-15 was the time spent with the health provider. Lessons will guide ongoing integration and scale up of NC in Siaya and other parts of Kenya.

4.1.6 An evaluation of the effectiveness of guidelines used by daycare centers in safeguarding preschool children in Burumba Ward, Busia County, Kenya; Judith Nabwire, Dr. Roseline Olumbe and Dr. Geoffrey Kinuthia

This study evaluated guidelines used by daycare centers in safeguarding preschool children in Burumba Ward, Busia County, Kenya. Objectives were to analyze the effectiveness of guidelines used by daycare centers in safeguarding preschool children; and to assess the organizational capacity of daycare centers to

safeguard preschool children. Descriptive research design was used to collect both qualitative and quantitative data. Target population was private daycare centers in Burumba ward. Respondents included five (5) center managers, five (5) caregivers and 166 parents; and data was collected using questionnaires, interview guides and observation schedules. A one-sample t-test used to establish statistical significance between the mean child to caregiver ratio obtained and the Ministry of Education recommended ratio showed a significant difference (t=3.164, p=0.034), between the obtained ratio of 25:1 and the recommended ratio of 4:1; 10:1 and 15:1 for children below two (2) years; between 2-3 years and 3-4 years respectively. The daycare centers provided an average of 2.2 meals, which was below the WHO's recommendations of 3-4 balanced meals and two snacks for infants. Three (60%) of the centers were in small, overcrowded spaces inhibiting children's active play and exploration. This study concluded that the guidelines used by daycare centers in Burumba Ward were not effective in safeguarding children; and the centers did not have the organizational capacity to take care of preschool children. Recommendations included development and adoption of a national policy framework to guide the management and monitoring of daycare centers; and harmonization of child safeguarding services in one government Ministry.

DAY 2

PANEL PRESENTATIONS

5.1 Early Childhood Education - Building Programs on Best Practices

The presentations showcased to the delegates indicated that putting the caregiver at the centre of all things ensures sustainability and developing targeted programs for teenage mothers and focusing on their mental health improves the outcomes of Early Childhood Education. Furthermore, the Guidelines are many and they need to be consolidated. However, guidelines for the daycare centres do not exist which is a potential area for improvement.

5.1.1 Early Childhood Education in Turkana Pastoralist Communities of Kenya; Dr. John Teria Ng'asike

The presentation showed that there was no relevant training for 80% of daycare minders, and only 60% knew about existing policies on ECD. This research found that childhood experiences are cultural. There are as many childhood experiences as there are diverse cultures. Children should be viewed in the eye of the culture they come from. Africa is likely to be a receiver of child development knowledge researched and framed from Western rich societies. The author, Dr. John Teria Ng'asike, was concerned that Africans have left the care of their youngest children to the aspirations of theories researched elsewhere outside Africa. Further, children of the Turkana pastoralist families who have continued to practice their indigenous traditions, appear to lack interest in modern early childhood education practices.

This research established that early childhood education promoted in the Kenyan early childhood education centers is largely incongruent with the practices of child-rearing of the pastoralists' communities. Child rearing practices of the Turkana communities are connected with the livelihoods survival activities and parenting practices of the families. Pastoralist children learn through a rich stimulating social environment consisting of a network of family members, visitors, neighbors and siblings, that is warm and caring. Play

is the school of the pastoralists' children, which they use to internalize and learn their cultural livelihoods survival skills. Competency and social responsibilities, autonomy, obedience, and attributes of resilience characterize pastoralists' children's upbringing. While the pastoralists' environments encourage independent flexible learning based on children's observations, the modern preschool environment is hostile, very rigid, teacher controlled and highly regulated to nurture conformity in the learners. The study recommends that pastoralist livelihoods and lifestyles should inform the curriculum and instruction in Early Childhood Education.

5.1.2 Creating an enabling environment for Early Learning through Play in Health facilities; Immaculate Otieno and Abella Owuor

The presenter said that reproductive, maternal, child and adolescent health have an impact on the health of the child. Importance of play-based learning methodology is that it enhances the child's holistic development, helping to identify developmental disorders and also imparting traditional values in children.

5.1.3 Lessons from Scaling Up Quality Contextually Relevant ECE in Nyanza Region; Everlyne A. Okeyo, Harrison Kamau et al.

The MECP-K, an affiliate of Aga Khan Foundation (AKF) for East Africa, through its transition to scale initiative is aimed at scaling impact of the five core components of the well-established MECP-ECDE model. For over 40 years, MECP has been engaged in providing quality ECD services anchored on a globally informed, locally rooted ECDE model. The initiative was implemented between 2019-2021 and aimed at delivering a holistic preschool model in Kisumu and Kisii Counties. Overall, the purpose was to learn how the model can be effectively and efficiently integrated into pre-primary schools. In order to assess the effectiveness and impact of this model into new regions, a series of performance indicators were developed for the collection and analysis of data to inform its success. The indicators focused on areas of gross and fine motor skills, cognitive functions, receptive and expressive language, and socio-emotional capacities for 10,000 boys and girls aged 4-5 years. In collaboration with County Governments of Kisumu and Kisii, MECP-K delivered a one-year Teacher Continuous Professional Development (TCPD) course to 334 pre-primary teachers from 113 schools. Additionally, the schools received teaching and learning resources that supported improvement of the early learning environment. To ensure quality and sustainability, MECP-K worked collaboratively with the government to improve ECD county officers' knowledge and skills to strengthen ECD service provision.

The findings of the evaluations showed increased scores in most areas assessed. For instance, the proportion of boys and girls with improved cognitive functions had an average baseline score of 35.8% and an end line average score of 47.2%, indicating 11.4% positive gain in this area. Other areas assessed were gross and fine motor skills, receptive language and expressive language and socioemotional capacities registering positive gains of 5.2%, 14.5% and 20.4%, respectively. MECP-K recommends development of bespoke courses, intensive mentoring and support programs, post certification support and development strategies to support teachers to continuously replenish early learning environments.

5.1.4 Education as the key to the future; Ana Baz Moreno, Miren Muskoa Sanchez, Amaia Sanchez Iduya and Soila Kariankei Lucy

The presenter noted that Pole' School Feeding Program cares for children between the ages of two to eight years. The main purpose is to: provide healthcare, impart knowledge through education, and provide nutritious food. Turkana culture remains an anchor/pillar to the program. The program focuses on the traditional and creative ways of bringing up children in the African community. There was a comment that the program can be up scaled by ensuring children produce play and learning materials from their surroundings to enable them integrate classroom learning to their environment.

5.1.5 Influence of project approach on learner participation in environmental conservation activities among pre-primary learners in Kaiti Constituency, Makueni County, Kenya,; Linet Kamene Mutua, Dr Hannah Kang'ara and Dr Monica Ituma

The study focused on social and environmental factors and identified the challenges to existing ECD services in ASAL areas. The challenges were (i) program implementation challenges (ii) contextual factors (iii) insecurity (iv) inadequate financing to the programs (v) embezzlement of ECD funds i.e. spending on other emerging issues unrelated to ECD (vi) inaccessibility to health services (vii) climate change (viii) limited early learning opportunities i.e. lack of learning materials (ix) food insecurity i.e. inadequate food provision, inadequate nutrition and (x) malnutrition resulting to wasting and stunting in children. The preliminary findings of the study were that there is stunted growth in children; high percentage rate of malnourished mothers (89%-95%); food insecurity in about 85% households; maternal health i.e. physical and mental health issues; exclusive breastfeeding was practiced by 65% of mothers; access to health services; and 63.6% mothers delivering in hospital, there were cases of 20 mothers delivering on their way to hospital in Turkana putting a lot of risks on the health of the child; 63% defecation in the surroundings, exposing children to diarrhoea; existing culture and food taboos; harsh climatic conditions affecting food production; harsh terrain affecting food transportation to the markets; a lack of strategy to adequately rationalize the population of children in budget allocations; government is more focused on health but not nutrition.

Regarding sources of ECD funding, the study found that Members of Parliament had more funding than the County Government for education, health, security, and WASH. Kenya's allocation to ECD is lower that what neighbouring countries have allocated to their programs. About 30% of ECD allocation is embezzled. Access to timely information and Public Finance management are some of the challenges experienced in ECD. There is also a decline in budget allocation from the National Government to ECD. The recommendations made from the study are that (i) there is need to approach the Government with the need for financing to support Maternal, Infant and Young Child Nutrition and Health (ii) there is need to harmonize policy allocations to ECD to reduce the ratio and increase teacher recruitment and teacher professional development.

5.1.6 Analysis of the implementation challenges of the one-year pre-primary curriculum in Plateau State Nigeria; Katniyon Henry David and Liyas Techi Pius

Curriculum serves as the yard stick for measuring the progress of any educational activity. It is the fulcrum through which any educational programmes can be successfully implemented. The one-year pre-primary school education programme by the Federal Government of Nigeria in 2004 has been implemented for the

past 18 years in Plateau state. Research reports from the implementation of the programme is indicating poor quality of its implementation in terms of availability of curriculum resources, content delivery, methodology and language of instruction. With these myriads of challenges one wonders if the programme has any guiding curriculum or if the curriculum materials are sufficiently available for the early childhood teachers. This study adopts a mix method where the experiences of teachers in both public and private schools were collected. The population comprised all public and private pre-primary schools and teachers in Plateau state central Nigeria. The study used simple random sampling to select 180 public and private pre-primary schools in the three education zones of Plateau State. Three research questions were raised to guide the study, data was collected through Curriculum Implementation Rating Scale (CIRS = 0.89) and Curriculum Problems Scale (CPS). Findings revealed that most schools lack curriculum materials and hence not being implemented. Also training and retraining of teachers on curriculum support materials are some of the problems identified as militating against the implementation of the curriculum. Based on the findings it was recommended among others that curriculum materials should be distributed nationally based on school census figures to improve access.

CONCURRENT SESSIONS

5.2 Strengthening Community Systems - Leveraging the Community Health Strategy Down to the Ward Levels

5.2.1 Policy implication on developmental milestones and nutrition status among children aged 0-23 months at Kabale Hospital, Uganda; Ivy-Marie Komutambo, Judith Kimiywe

Approximately 200 million children fail to fulfill their development potential due to malnutrition, poor health, and unstimulating environments. Children in Kabale, Uganda, may be particularly at risk as the region's malnutrition rate impacts development. The study was conducted at the young child clinic of Kabale hospital, among 250 children aged 0-23 months and their caregivers, for two months. The study adopted a comparative cross-sectional design, and systematic random sampling was used to select the study respondents. The socio-demographic characteristics, nutritional status and feeding practices were assessed using structured pretested questionnaires. Developmental milestones of the children (communication, motor, fine motor, problem-solving, and social skills) were assessed using the modified ages and stages questionnaires. The data collected was tabulated, analyzed statistically, and the results interpreted. Developmental scores were not associated with breastfeeding and minimum meal frequency. Development in early childhood was mainly associated with caregiver's age, caregiver's education, child's age, weight-for-age, length-for-age, and minimum dietary diversity score. Children under the care of younger caregivers and those with a normal nutrition status had significantly more developed motor and social skills than children with older caregivers and malnourished children, respectively. Similar studies could be done within the home environment to observe its effect on developmental milestones. The high prevalence of stunting requires effective interventions like growth monitoring and promotion, nutrition counseling, and caregiver education on dietary diversity. Government policies should educate and guide caregivers on children's holistic development.

5.2.2 Predictors of quality of childcare centres in low-income settings: findings from a cross-sectional study in two Nairobi slums; Margaret Nampijja, Nelson Langat, Linda Oloo, Kenneth Okelo, Ruth Muendo, Martin Kiyeng, Patrick Amboka, Mary Abboah-Offei, Anna Ray, Patricia Kitsao-Wekulo, Elizabeth W. Kimani-Murage and Helen Elsey

Rapid urbanization and increased involvement of women in paid work has contributed to the upsurge of informal childcare centres especially in low-income settings where quality is a major issue. However, there are limited data on the factors that contribute to the quality of childcare centres in informal settlements in sub-Saharan Africa. We conducted a quantitative observation and questionnaire survey of 66 childcare centres to identify the factors associated with the quality of childcare services in two informal settlements (Korogocho and Viwandani) in Nairobi. The quality of the centres was assessed using a tool developed based on a locally-developed assessment measure. Data on centre characteristics including type, size, location, length of operation, charges and number of staff were collected.

Centre providers' knowledge and practices in childcare were assessed through a questionnaire focusing on key areas of nurturing care and business management. The data was described using means and standard deviation or frequencies and percentages. Associations between the quality of childcare environment score and other factors were examined using multivariable linear regression analysis. A total of 129 childcare centres were identified and categorized as home-based (n=45), centre-based (n=14), school-based (n=61) and church-based (n=9) to correspond with the set up. The number of home-based centres was particularly high in Viwandani (n=40; 52%). Only 9% of home-based centres reported any support from external organizations and 20% had any training on Early Childhood Development. Of the 129 childcare centres identified, 66 had complete detailed assessment for predictors of quality reported. Unadjusted linear regression analysis revealed associations between quality of the environment and centre provider education level, type of centre, support received, caregiver-child ratio, number of children in the centre, and centre provider Knowledge, Attitude and Practices (KAP) score (p<0.05). However, with adjusted multivariable regression, only higher levels of centre provider KAP (B=0.53; [CI: 0.23, 0.84]; P=0.001) and type of centre (B=0.21[CI: 3.47, 14.94]; P=0.002) were significantly associated with the quality of the centre environment score. Other factors including duration of operation, centre provider: child ratio, education level of the provider and charges were no longer significantly associated with the quality of the centre environment. Results showed that centre provider knowledge and practices were a major driver of the quality of childcare centres in informal settlements of Nairobi. Interventions aimed at improving the quality of childcare services in these settings should invest in equipping the centre providers with the necessary knowledge and skills through training and supportive supervision.

5.2.3 Factors affecting nutrition status of Children in Lamu County; Eunice Njoroge

Caregiver feeding practices in Lamu were examined as well as perceptions of positive and negative forms of behaviour management. Household food security was assessed using household food insecurity access scale. This paper unearthed the findings of the study including the descriptive analyses to understand prevalence of malnutrition. Further data analysis using regression analysis identified underlying factors and their effect on the nutritional status of children. The study will inform further intervention, programming and County service strengthening to address specific and identified needs of Lamu County.

5.2.4 Effectiveness of faith leaders in the delivery of the WHO's Nurturing Care Framework; Charles Ombonya and Tobias Aulo

Faith leaders play a vital role in influencing their congregation's gender perceptions and health-seeking behaviors. Thus, faith leaders are better positioned to organize and foster community participation in responsive caregiving as envisioned in the Nurturing Care Framework. Anglican Diocese Services (ADS) Nyanza through support from Episcopal Relief and Development has been implementing the Moments that Matter (MTM) program. The MTM program is a community-based Early Childhood Development program anchored on the WHO's Nurturing Care Framework targeting children aged zero to three years, (0-3 years) with special emphasis on the first 1,000 days of life. Cognizant of the critical role played by faith leaders, ADS Nyanza through the MTM sought to explore the effectiveness of faith leaders in the delivery of a nurturing care in a 24-month cycle. The program developed an engagement framework for faith leaders that clearly defined their roles, a co-designed training curriculum, and job AIDs.

Five Faith leader consortia with a total of 150 members were formed and trained using the co-designed MTM curriculum in Siaya, Kisumu, and Homa Bay Counties. The faith leaders worked with 2, 899 primary caregiver households over a 24-month period. Firstly, the MTM program registered a significant increase in male involvement in responsive caregiving attributed to faith leaders' advocacy for shared parenting. In terms of primary caregivers, a total of 58 out of 2, 899 (2%) primary caregivers were males at the start of program implementation whereas only 145 males participated actively in caregiving roles as secondary caregivers. At the close of the 24-month cycle, 869 males out of a possible 2, 899 (30%) had assumed roles as primary caregivers whereas 1,740 males (60%) were taking active roles as secondary caregivers. The males exhibited increased confidence in caregiving duties such as changing the babies, bathing, feeding, making play materials, taking children to the health facility or clinic, and spending quality time with their young children. Secondly, the engagement of faith leaders enhanced the mental health and well-being of caregivers and reduced incidences of Gender-Based Violence. Caregivers who had benefited from psychosocial support from the faith leaders reported reduced stress levels and improved self-esteem and confidence in caregiving. Incorporating faith leaders in the implementation of the WHO's Nurturing Care Framework ensures effective delivery.

5.2.5 Evidence to action: improving responsive caregiving practices of women who use drugs in Kakamega County; Stephen Ikonya, Allan Ragi, Jack Ndegwa, Sylvia Ayon and Beatrice Awino

HIV prevalence among women who inject drugs in Kenya is estimated at 44.5%, compared to the general population at 5.6%. Though harm reduction services have recently been introduced, women continue to have difficulties in accessing key services for HIV prevention care and treatment, cascading down to their children. Following an exploratory research on social determinants to accessing sexual and reproductive health services among women who use drugs in Kenya, KANCO has been implementing a pilot project aimed at improving responsive caregiving practices of women who inject drugs in Kakamega. The KANCO Boresha Uzazi project is being implemented in Kakamega, at a Drop-in Centre providing harm reduction services among the said population. The project employs three main strategies including skills building. parenting skills training, and health outreach services. Combining health action days with outreach activities is likely to result in more women and their children being reached and enhancing access to HIV prevention and treatment services among other key health services that improve the well-being of their children. Documentation of parenting experiences among the said population is ongoing.

5.2.6 Empowering women through provision of quality childcare services and strengthening their capacities to engage in paid labor opportunities: Evaluating the effectiveness of the Kidogo model in informal settlements in Nakuru; Linda Oloo, Patricia Kitsao-Wekulo, Nelson Lang'at, Margaret Nampijja, Silas Onyango, Kenneth Okelo, Martin Kiyeng and Elizabeth Kimani-Murage

The study aimed to identify a scalable childcare model for enhancing the economic outcomes of women living in low-income settings in Kenya, to balance childcare and economic productivity. A quasi-experimental design with intervention and comparison arms was used. The intervention arm comprised of women using childcare services from the Kidogo spokes (n=102) while those using childcare services from other centers form the comparison arm (n=148). A mixed-methods approach that combined quantitative, and qualitative data collection methods was used. Sub-county and County Health Departments were consulted to guide the selection of specific sites for the study. Preliminary findings indicated potential benefits of the intervention on both *mamapreneur*s and mothers' outcomes with regards to the total income earned (effect size= 0.54; 95% CI: (0.04, 1.04)) and the time allocated to household tasks (effect size=0.72; 95% CI: (0.20, 1.24) for the *mamapreneurs*; and (effect size=0.35; 95% CI: (0.09, 0.61) for primary caregivers' time allocated to household tasks. Mamapreneurs indicated that they regularly attended the Community of Practice meetings; training and mentorship sessions, suggesting that these were feasible and acceptable within the context. They also put into practice what they had been trained on, as noted through improvement in the quality of services offered at the childcare facility levels. The model improved childcare service provision and enabled mothers to concentrate more at work. There is a need for more sensitization on the importance of Government involvement in quality childcare service provision and more sensitization of male caregivers to be more involved in childcare.

5.2.7 Community funds of knowledge in enhancing curriculum instruction in Early Childhood Development centers in Turkana Central Sub-County; a case of Turkana County Kenya, David Kampala Omakada

The provision of Early Childhood Development and Education (ECDE) is growing rapidly and has received increased policy attention worldwide. Yet there is no clear research that has harnessed the knowledge for the use of funds of knowledge for learning. The purpose of this study was to find out the extent of use of community funds of knowledge in enhancing curriculum instructions in ECDE centers in Turkana Central Sub-County, in Turkana County. The study was guided by three objectives - to determine the extent of use of funds of knowledge in ECDE centers in Turkana Central Sub-County; to establish the teachers and education officials' awareness and knowledge on use of funds of knowledge in enhancing curriculum instruction in ECDE centers in the Sub-County, and to establish the level of support provided by parents in use of funds of knowledge in ECDE centers in the Sub-county. The study was based on a pragmatic paradigm which provides for the use of both qualitative and quantitative research methodologies. Descriptive research design was used to answer research questions. Thematic analysis was done using deep narrative of themes generated from the data. Descriptive statistics was used to present data that was numerical. The target population was 70 ECDE teachers and 30 head teachers, 20 County Education Officers and 150 parents. The researcher used stratified random sampling to obtain samples consisting of 25 ECDE teachers, 10 head teachers, six (6) Sub-County Education Officers and 24 parents. The study found that teachers had inadequate information and understanding on community funds of knowledge that can be used in curriculum instruction.

5.2.8 Parental experiences of the impacts of COVID-19 on the care of young children; qualitative interview findings from the Nairobi Early Childcare in Slums (NECS) Project; Robert C. Hughes, Ruth Muendo, Sunil S. Bhopal, Silas Onyango, Elizabeth Kimani-Murage, Betty R. Kirkwood, Zelee Hill and Patricia Kitsao-Wekulo

The COVID-19 pandemic, and societal attempts to control it, have touched almost every aspect of lives around the world, albeit in unequal ways. In particular, there is considerable concern about the way that stringent 'lockdowns' that were implemented in Kenya and many other countries, affected young children, especially those living in informal settlements. However, to date, there has been little research attempting to unpack how the pandemic impacted on the care of young children. In-depth telephone interviews were conducted with 21 parents and carers of children aged under five years living in three Nairobi slums between May and September 2021 exploring the ways in which COVID-19, and policies to control the pandemic, impacted on their household and the care of their child/children.

The impacts of COVID-19 control measures on the care of children have been widely felt, deeply and in multiple ways. The impact of economic hardship has been significant, reportedly undermining food security and access to services including healthcare and childcare. Respondents reported an associated increase in domestic and community violence. Many people relied on help from others - which was most commonly reported to be in the form of variable levels of flexibility from landlords and help from other community members. No direct harms from COVID-19 disease was reported by respondents. The impacts of COVID-19 control measures on the care of young children in informal settlements have been indirect but dramatic. Given the breadth and depth of these reported impacts, and the particular vulnerability of young children, deeper consideration ought to inform decisions about approaches to implementation of stringent disease control measures in future. In addition, these findings imply a need for both short- and long-term policy responses to ameliorate the impacts described.

5.2.9 Engaging Caregivers to Enhance Desirable Learning Outcomes for Children with Disabilities in Low Resource Settings, The Action Foundation (TAF)

Early Childhood Care and Education (ECCE) is critical in preparing children to enter and succeed in their academic pursuits and enhancing their physical, emotional, and social development. The study was aimed at establishing caregiver engagement in enhancing desirable learning outcomes for Children with Disabilities in Kibera and Kawangware informal settlements in the era of COVID-19. Caregivers were trained on child development in seven different domains i.e., activities of daily living, oral sensory activities, auditory sensory activities, proprioceptive activities, visual sensory activities, numeracy and literacy activities. Training was conducted, using an activity bank, for 163 caregivers of CWDs and eight (8) Community Health Promoters from Kibera and Kawangware. Community Health Promoters were equipped to provide additional support and monitor the use of the activity bank. Altogether, 147 caregivers were later surveyed on their utilization of the Activity Bank for Disabilities for home-based learning using Computer Assisted Personal Interview (CAPI)-Kobo Collect. Caregivers that were not surveyed had relocated to unknown places due to the negative economic impacts of COVID-19 and other factors. About 53.7% of the CWDs were boys, 46.3% were girls, and the age distribution was 1 to 15 years. Cerebral Palsy was the most prevalent type of disability, affecting 34% of the surveyed households. Other disabilities found among the children include autism, delayed milestones, down syndrome, epilepsy, hemophilia, hearing impairment, visual impairment, hearing impairment, hydrocephalus, intellectual, muscular dystrophy, meningitis, and sickle cell anemia. In addition, 41% of the CWDs were not enrolled in school.

About 68% of caregivers recorded progress in the CWDs, including independent feeding and improved motor coordination, increased understanding of the home environment, increased physical activity and ability to perform activities of daily living, improved posture, and enhanced proprioceptive exercises such as squeezing of balls. Those who did not engage with the activity bank cited unavailability due to busy work schedules, illiteracy, and inability to communicate with their children. In addition, 96.6% of the caregivers create time to play with their CWDs, whereas 31.3% spend more than one (1) hour in playful activities. Empowering parents to provide holistic caregiving improves learning outcomes for learners. CWDs who receive early interventions are better prepared to enroll in school and with continued support from caregivers. In addition, using innovations such as the Activity Bank for Disabilities empowers caregivers to impart lifelong learning. This benefits CWDs both in and out of school and enhances access to learning opportunities.

5.2.10 Exploring the perspectives of fathers on the importance of learning through play among pre-primary-aged children in Nigeria; Tolulope Ojo, Samuel Salama, Yetunde Oluwatosin and Patricia Falope

Parents' misconceptions and limited knowledge of Learning Through Play (LTP) hinders children from experiencing the many positive effects of play, including school readiness, completion, and improved academic outcomes. This study adopted a qualitative approach and analyzed Focus Group Discussions with 160 purposely selected fathers of children aged three to five (3-5) attending pre-primary school across 16 rural and urban sites in Nigeria. The Focus Group Discussions examined fathers' knowledge on LTP and their perceived significance of play in children's learning. The qualitative data was thematically analyzed using NVivo-12. The findings revealed that fathers generally viewed LTP as essential to improving children's cognitive, physical, and emotional development and increasing a child's enthusiasm for school and learning. Fathers also contributed perspectives regarding their roles in supporting LTP and their preferred engagement methods.

5.2.11 An Assessment of Organizational Systems for Implementation of Nurturing Care Framework in Selected Western Region Counties, Kenya; Dr. Philemon Yugi, Dr. Roseline Olumbe, Charles Kemboi, James Adede, Regina Mwasambo, Mary Ochieng, Ezekiel Wamalwa and Damaris Wambua

The first years of a child's life are foundational to their overall health and development. Specifically, the first three years are critical for children's healthy growth and development. Therefore, an enabling environment is needed for positive child outcomes. Child-focused organizations need strong systems to implement a holistic Nurturing Care Framework for children since limited capacity and weak systems jeopardize children's wellbeing. The purpose of this study was to assess the systems of child-focused organizations in implementing the Nurturing Care Framework. The study applied mixed method design, collecting both quantitative and qualitative data utilizing a Key Informant Interviews guide and a USAID Organizational Capacity Assessment Tool (OCAT). The four (4)-point Likert Scale tool was adapted and a section on the Nurturing Care Framework added. Out of a population of 73 organizations, eight (8) were selected to participate. Dual sampling methods (purposive and quota) were used. Two (2) organizations were purposively selected, while six (6) were selected using quota sampling. The following seven (7) organizational systems were assessed: governance, administration, human resources, financial management, organizational management, program management, and project performance management. Overall, findings revealed that most (62.5%) of the organizations had a strong capacity to implement child

focused programs, 25% had a moderate capacity, while 12.5% had weak capacity. Specifically, of the seven systems assessed, 87.5% had a strong capacity while 12.5% had weak governance capacity. Regarding administration, human resource, organization management, and project performance management systems, 25% had weak capacity, 12.5% moderate capacity, and 62.5% strong capacity. Finally, 25% had weak capacity, 12.5% moderate capacity, while 62% had strong capacity in both the finance management and program management. Regarding implementation of the Nurturing Care Framework, 12.5% had weak capacity.

5.2.12 Sustainable community empowerment models on food security to enhance children's nutritional needs in the context of climate change in Kenya; Mary Mogute, Daniel Mutunga, Roseline Olumbe, Abraham Ayieko and George Otiep

Globally and in Kenya, climate change has affected weather and rainfall patterns. This has reduced food production that has caused hunger and famine, compromising the provision of households' nutritional needs. Hence, the need to find alternative sustainable community empowerment models that enhance households' food security. The study explored sustainable agricultural models that can alleviate the intensity of food insecurity in Kenyan communities. It also assessed the effectiveness of sustainable agricultural models that can promote food production and conservation. The study used desktop review, case study design and community participatory approaches to generate qualitative data. Purposive sampling was used to select one organization that has adopted sustainable community models of food production. Data was mined from documented literature on sustainable community agricultural models and reports from the selected organizations showcased models that were instrumental in improving household nutrition. Focus Group Discussions and Interview Guides were used to collect data from household heads and community gatekeepers, respectively. Findings revealed sustainable agricultural models that enhance food security including; water harvesting, farm preparation, timely planting, improved seeds, soil enrichment, timely harvesting, drying, storing and selling of surplus yields. Further, findings indicated that effective sustainable agricultural models require needs analysis, community participation and capacity building. The study concluded that sustainable community empowerment models in agriculture can boost food production and reduce risks of food security despite extreme climate change. Therefore, the study recommends replication and scaling up of these models to improve households' nutritional needs as entailed in the Nurturing Care Framework.

5.2.13 Community led approaches in increasing caregiving practices among teen mothers in Siaya County; Oketch T, Owuor A, Oguttu M, Odindo G, Sika J and Otieno B.

Kisumu Medical and Education Trust (KMET) piloted a Nurturing Care for Early Childhood Development program from 2018 to 2020 with 43 teen mothers support groups linked to 11 private health facilities on Care for Child Development and core business skills empowerment. The target participants were teenage mothers and their families. The KMET model works through the formation of teenage mother support groups, an elaborate County to Village Multisectoral approach, training of Community Health Promoters and champions, community sensitization and formation of youth-led loaning and savings for economic empowerment.

The pilot resulted into increased clientele utilising the local health facility from 15 to 200 clients; 11 play areas were established in the 11 facilities, kitchen gardens (157) established at household level, 43 teenage

mother support groups with functional table banking were established, and four (4) registered with the Social Department, exclusive breastfeeding was conducted and increased from 77% to 85%; early identification of delayed milestones, improved caregiver child interactions were witnessed; latrine coverage increased to 87%; Baby-friendly open days were also conducted during the pilot phase. Linkages to other key stakeholders realized, including sectors such as Birth registration, Agriculture, Education, and Child Protection Units. This ensured every child received birth notification and registration. The teen mothers also developed entrepreneurship skills: beads making, saponification, savings and other small business activities. This initiative confirms that children of teenage mothers too can receive better responsive care when the environment is welcoming and supportive. Grassroots involvement of teenage mothers on their own problems were facilitating factors for the success of the project. All the economic empowerment activities were initiated by the teenage mothers with technical support from KMET and the County Government, thus creating sustainability in the majority of the groups.

5.2.14 The Impact of the COVID-19 Pandemic on Child Development in Nairobi City. Charles Muruka, Emily Owino and Yolande Baker.

In response to COVID-19, the Government ordered precautionary measures, including restrictions on movement, social distancing and encouraging people to stay at home. The stay-at-home advisory coupled with the loss of livelihoods for caregivers increased the risks of depression, Gender-Based Violence and child abuse, factors that negatively affect child development. The M2m integrated ECD/RMNCH/PMTCT program, implemented on a facility-to-community platform in Nairobi City, focuses on the period from pregnancy to the age of three. The goal is to ensure that HIV-positive, HIV-exposed and other vulnerable young children have improved health, well-being and developmental outcomes. Mentor Mothers interact and empower caregivers across the five components of nurturing care while using digital applications to capture data and conduct assessments on child developmental milestones and Maternal Mental Health. In 2019, children with birth certificates were 6%, but reduced to 3% in 2020 and rose marginally to 4% in 2021. In terms of maternal well-being, mothers assessed as consistently "always" coping and consistently "sometimes" coping declined from 81% in 2019 to 63% in 2020 but rose to 80% in 2021. Mothers with sustained coping remained constant at 11% in 2019 and 2020. In 2019, 2020 and 2021, children aged 12 months with normal growth were 98%, 100% and 94% respectively. In 2020 and 2021, 100% and 95% respectively attained the expected developmental milestones at the age of 12 months, compared to 88% in 2019. Mentor Mother support to caregivers was beneficial in enhancing maternal well-being and child development during the COVID-19 pandemic.

5.3 Leveraging Intersectionalities Coordination, Technical Working Groups, and Implementation Blocks

5.3.1 A review of Early Childhood Development policy frameworks, their implementation and impact on children's development in East and Southern Africa countries; Dr. Samuel Ngaruiya

The United Nations (UN) Sustainable Development Goals (SDGs) 2030, African Union (AU) Agenda 2063 and Nurturing Care Framework have entrenched Early Childhood Development (ECD) as a key global and regional agenda. The SDG recognizes the imperative to end all forms of poverty, malnutrition, preventable deaths; abuse; exploitation and violence to improve access to quality pre-primary education besides ensuring children acquire legal identity from birth. The African Union (AU) Agenda 2063 aims at

promoting people-driven development while AU's Agenda 2040 for children indicates the commitment to ensure every child's birth is registered and that every child survives, has a healthy childhood and grows up well-nourished accessing all life's necessities. Recognizing the importance and benefits of quality Early Childhood Development not only in achieving education outcomes but also socioeconomic development, countries in East and Southern Africa have escalated the development and implementation of ECD policies and guidelines. Despite these policies, delivery of comprehensive, holistic ECD programs have been inadequate. Many children, especially those from poor family backgrounds and those in difficult circumstances are not accessing quality and relevant ECD services thus jeopardizing their development and education trajectory. Therefore, what is seen in the policy environment is not reflected in the reality, Hence, attaining SDG 4, target 4.1 on ensuring all that boys and girls access quality Early Childhood Development and Pre-Primary Education so that they are ready for school by 2030 may be a mirage. Moreover, there has not been a critical analysis of the ECD policies and their implication on ensuring impactful ECD programs.

This paper presents findings of a review of ECD policy development and implementation impact across six countries in East and Southern Africa namely: Botswana, Kenya, Namibia, Rwanda, South Africa and Zimbabwe. The paper is informed by a desk review and the author's own practical field engagements in the review and development of ECD policies in four of these countries. Three study questions are explored: i) How were the ECD policies developed and implemented across the six countries; ii) What impact in terms of holistic child development has been realized as a result of these policies? and iii) What needs to be done to ensure the ECD policies lead to better results for young children? The presentation investigates the contextual consideration highlighting the existence of an enabling environment, the overarching goal, principles, scope and coverage, governance and implementation arrangements. The presentation also provides findings on key achievements and challenges in the process of implementing the policies. At the tail end, a synthesis of key success and challenges that impede the effective implementation of ECD policies and a proposed / desired way forward in ECD policy review, development and implementation is presented. The presentation is expected to inform academic discourse especially to ECD students in various higher learning institutions as well as bringing out a bird's-eye view to government, implementation partners and the private sector involved in ECD policy development.

5.3.2 A multisectoral approach to Early Childhood Development: gaps and challenges in frontier counties, Kenya; Phyllis Magoma, Esther Chongwo, Joyce Marangu, Paul Otwate, Eunice Njoroge, Anil Khamis, Margaret Kabue and Amina Abubakar

Early years are critical since they constitute a period of rapid growth and development. As a result, children need nurturing care through integrated services so as to enhance their holistic development. Working in collaboration with many sectors ensures a comprehensive cross-sectoral and more sustainable approach (Kibera, 2013). Multisectoral implementation of the Nurturing Care for Early Childhood Development (ECD) ensures that every child gets the best start to life, and develops optimally.

During early years, children are sensitive to interventions that ameliorate against the adverse effects of exposure to risk factors such as chronic poverty, malnutrition, and non-responsive caregiving (Naudeau, 2011). Research indicates that in low- and middle-income countries 43% of children less than five years of age are at risk of poverty, poor health, poor nutrition and other adversities. It is also estimated that 250 million children under five (5) years emanating from low- and middle-income countries are at a high risk of not attaining their full developmental potential. Over 66% live in sub-Saharan Africa due to inadequate

nutrition, poverty, and under stimulation in the home environments (Black, 2017). This paper presents findings of a situational analysis of ECD services and programmes that was undertaken in the frontier counties in Kenya. Interview guides were used to collect data. Purposive and snowballing sampling techniques were used to select 104 respondents consisting of 58 males and 46 females in the ECD sector. They included ECD teachers, parents, healthcare workers, religious leaders and County ECD Coordinators. The interviews were audio recorded and transcribed. Transcripts were then coded in the NVivo programme after which, thematic analysis was done in line with the key objectives. Preliminary analysis indicates that some of the challenges and gaps in ECD services in the counties include lack of quality nutrition, poor physical facilities, inadequate access to healthcare, insecurity, lack of proper terms of service for ECD teachers and lack of early learning opportunities. Another major gap that was identified was lack of multisectoral coordination in ECD services provision in the region. To address the gaps and challenges, participants were asked to recommend possible areas of interventions which included the need for a multisectoral implementation of the Nurturing Care Framework for Early Childhood Development.

5.3.3 Evidence-Based Programme Development to Bridge Policy and Implementation Gaps; Susan Nyamanya

According to the United Nations, Division for Social Policy Development (DSPD), disability-inclusive development means that all stages of development processes are inclusive of and accessible to persons with disabilities. It requires that all persons be afforded equal access to education, health care services, work and employment, and social protection, among others. According to the 2019 census, 2.2% (0.9 million people) of Kenyans live with some form of disability with children under five (5) years excluded. While early identification and intervention is essential in supporting Children with Disabilities to achieve their full potential, most parents and caregivers lack the relevant skills unless the disability is visible or when the children experience delayed development. The national survey conducted in 2017 (KISE, 2018) established that nearly a third of the County Educational Assessment Resource Centres (EARCs) have only one officer, making it impossible to carry out all the functions of the Centre. Besides, the assessors posted to the EARCs are inadequately trained in functional assessment or lack necessary facilities and equipment to assess learners and trainees with disabilities. In 2022, The Aga Khan University Institute for Human Development undertook a situational analysis through desk review of the 10 Frontier County Development Council (FCDC) policies. The results indicate that only two had Special Units responsible for disability-inclusivity. Based on these findings, AKU-IHD is developing responsive courses on inclusive ECD. It is expected that the course will create awareness amongst policy-makers, parents, and ECD frontline workers to serve the needs of all children in Kenya.

5.3.4 Scaling impact through collaborative approach to ECD; Easter Elizabeth Okello

The government of Kenya is mandated to provide universal access to services including ECD service delivery as a public good. With the acknowledgement of the need to pool and optimize available resources; a multi sectoral approach would suffice in solving the ECD puzzle of sustainability of the innovative programs initiated. The ability to scale an innovation solely lies with the government and with periodic support from the Implementing partners through continuous Monitoring and Evaluation. The question on how to transition from pilot to scaling impact often arises and a myriad of solutions, innovations and interventions piloted and tested. The Lake Region Economic Bloc (LREB) is home for 14-member County Governments of Bomet, Bungoma, Busia, Homa Bay, Kakamega, Kericho, Kisii, Kisumu, Migori, Nandi,

Nyamira, Siaya, Trans Nzoia and Vihiga to provide technical support in constituting, institutionalizing, operationalizing and coordinating the bloc's activities as guided by the Economic Blueprint and the LREB Act (2018). The LREB regions leverages on the existing government structures and the available platform at the summit secretariat to enhance advocacy for mindset change in discharging ECD services through the Nurturing Care for Early Childhood Development strategic intervention framework in the 14 counties. This paper aims to contribute to the creation of a framework that shows how the shift in thinking, methods and execution build a functional system that supports scaling of solutions in the public sector. This paper therefore seeks to provide insights on what gets in the way to scaling an innovation that has proven effective at the pilot stage. It further provides an in-depth understanding on how the recipe for success can be modified and sustained and additionally, it provides how the perceptions of communities may be changed using the behavioral change approaches to ensuring impact of an intervention is achieved.

5.3.5 Champions changing the Nurturing Care Story in Siaya County; Juma, Owuor, Oguttu and Murungi

Globally, 43% of all children, 66% of children in sub-Saharan Africa and over 10% have a disability. 5.9 million children <5 die of disease and poor health, while more children are surviving due to improved access to healthcare, many of those who survive are not thriving. About 2.2% (0.9 million) persons live with disability in Kenya with a prevalence of 3.8% across the age threshold and most of these people live in rural settings, 2.6% (0.7 million), compared to 1.4% (0.2 million) in urban areas. The latest KDHS-KIR showed that overall, 66% of women had four or more ANC visits for their most recent live birth or stillbirth and Nine in 10 women took iron-containing supplements during their most recent pregnancy. It also showed that the percentage of women who had four or more ANC visits for their last live birth increases with mother's education from 49% among those with no education to 83% among those with more than a secondary education. The percentage of live births that are assisted by a skilled provider has increased markedly over the past two decades, from 41% in 2003 to 89% in 2022. The survey indicated that vaccination coverage rate for basic antigens increased dramatically between 1989 and 1993 and dipped to a low of 57% in 2003. There has been a sustained upward trend since 2008-09, with coverage in 2022 at 80%. The Nurturing Care Framework ensures a child is monitored using the five domains so as to be on track and KDHS showed that 78% percent of children are developmentally on track in health, learning, and psychosocial wellbeing. Smart Start Siaya has trained Champions in Nurturing Care for ECD to integrate nurturing care activities and practices such as policy development, responsive parenting, responsive feeding and stimulation into their day-to-day activities. This was made possible by training The County Executive Members, The County Assembly Members, County Departmental Focal Point persons on Nurturing Care for ECD, National Government Administration Officers, Community champions including religious leaders, male champions and adolescent champions who continue to sensitize the community on the importance of nurturing care; religious leaders including nurturing care into their Sunday bulletins and sermons.

As this is done, Community Health Assistants (CHAs) and Community Health Promoters (CHPs) continue to support developmental milestones monitoring, targeted and customized counseling on complementary feeding, responsive caregiving and early learning opportunities through structured play sessions both at the facility and household level. This has led to increased demand creation of the services both at the community and facility levels. As a result of this, the following observations were made for caregivers having children below five (5) years: increased rate of pregnant women attending the fourth Ante Natal

Clinic, reduced rates of children who `are not developmentally on track, increased male involvement even in the fisher folk family, churches setting aside play areas making play items for children, development of draft policies supporting Nurturing Care for ECD, allocation of departmental funds supporting nurturing care, and departmental joint planning for activities targeting Nurturing Care for ECD. Behavior change demonstrated in Child care by the community and policy makers in Siaya County is pegged on the integrated work by the Champions for Nurturing Care for ECD. This has promoted child growth and development and more evidence in nurturing care interventions is needed to understand how responsive caregiving can be integrated at both the community level; as well as policy development and implementation levels to complement each and help children survive, thrive and reach their full potential.

5.3.6 Strengthening linkages between Health, Education and Social Protection in Early Childhood Development through Nurturing Care initiatives in the community: A case study of Malezi Bora ya Awali project in Kiambu County; Racheal Makena, Sally Moraa, Judith Mueni, Dr Teresa Mwoma, Allan Ragi and Stephen Ikonya

Nurturing care encompasses young children's needs for good health, optimal nutrition, security and safety, opportunities for early learning and responsive caregiving. Sustainable Development Goals 2,3,4 and 6 seeks to strengthen nurturing care components through sustainable partnership. Collaboration and partnership is therefore crucial in ensuring a continuum of nurturing care to families, primary caregivers, secondary caregivers, organizations and policymakers to safeguard the needs for young children. This paper presents findings from an initiative funded by Comic Relief in partnership with KANCO to explore the importance of strengthening integrated linkages in Early Childhood Development for children to survive and thrive. This was achieved through capacity building of frontline workforce on Care for Child Development and Nurturing Care; caregivers' dialogues and support groups; continuous mentorship and coaching for households from trained Health Care Workers (HCWs) and Community Health Promoters. The project further focused on strengthening linkages between homes, ECD centers, religious institutions and local health facilities; partnerships with other implementing partners and county departments in Kiambu County. The initiative brought together County departments of Health and Nutrition, ECDE, Agriculture, social protection and gender. The project targeted 40 CHVs from two sub counties, who extended their mentorship to 100 households each, reaching approximately 4,000 children directly. Indirectly 64,445 children benefitted through mass community outreach during Malezi bora week from the two sub-counties.

5.4 Reframing Inclusivity: A Good Start for all Children

5.4.1 Predictors of parenting stress among caregivers in disadvantaged settings: evidence from Kenya and Zambia; Kenneth Odhiambo Okelo, Patricia Kitsao-Wekulo, Silas Onyango, Elizabeth Wambui, Josiah King, Aja Louise Murray and Bonnie Auyeung.

Parental stress occurs when parenting demands are greater than the resources available to cope with parenting demands. Factors including household wealth, educational level, marital status, age and the number of children under their care have been indicated as predictors of parental stress. However, there is limited evidence from sub-Saharan Africa (SSA) on these associations. This work provides an understanding of parental stress in SSA and improves the conceptualization and implementation of maternal mental health-related interventions. The study reported in this paper was derived from data collected

through the earlier longitudinal nurturing care evaluation studies conducted in Kisumu and Nairobi Counties in Kenya, and Chisamba District in Zambia. A linear regression model adjusting for clustering and covariates was used to determine the association between caregivers' parenting stress and their socio-demographic characteristics. The mean parental stress scores were slightly below the average in the rural study sites but in the urban study site, stress scores were slightly above the average. In addition, parental stress was associated with at least four factors: caregivers' income, their age, their level of education and the age of their child. The current findings on the mean parental stress score and the predictors in these studies mirror findings from other studies on parental stress in disadvantaged settings. The policy implications of the study findings focus on improving maternal mental health through poverty alleviation-related interventions, improving caregivers parenting knowledge and improving the provision of childcare services in poor urban and rural settings.

5.4.2 Identifying affordable, contextually appropriate Inclusive ECD approaches for children with disabilities; Charles Odol.

This project is part of a Foreign, Commonwealth and Development Office (FCDO) funded programme, implemented by a consortium of international NGOs and Government stakeholders. It aims to identify affordable, contextually appropriate Inclusive Early Childhood Development (IECD) approaches. The concept was defined when stakeholders highlighted a gap in the provision of quality education for CWDs at ECD level. The participation of Organisations of Persons with Disabilities (OPDs) was core in design, management, and implementation, including the development of advocacy plans to ensure that engagement with duty bearers is systematic. Key focus areas included: the identification of CWDs, reviewing accessibility, improving classroom practice, strengthening home-based education for children with complex disabilities, training of service providers, supporting parents and sensitizing the community about the rights of CWDs. Project implementation is in three rural and three peri-urban schools in Homa Bay County and three schools in Turkana County; one each in Kalobeyei Settlement, Kakuma Refugee camp and the host community. Different NGOs support each project area. Nine additional control schools are participating in research.

Children with complex disabilities are supported in their homes by Learning Support assistants, and some have later transitioned to schools. School Based Inclusion Teams encourage project delivery at school and county level. The project is led by a Project Steering Committee, chaired by a member of a local OPD. Employing a system strengthening approach, the consortium partners with the Ministry of Education, Teachers Service Commission, County governments and other stakeholders ensuring that the project aligns with, and builds on, existing policies. A Situational Analysis of inclusive practices in IECD informed project design and implementation. A Cluster Randomised Control Trial is evaluating its impact, through monitoring educational (Competency-based) and developmental outcomes. Disability prevalence is measured using the UNICEF Washington Group Child Functioning Module and vital input from beneficiaries is gathered using Focus Group Discussions. Data collection and analysis informs project adaptations. The presentation will emphasize the successes, challenges and learning in the project. Key questions being addressed by the consortium will address what IECD interventions are affordable, contextually appropriate, sustainable, and scalable. How the interventions contribute to improved participation and outcomes for all children with disabilities will be considered, highlighting those that appear to have the greatest impact.

5.4.3 Integrating Early Childhood Development into Adolescent Sexual and Reproductive Health (ASRH) Services: A Qualitative Assessment on the needs and behavior among teen mothers in Siaya County; Owuor A, Oguttu M, J Nancy and Oketch' T.

The presentation underscores the need to explore the behaviour and needs amongst teen mothers related to nurturing care and Sexual Reproductive Health (SRH) to inform a more holistic and targeted approach. The main questions addressed included exploring the platforms that exist for integration and inclusion of teen mothers in early childhood interventions; and what specific needs and experiences in child care and SRHare. A mixed-methods assessment of integration of Nurturing Care services was conducted. Data collection was through Standard checklists administered by trained interviewers; In-depth interviews with teen mothers and adolescent girls; and Focus Group Discussions with teen mothers. A randomized Sampling method was used and the assessment was open to all teen mothers and adolescents who met the inclusion criteria (being 15-19 years of age and a parent to 0-3-year-olds). Data were obtained from a sample of 114 teen mums aged between 15-19 years. 89.78% had knowledge on childcare with responses like taking their children to the clinics; playing with them; bonding; practicing exclusive breastfeeding and providing a balanced diet. Challenges included neglect and abandonment by fathers; lack of income leading to high dependence on others; social stigma and rejection from family members, early marriages; Difficulty in balancing school, house chores, and taking care of the child. Mothers were positive yet with limited resources. About 91.23% reported having received their first sexual education from school, health facilities, and their mothers; first sexual debut between the age of 8 and 19 years with a mean age of age 16; 97.37% had been in a consensual sexual relationship and 91.23% had knowledge on contraceptive methods but only 49.12% birth control. To develop a holistic life course approach that integrates nurturing Care into ASRH for the teen mothers, there is need to design approaches that aim at reducing vulnerabilities among the adolescent girls and young women.

5.4.4 A good way for all Children with focus on Childcare, Nurturing and Protection for Children accompanying their mothers in Prison, those Institutionalized and those left behind; Christine Odero and Jane Kuria

Children accompanying their parents in Prison who are under the ages of zero to four (0-4) have been a forgotten lot for many years. Currently, there are 18 Women Prisons in Kenya; Langata Women's Prison being the only Female Maximum-Security Institution in Kenya overseeing large entry, stay and exit of 400 children of incarcerated parents annually. These children are exposed to the normal prison routine that is not child-friendly and are exposed to all manner of inmates; an attribute that does not- guarantee the safety, protection and nurturing of these children. Through the prison open door policy, Faraja Foundation addressed the safety issue by constructing a modern daycare where the children spend their time during the day and only join their parents in the evenings. The caregivers of the children are the inmates, and Faraja advocates that preferably the parents are allocated the caregiving duties. This would create enough time for the children to bond with their parents in their care and nurturing. There has been a lot of advocacy by Faraja and stakeholders to ensure the safety and protection of the children which resulted in the development of the Kenya Prison Service childcare policy that was launched in 2021. The DCS in partnership with non-state actors including Faraja are working to develop a guideline policy that shall inform a lay-out for sustainable approaches in safeguarding the interests of children. Faraja lobbies the government to act in the best interest of the children accompanying and those between ages zero to four who are left behind by their incarcerated parents.

5.4.5 Comparative analysis of the literacy and numeracy assessment for children in Dadaab refugee camp in Kenya; Samuel Mburu, Jane Maweu, Gladys Agola, Elijah Makaye and Lucy Tengeye

The initiative is focused on getting marginalized and vulnerable refugee children back into learning, in physical school facilities when it is safe to do so; helping ensure that children who are unable to return to school receive contextually appropriate and operationally feasible learning was challenging due to impact of the COVID-19 pandemic on education. This left many children in refugee camps vulnerable because their parents could neither afford home-schooling nor online classes. COVID 19 left many children in Dadaab camp vulnerable. Parents could not afford home-schooling and on-line classes for them. To compensate for the lost learning of children aged 7- 10 years during the pandemic, Save the Children (SC) introduced digital learning in the camp through the 'safe back to school' project from December 2021-January 2023 aimed to improve their literacy and numeracy skills. The project targeted a total of 320 male and 320 female children as direct beneficiaries. The tablet-based completely offline system-a child-directed, personalized system with no instructor input, presented literacy and numeracy curriculum with interactive tutorials to learn foundational digital literacy and numeracy skills to help recover time lost during COVID-19 pandemic. The evaluation used a quasi-experimental design as the principal approach of evaluation with an equal number of respondents from the intervention and control group. The approach allowed a comparison of learning outcomes between the two groups and assessed the net effect produced by the project's intervention. Several tools were used such as: IDELA, Literacy boost and Numeracy boost assessment tools.

Notably, learners with disability attended class more in intervention than control sites, and literacy outcomes were better. All the teachers from the intervention group were found with "high" confidence in teaching based on the questions asked to them. The teachers were found knowledgeable and confident in developing work-plans for Children with Disabilities. Children liked the integration of digital technology in their learning and stated that it helped them to understand their lessons better. The teachers appreciated the use of digital technology in the classroom. According to the teachers, both girls and boys equally participated in the learning. The study recommends that digital learning can be scaled up and learners observed for a longer period of time with rigorous methodology applied to allow plausible results that can be attributed to the interventions. Further training of teachers in digital proficiency can contribute to their confidence in teaching and engaging with learners with disabilities. In addition, stakeholders can support the home learning environment by providing books and materials to all children so that learning can also continue at home.

5.4.6 Housing condition practices, residential mobility and mental health of children in ECD, a case of Turkana County Kenya; Murunga Anthony and Ekisa Amoo

Growing up in a decent, affordable home can have a powerful effect on children. Studies draw a straight line between the quality, location and affordability of housing and a child's ability to survive, thrive and transform. The purpose of this study was to investigate how Housing Conditions Practices and Residential Mobility Influences Mental Health of children in ECDEs, in Turkana County. The study was guided by one objective - to investigate how Housing Conditions Practices and Residential Mobility Influence Mental Health of these children. The study was based on an ethnographic paradigm which provides for the use of qualitative research methodologies. Descriptive survey research design was used to answer research questions. Linear regression analyses were used to investigate the influence of housing conditions practices, residential mobility and mental health of children in ECDEs in Turkana County. The study targeted a

population of 520 families who were involved in residential mobility. The study found that the stress that parents experience due to living in poor conditions translated into emotional and behavioral problems in their children. In addition, children whose families are forced to move frequently due to drought, cattle rustlers, inter-clan conflicts, water and pasture shortage for their animals often struggle hence young children miss an opportunity to access education. Moreover, the study found that families with unsafe, unstable and unaffordable housing show more health problems, less improved school performance, more psychological stress and result in less self-assured parents.

5.4.7 To be in compliance with the Nurturing Care Framework: All Children must be reached; Omolara Otujo

Neonates go through a long and protracted period of infancy during which time they receive from their mother or caregiver; care, attention, nutrients, communication and stimulation they require to survive. The nurturing received during infancy also enables a rich nexus of nerve connections between the neutrons of the brain to grow and connect with one another." The study adopted qualitative research design. The population for the study was all stakeholders that are working with or have disadvantaged children (parents, schools, community leaders, non-governmental organizations, inclusive centres etc). The samples for the study are two (2) Coordinators of NGO Network, three (3) Women Association leaders including faith-based, Ten (10) community leaders, ten (10) Head-Teachers/ ECE teachers, five (5) School proprietors, ten (10) Home-based parents, five (5) community ECE coordinators, five (5) NGO leaders, ten (10) inclusive centres. Altogether 60 in all. The study used structured interviews to generate data. The findings showed that a lot needs to be done in Nigeria to make every child inclusive. Recommendations are made to all stakeholders especially policy makers to scale up policy to meet the needs of all children in Nigeria, community leaders and parents to stop hiding Children With Disabilities and to be encouraged that there is ability in disability, ECE teacher and caregivers to be observant in recognising ailment such as hearing loss, visual impairment, slow learning, autism, hyperactive (usually given negative tag), Down syndrome, physical disability, etc. and to recommend appropriate reference promptly.

5.4.8 Inclusion of Children with Disabilities in ECDE in Kenya: what do parents, teachers and children understand, perceive and experience? Findings from an inclusive qualitative study, Mary Wickenden, Josephine Njungi and Brigitte Rohwerder

The presentation will describe and discuss our participatory, inclusive qualitative study exploring understandings, perceptions and experiences of teachers, parents and Children with Disabilities of inclusive ECDEs in Homa Bay and Kakuma. The research was part of a larger UK (FCDO) government funded project trialing a model of inclusive ECD with multiple interventions, at school and community level and with key government actors. The group worked with nine peer researchers, and local people with disabilities. After training in inclusive qualitative methods, they ran Focus Groups with teachers, parents and Children with Disabilities in the two districts, supported by a Kenyan consultant. The findings from a participatory thematic analysis showed broad support for the idea of inclusion of Children with Disabilities in mainstream ECD classes, but also ambivalence, with some believing that segregated schooling if available would be a better choice. There were concerns from teachers about their own level of knowledge and skill and the need for further training and classroom resources such as teaching materials and toys. Parents were also concerned about teachers' skill level, safety and protection of their children, and some reported negative attitudes in school and the community which could lead to bullying or other negative

treatment. The children were generally positive about going to school and enjoyed playing with other children and receiving food. The impact of poverty on families was clear in both settings, but was more pronounced in Kakuma. Working with peer researchers had clear benefits. A follow up study will be conducted in 2023.

5.4.9 Quality Childcare model that supports self-reliance for refugee and host communities' resilience through Social Franchising - The Kidogo Way; Jeremy Makau.

Kakuma Refugee Camp and Kalobeyei Settlement are home to over 200,000 refugees from over nine (9) countries, many who have lived there for more than 25 years. The challenges facing Kakuma-Kalobeyei range from natural hazard vulnerability, insufficient infrastructure and facility provision and very limited employment opportunities. Key opportunities exist. According to a Gender Assessment (2019) there are "no providers of daycare services for children below the age of two in the camp or town and women reported that finding a trusted child minder at an affordable price proved difficult." Kidogo was selected by the Kakuma Kalobeyei Challenge Fund (KKCF) to fill this gap and provide quality childcare and women's entrepreneurship opportunities to Kakuma Kalobeyei. Kidogo is a social enterprise whose mission is to improve access to quality, affordable Early Childhood Care and Education in low-income communities. In 2021, Kidogo launched its social franchising program in Kakuma - Kalobeyei with various adaptations of its core operations anchored by the six elements of the "Kidogo Way", developed in close alignment with the Nurturing Care Framework. These are: responsive and Nurturing Caregivers, play-based activities, safe and stimulating environment, health, nutrition and WASH support, Parent and community engagement, business management and administration. Kidogo uses an innovative social franchising model by partnering with entrepreneurs, majority are women, running childcare centers, called "mamapreneurs", and provide them with ongoing training, mentorship and quality assurance support to improve quality of their centers and grow a profitable childcare business as a branded Kidogo franchisee. By training Mamapreneurs or papaprenurs to run high quality and profitable micro-businesses, not only does it raise the quality bar for childcare in communities, but we also empower young mothers and men to join the childcare workforce, and provide motivated caregivers with professional development and entrepreneurial opportunities. Since the launch of the program in Kakuma and Kalobeyei in 2021 with just a handful of *mamaprenuer*, the Kidogo network has continued to grow. A total of 62 centers were initially mapped out of which 40 enrolled in Kidogo's three-month Quality Improvement Program (QIP) which provides training on business fundamentals, quality nurturing care and community/parent engagement. This training empowers daycare owner operators to run a profitable, quality, affordable daycare. Five centers dropped due to various challenges related to refugeeism which included community land ownership. Currently, Kidogo has 35 members who meet Kidogo's quality standards. The Kidogo network in Turkana comprises 17 school-based centers with total enrollment of 554 (283 male, 271 female), nine (9) center-based and nine (9) home-based care centers with 453 (231 male, 222 female) and 254 (134 male, 119 female) respectively. It is important to note that the quality of childcare service given in the daycares has improved owing to the mentorship and support rendered to caregivers during the QIP. The centers are embracing the idea of improvising play materials to promote stimulative learning by use of the locally available materials. Working in Kakuma has also come with its own fair share of challenges, for instance, relocation and "dependency syndrome" are some of the unique challenges affecting retention of *mamapreneurs* and *papapreneurs* in the program. However, Kidogo is slowly creating awareness on the importance of quality care during the early years - including in Kakuma where the refugees are also slowly embracing it.

5.4.10 Children and Elections: Spectators or Participants? Leonard Chumo Falex

We can hypothesize the state of a nation by examining the welfare of its children. Children need to be included in the election agenda of a nation. This presentation aimed to contribute to giving the Kenyan child a voice in election participation. Children have a right for citizen participation before, during and after elections. Children are often neglected and unassigned in political engagements. Measures should be put in place to encourage and facilitate their age-appropriate participation.

Children Assembly was adopted in 2011 and operational since 2014 supported by the Department of Children Services nationally and across all the 47 counties. Children hold their own elections and are guided to participate in community and organizational agenda. However, these participations do not find their way to the political roundtables save for public relations undertakings.

Rodger Hart and Laura Lundy's Models of Child Participation that shows different degrees of participation was also discussed. The study also gave the following proposals; (i) caregiver sensitization children election participation (ii) transformative legislations including compelling the Independent Elections and Boundaries Commission (IEBC) to rollout civic education programs (iii) embedding election participation in ECD curriculum (iv) training children in election participation opportunities (v) promotion of appropriate democratic processes in schools and colleges (vi) guaranteeing children safety and protection during electioneering period.

In conclusion, child participation in elections and democratic processes is a progressive undertaking. Child participation reinforces the pillars of patriotism, freedoms and responsibility. By engaging is debates, elections and policymaking, children begin to appreciate organizational building strategies, early in life.

5.5 Early Childhood Education: Building programs on best practices

5.5.1 Cheza, Soma, Jifunze: Engaging parents and carers with Vroom Tips and digital books for young learners - A Technological Approach, Peter Clavers Otieno, Joan Mwachi, Rachel Heavner and Wanjiku Gathoni

The presenter noted that play is a convergent point where a child and parents engage. The Program found out that learning situations are anchored on learning materials; there is generally a lack of resources, and teachers are not well trained, particularly to provide individualised attention to learners. If these challenges are mitigated, then children can access better services as learning in the classroom environment is enhanced. The enablers of this program includes: (i) the goodwill from parents and teachers, intentionally creating time for reading, meetings and gatherings for teachers and parents; shared reading is conducted in 'chamas' (ii) strong nurturing relationships between adults and children; parents become confident in their ability to support their children; (iii) majority of parents are now practicing to improve their knowledge and attitudes. The result is that parents with digital phones support those who do not have, to access (watch or listen) to audio learning material.

5.5.2 Play-based pre-primary learning in Nigeria: A mixed methods study exploring the associated factors and practices - Tolulope Ojo, Samuel Salama, Yetunde Oluwatosin and Patricia Falope

It was established that play encourages children to learn and provide opportunities for holistic development. Development of Reggio inspired curriculum in in-service pre-primary teachers teaching and learning practices in the classroom. This was after it was established that 74% lacked school readiness skills. The mixed method research made findings for knowledge and utilisation of play-based learning approach, knowledge about play-based learning and availability of resources i.e., toys, and posters. The promoters of this study are increased teacher capacity and ensured sufficient play-based learning resources. The hindrances were low parental knowledge and awareness as an approach to learning. The recommendations for this study were (i) increase teacher capacity development opportunities (ii) there is need for school and community leaders in training (iii) there is need for teacher-community cluster group ongoing shared learning and (iv) use of locally available materials.

5.5.3 Pre-primary Education in Kenya: hits and misses on policies, legislations and financial investment - Ibrahim Alubala, Geofrey Tanui, Brian Kenor and Samuel Mburu

The study focused on budget, advocacy and policy reforms. The findings were that policies around ECE are incoherent in terms of structural factors in ECDE. Counties of Turkana, Nakuru, Bungoma interpret some aspects in the 2021 Act differently; management of ECD by the primary school affects efficient management of ECD. Further, ECDs have inefficient resources; and the sector is facing geographical inequalities, as well as in resource allocation; challenges of COVID-19 interrupted learning for some learners, who did not return to school. Government of Kenya was silent on the administration of ECDE before 2005 and the 2006 Pre-primary policy recommended a legislative framework; devolution harmonized implementation of ECD that has also created gaps in accessibility, durability, adaptability and recruitment of teachers. Bold articulation of the Pre-primary Policy Framework came about in 2021. It provides a strong legislative framework that harmonizes ECD services and the delivery of services to children.

5.5.4 A simple solution that works: Impact of Mary's Meals school feeding approach; Aluda. C, Awuor, CL and Nyanchwa. T.

The program puts emphasis on eating for energy. Services are offered in Latin America, Sub-Saharan Africa, Africa and Asia. In Turkana, it is focused on eliminating poverty and malnutrition and also fits in the Nurturing Care Framework. It also targets children in the most exceptional situations i.e., children in prison in Madagascar. Exclusion of the community has led to unsustainability. The community provides water, firewood, volunteers to cook and give other services while the organization provides feeding services. The community is responsible for building simple storehouses and preparing meals in their local context. There are take-home food rations given to children. The challenge experienced during programing includes taking care of the resources. The impact is that there is an increase in enrolment, learners are able to concentrate in class and also play. The initiative is also pursuing a partnership with others like JICA.

5.5.5 Redefining education in emergencies: critical review of early years intrigues in refugee camps and host communities, Dr. Hudson Ouko

The objective of the study was ensuring promotion of learning, psychological development. The challenges noted were related to teacher to pupil ratio, inadequate learning spaces, lack of trained teachers, poor quality

assurance in education, transition from home to school (distance), and mothers traveling long distances to access services. The suggested solutions to these challenges were (i) strengthen collaboration to avoid doubling of services (ii) co-ordinate the service providers (iii) innovate the use of locally available resources (iv) and that survival of learners is more important than education.

5.5.6 Effect of hunger and drought in ECD Education by Hesborn Dete, World Vision Kalapata

As an overview of Turkana South, he mentioned that hunger was a gap in the area, which prevented the organization from rolling out interventions in ECDE - because as an empty stomach cannot learn. There are so many children who are impacted by hunger - structured and unstructured ECDEs (such as ECD centres for under threes). Hesborne Dete emphasized that the impact of hunger to education is low enrolment, school dropout, absenteeism, early closure of ECD centres by 10am and deaccelerated infrastructural development. The interventions tailored to response to these challenges were (i) cash transfer, food distribution to vulnerable houses, training of teachers on innovative food production and provision of water sources (ii) strengthening supplementation by other NGOs (iii) saturate schools with water to encourage food production through farming and clubs in the school (iv) improving the learning environment by considering the learners who are abled differently (v) a focus on sustainability of programs by all partners and stakeholders.

5.5.7 Researching with Children: Methodological and Ethical Considerations: Anil Khamis, PhD - The Aga Khan University Institute for Human Development

The East African region is witnessing a focus on the development potential of very young children to meet their individual needs, uplift their communities, and the nation as a whole (WHO NCF, 2018) policy developments and reforms in the education system including the roll-out of the Competency-Based Curriculum (CBC) with two-years of pre-primary education and increased advocacy for greater financing to the ECD sector (UNICEF, 2021). The increased attention to the early years is welcome and raises a sustainable approach (Kibera, 2013). Multisectoral implementation of the nurturing care framework for Early Childhood Development ensures that every child gets the best start in life and develops optimally. During early years, children are sensitive to interventions that ameliorate against the adverse effects of exposure to risk factors such as chronic poverty, malnutrition, and non-responsive caregiving (Naudeau, 2011). Research indicates that in low- and middle-income countries 43% of children less than five years of age are at risk of poverty, poor health, poor nutrition and other adversities. It is also estimated that 250 million children under five years emanating from low- and middle-income countries are at a high risk of not attaining their full developmental potential. Over 66% live in sub-Saharan Africa due to inadequate nutrition, poverty, and under stimulation in the home environment (Black, 2017). This paper presents findings of a situational analysis of ECD services and programs undertaken in the frontier counties in Kenya. Interview guides were used to collect data. Purposive and snowballing sampling techniques were used to select 104 respondents consisting of 58 males and 46 females in the ECD sector. They included ECD teachers, parents, health care workers, religious leaders and county ECD coordinators.

Preliminary analysis indicates that some of the challenges and gaps in ECD services in the counties include lack of quality nutrition, poor physical facilities, inadequate access to healthcare, insecurity, lack of proper terms of service for ECD teachers and lack of early learning opportunities. Another major gap that was identified was lack of multisectoral coordination in ECD services provision in the region. To address the gaps and challenges, participants were asked to recommend possible areas of interventions which included

limited knowledge on nutrition for lactating mothers and complementary feeding. Exclusive breastfeeding was not followed by some of the caregivers, mostly because of participation in economic activities. While adherence to vaccination schedules was believed to be high due to reminders from the health workers and knowledge that it was beneficial, it was reported that some groups such as caregivers who abuse substances, and refugees experiencing language barrier were unlikely to adhere.

Healthcare workers reported challenges in service provision among caregivers including refugees' underuse of health services for fear of being arrested, low uptake of immunization among refugees due to ignorance, and poor feeding practices e.g., overconsumption of fast foods. Responsive feeding was also perceived to be a challenge with force feeding being reported as common. Perceived facilitators of successful implementation of the digital intervention included adequate training of the health workers and caregivers, use of local language and audio option to address low literacy levels, intervention being free of charge, sharing meaningful content, limiting the number of messages to one or two per week to avoid engagement fatigue, male involvement especially at recruitment, and confidentiality to enhance refugees' participation. Some of the perceived barriers were internet costs, phone sharing, low level of smartphone ownership, phone loss, caregivers' lack of time and non-motivated caregivers. Findings from this study could benefit researchers, policy makers and other stakeholders intending to implement interventions in similar contexts in their efforts to alleviate undernutrition and enhance the growth and development of young children.

5.5.8 Play-based pedagogies for early learners in the African context: a scoping review. Margaret Nampijja, Silas Onyango, Kenneth Okelo, Ruth Muendo, Maurice Mutisya, Miriam Ngarega, George Evans Owino, Patricia Falope, Tolulope Ojo, Samuel Salama, Amy Panyi, Yetunde Oluwatosin, Nuha Jatta, Haleinta Bara Traore, Abdoulie FR Jadama, Hamidou Jawara, Moses Abiero, Patricia Kitsao-Wekulo and Lynette Okengo

Teacher professional development does not always focus on building skills in play facilitation, a gap that warrants addressing. This is in addition to limited data on how effective teachers in Africa are being trained and supported to facilitate these approaches. While African governments have committed to implementing Learning Through Play (LtP) in pre-primary education, through national policies and guidelines, challenges exist with the implementation. We conducted a scoping review to gain insights on the LtP models that have been successfully used in Africa to inform our model development. We searched and retrieved from different sources 3017 articles including gray literature using titles and abstracts. A total of 64 articles were found to be eligible after full-text review. Following exploratory research on social determinants to accessing sexual and reproductive health services among women who use drugs in Kenya, KANCO has been implementing a pilot project aimed at improving responsive caregiving practices of women who inject drugs in Kakamega. The KANCO Boresha Uzazi project is being implemented in Kakamega, at a Drop-in Centre providing harm reduction services among women who use drugs. The project used three main strategies including skills building on Nurturing Care for ECD, health action days and documentation of parenting experiences among women who use drugs. Positive parenting skills training has been conducted among these women and health services targeting women and children are implemented through outreach services. Women who use and inject drugs are open and receptive to training on nurturing care, which have enhanced their skills in responsive caregiving and stimulation. Combining health action days with outreach activities is likely to result in more women and their children being reached and enhancing access to HIV prevention and treatment services among other key health services that improve the well-being of their children. There is a necessity to develop targeted interventions that aim to enhance access to health services

among women who use and inject drugs and their children. When delivered in community settings, these are likely to have better reach and better ECD outcomes. Documentation of parenting experiences is ongoing.

5.5.9 Barriers to an enabling nurturing care environment for children under day-care settings in Kajiado County; Stephen Ikonya, Allan Ragi, Jack Ndegwa, Harriet Namale and Angela Sitonyia - KANCO

Children of mothers working in the informal sector are linked to increased poor health and nutritional outcomes due to gaps in childcare standard operational procedures, regulations, policies and budgetary allocation for children aged zero to four (0-4) years. There is also little or no funding for the day-care centers for improving service delivery. The research questions: What are the socio-economic challenges facing childcare providers? What is the childcare policy landscape and its effects on the nutrition outcome of children in daycares? The study employed qualitative and quantitative approaches. In-depth interviews were conducted with 36 mothers of children aged 0-4 years, supplemented by interviews with two stakeholders and five FGDs with parents of children aged 6-23 months in groups of seven (7)-10. Questionnaires were administered to 38 daycare owners. Thematic analysis indicated that: Low income, financial instability, limited knowledge on food groups, low male involvement, child neglect, low exclusive breastfeeding rates, poor hygiene, space and staff limitations as barriers to an enabling maternal, infant and young child nutrition at the centres. Daycare data indicated: 81% were unregistered; 90% lacked children records; 95% had only one caregiver with limited or no training on nutrition and responsive feeding; 75% did not have play materials; 80% charged less than 1 USD per day and lacked access to credit. There is need for increased and focused investments in the early years of life to promote quality care within daycares. Development and implementation of a childcare bills and policies; formation of Multi Sectoral forums for increased accountability and advocacy for increased resources; Governments to offer community childcare services at subsidized rates; establishing short-term training for caregivers to enhance their capacity on nutrition and responsive feeding and standardization, monitoring and strengthening of childcare facilities.

5.5.10 Influence of good health on quality pre-primary educationin Turkana Cental sub-county, Kenya. Dr. Hannah Kang'ara, Joyce Chebet and Dr. Wanjohi Githinji

Nurturing care plays an important role in enhancing the quality of pre-primary school education. However, in Turkana Central Sub-county, quality of pre-primary school education is a challenge. Many pre- primary school learners manifest poor basic numeracy, language and creativity skills. This study sought to assess the influence of provision of good health on the quality of pre-primary school education in Turkana Central Sub-county. The study was guided by the motivational theory and theory of all-round education. Mixed methodology was applied and the concurrent triangulation design. Target population consisted of 35 head teachers, 153 pre-primary school teachers, 490 parents' representatives and 606 learners totaling to 1284 from which a sample of 305 respondents was determined using the Yamane's Formula. Questionnaires were used to collect data from pre-primary school teachers whereas interviews were used to collect qualitative data from head teachers and parents' representatives. Observation checklist was used to collect data from learners. Piloting of research instruments was conducted among 30 respondents from a sample of public pre-primary schools in Turkana Central Sub-county. Reliability was determined using split-half technique and reliability index, r = 0.727, was obtained using Cronbach Alpha Method which indicated high internal reliability. Qualitative data were analyzed thematically along the objectives and presented in

narrative forms. Quantitative data were analyzed descriptively using frequencies and percentages and inferentially using Pearson's Product Moment Correlation Analysis with the help of Statistical Packages for Social Science and presented using tables. The study established that good health improves the quality of education. Thus, the study recommends that head teachers should partner with stakeholders to provide resources and ensure that good health practices and continuously adopted and practiced as a way of improving quality of pre-primary school education

5.6 Aligning knowledge - Indigenous and traditional child-rearing practices and cultures that promote nurturing care and leveraging intersectionalities

5.6.1 Revolution starts in the mind of a child: Introduction of vegetable cultivation for ECDE learners' consumption in the quest to provide Vitamin components and conquering cultural beliefs against vegetables; Alice Akiru, Nakadi Ang`elei, Fumiaki Murakami and David Omakada

Turkana County is largely inhabited by nomadic pastoralists (the Turkana people); whose culture is aligned to livestock keeping, making livestock products their basic meal components. Vegetables are never part of this. Scientifically, vitamins found in vegetables are of great value to young children in boosting immunity and improving their growth and development. Introduction of Vege-lunch (Vegetable lunch) in ECDE learners` meals involves community engagement (ECDE teachers, learners, Committee and parents) in cultivation, enhancing sustainable long-term impact in the young learners` minds. The goal of this project is to ensure a communal revolution of value for vegetables through the current ECDE learners as they grow up, professionally coining the concepts with their routine learning in implementing the Competency Based Curriculum while the County Government easily manages the progress data of this and other ECDE projects within its mandate. Practicality of the Vege-lunch project in stand-alone ECDEs in most rural Turkana communities has proved that cultivation of drought resistant vegetables like cowpeas is a case study of possibility of other drought-resistant crops growing in the area, and calls for more community sensitization on success chances of agriculture in the county; more research on varieties of crops and exploration of dry-land models of cultivation as is the Zai pits concept for ECDE. The project has demonstrated that historic reports of food aid in Turkana can be eradicated by influencing the self-reliability concept in ECDE learners and their communities, that despite their traditional pastoral life, they can explore agriculture and thrive through the drought seasons.

5.6.2 Cross-Cultural Child-rearing Practices among Major Ethnic Groups in Nigeria: Are they Nurturing Care Compliant? Hannah O. Ajayi Ph. D.

Indigenous child-rearing practices may not be outrightly what can be thrown overboard, there may be practices that could promote nurturing care. This study therefore examined cross-cultural child-rearing practices in Nigeria with a view to determining nurturing care practices. Three objectives and three research questions were set. The study adopted qualitative research design with 60 participants as the sample. One instrument was used for data collection. Results were analyzed and presented using a content analysis procedure. Findings showed that there were similarities as well as differences in the child – rearing practices across ethnic groups. It further showed that there were practices promoting nurturing care in the indigenous child-rearing practices. It is therefore recommended that such practices be harnessed by the relevant stakeholders.

5.6.3 Collaborative Action to Accelerate Affordable Quality Childcare; Sharon Macharia, Tracy Koske, Joshua Ainabyona and Asayya Imaya

This paper highlights the need for a multi-sectoral approach for co-creation, co-implementation, and co-monitoring of childcare to meet the needs of children (0-5 years) thereby generating sustainable models. Strategic collaborations allow transformational change and are a critical focus towards achieving the SDGs as emphasized by Goal 17. Revitalize the global partnership for sustainable development. Thus, reducing wastage of resources, unhealthy competition, and poor coordination while enhancing joint quality delivery of services, resourcing, Monitoring and Evaluation. Findings of the design and confirmation phase conducted by Uthabiti Africa, and partners revealed a childcare sector characterized by fragile interactions, poor coordination with levels of unhealthy competition, and unwillingness to share data. This would translate into the risk of duplicated effort and the need for alignment with government and sector priorities. The Collaborative Action for Childcare (CAC) was thus established as Uthabiti Africa's initiative for accelerating quality, affordable childcare for all in Africa, with Kenya as a pilot. The Collaborative primary aim is to cultivate a culture of joint ecosystem-wide action toward delivering collective impact in the quest for quality, affordable childcare services. The initiative brings together actors in the Childcare ecosystem, initially clustering members into four broad Technical Working Groups that operate as components of the CAC but with separate thematic Terms of References that define their actions and drive towards achieving affordable quality childcare for all.

5.6.4 Unearthing knowledge, attitude, practice and capacity gaps in multisectoral coordination and giving meaning to effective implementation of IECD policy 2022; Philip Omondi

Multisectoral coordination of ECD is integral to effective coordination of Early Childhood Development interventions, which is in the interests of Nurturing Care Framework for ECD (2018). Nurturing care effects, it makes sense that no sector can be solely responsible for it. The health sector has many points of contact with pregnant women, families and people who care for young children. But it needs to be supported by actions in other sectors - including nutrition, education, social protection, child welfare, agriculture, labour, finance, water and sanitation - under a whole-of-government approach. All these sectors have different ECD coordination structures in Kenya manifested in different Technical Working Groups. The purpose of this study was to unearth Knowledge, Attitude, Practice and capacity gaps in multisectoral coordination and National Council of Children Services (NCCS) and its structures, and giving meaning to effective implementation of IECD Policy (2022). The study was anchored in Coordination Theory: A Ten-Year Retrospective by Kevin Crowston, Joseph Rubleske and James Howison that suggested identifying the dependencies between the tasks the different group members are carrying out and the coordination mechanisms the group use to coordinate their work and then considering alternative mechanisms. The population of the study consisted of National, County and subnational multisectoral government partners; development partners; those in mentoring positions for example Community Health Assistants, and formal child protection actors. Questions centrally focused on obtaining a more in-depth look of informants' current knowledge of nurturing care as well as what the current situation in their respective organizations looks like regarding ECD- related services and nurturing care as well as child protection. The study used KII, FGDs and KAP tools to collect data. Data was transcribed and uploaded to Dedoose. Themes were then generated to key themes and sub-themes in line with the study objectives. The study found gaps in capacity, KAP in ECD related services. Other levels of National Council of Children Services (NCCS) structures don't exist and where they exist, they are not functioning. It was recommended that the Government put in allocations and establish non-existent National Council of Children Services and its

lower structures, capacity to build them on nurturing care, support joint supportive supervision and continuous monitoring and quarterly meetings. For effective implementation of ECD policy we must change the beginning of the story to change the whole story.

6.0 SPECIAL PLENARY SESSION

6.1 Madam Florence Omundi - Reframing Inclusivity: A good start for all children

Madam Florence Omundi explained to the delegates that caregivers in prisons are trained prisoners or designated officers, they educate children whose mothers are incarcerated. The officers work in civilian clothes so that the children are not stigmatized. Officers dealing with children have been sensitized and trained by Faraja foundation and all children have been trained on Bangkok Rules for women prisoners and the Havana Rules for juveniles. Part of the rules are inculcated in the prison officer's training curriculum. There is an education officer to oversee education matters and there are daycare centres in all women prisons. She further explained that the Kenya Prison Services takes care of the security, nutritional and educational needs. An example is a prison in Siaya which is taking care of children of incarcerated girls. County Government of Turkana has supported Lodwar Prison in the development of the childcare centre.

She explained categories of children in prison, incuding (i) children in conflict with the law; they are contained in safe conditions for reform and rehabilitation and are given education opportunities, taught life skills and counselling (ii) children who accompany their mothers to prison, (0-4-year-olds) and (iii) children of mothers who are incarcerated.

In conclusion she made an appeal to leaders to support ECD centres in prisons and children left behind by imprisoned mothers, as they are vulnerable and stigmatised.

6.2 Public expenditure tracking survey for Early Childhood Development in Kenya; First 8 years of a child, in sectors of Health, Nutrition, Early learning, WASH and Social protection: Dr Robert Simiyu - UNICEF Kenya

Dr. Robert Simiyu's address focused on the "Public expenditure tracking survey for Early Childhood Development in Kenya. First 8 years of a child, in sectors of Health, Nutrition, Early learning, WASH and Social protection". He expressed that although 50% of population are children the focus of public pronouncement is on youth, rarely on the early years. In ASAL areas children form about 60-65% of the population.

He pointed out that the budget and resource allocation should respond to the dynamics of population. The population of children is focused in a few counties; 5-6 counties each have more children than all the ASAL Counties combined. Furthermore, KES 350 in rural, in urban areas 6,000 per month per family is the poverty line. In terms of monetary poverty, it fell from 49% in 2009 to 33% in 2029 in income poverty. The best measure is multi-dimensional poverty - health, water, nutrition. Multi-dimensional poverty rate is 50% in Kenya; but it was 70% in 2009. Multi-dimensional poverty measures households and government and this contributed to the big drop in this measure.

Dr. Simiyu posed the question: **What is the biggest rationale for investing in children**? And answered the question by expressing that it has the highest return - KSh140 (1 USD) returns – which translates to 17 to 24 times more. The rate of Return on Investment reduces drastically. However, in Kenya the investment

is the inverse. The public expenditure tracking survey shows that 0-8 years are 11 million children. Public spending is 0.9% of total spending and 0.4% of GDP. We are not investing in the population that matters most. He emphasized that on the social sector, expenditure is 45% but ECD is only 0.9%. However, these have been going up over the years. However, the investment is mostly in early learning at 25 billion, followed by water and sanitation eight (8) billion, health at six (6) billion, social protection, and nearly zero investment in nutrition.

In addition to this, he emphasized that source of funds in ECD is local resources. AID is only 0.3% and from the GDP we fund 90% of the annual budget for ECD. However, user fees are a significant barrier. Out of pocket funding is 31% of early education, WASH 17%, and health 9%. ECD spending in Kenya is nearly half of the region. About 93% of ECD spending comes from national sources, although 30% of those resources do not reach the child directly. We need to seal the loopholes.

The challenges faced are heavy delays in delivery of supplies, lack of timely information and human resources gaps - where they require experts. His recommendations for improvement are:

- Efficiencies - collaboration and working together;
- Inter-sectoral approach at County and local level;
- Ask for services - be specific and talk about them rather than ECD;
- Reforms - Treasury is undertaking a budget costing with guiding manuals;
- Treasury - budget portal, a map of Kenya that can help to track funding;
- CIDP indicator handbooks;
- Social Protection;
- Automation of County statistics and
- Fully automated Kenya National Bureau of Statistics

DAY 3

PANEL DISCUSSION

6.3 Strengthening community systems – leveraging the community health strategy down to the ward levels and Aligning knowledge: Indigenous or traditional child rearing practices and cultures that promote nurturing care

The panel noted that the age of a caregiver can predispose them to stress. The income level, education level and number of children below three years of age, income and education level are major risk factors. Parents with higher parental stress reported low frequency in engaging children in stimulating activities. Participation in group meetings, where there is space to share parental challenges helps to reduce stress levels. Male caregiver involvement had a significant effect in alleviating primary caregivers' stress.

The panel expressed the need for all stakeholders to be intentional in reaching teenage mothers, children with disabilities, those born by teenage mothers, and those accompanying their incarcerated mothers to prison.

The panel explained the benefits of group parenting because groups were trained and asked to practice at home, with follow-up sessions conducted every two weeks. Parents originally thought that they could not play with children because of lack of resources. They were trained on developing and using locally available materials. Though some parents dropped-out, most stayed on to the end. There were improvements on cognitive skills and children seemed to have thrived when compared to the control group. It is cost-effective and can be scaled up. It costs USD 138 - cheaper than other alternatives.

Moreover, the panel focused on school-feeding and praised Murang'a County for initiating the uji program which included children, teachers and parents. It benefitted their attendance, health and performance in school. A total of 315 schools were surveyed.

- Enrollment - increased in 76% of schools
- Absenteeism dropped from six (6) children to two (2) a day

The panel also discoursed on a study conducted over a period of 24 months, that aimed to show the roles and effectiveness of faith leaders as champions for ECD, championing male caregiving, providing psychological support for caregivers, promoting positive parenting, participation in play and stimulation activities and taking children to the well-baby clinic. The faith leaders advocated for shared parenting reaching 145 males assuming roles as primary caregivers and a rise in males assuming roles as secondary caregivers. Males reported higher confidence in caregiving.

6.3.1 Research leadership for early childhood development systems measurements in Kenya; Dr. Teresa Mwoma, Dr. Benjamin Tsofa, Benard Ochuka and Benter Owino

The adoption of the Constitution of Kenya (2010) and the onset of Devolution in 2013, significantly influenced Kenya's governance and political environment that has seen service provision for functions related to ECD devolved to the County Government. The Constitution brought about a range of political, administrative and financial functions delegated to the 47 semi-autonomous counties established after the 2013 elections. The changes have a direct influence on the governance structures with the National Government being responsible for overall leadership, regulatory and policy guidance, while County Governments assume responsibility for service delivery. Although Kenya has made great strides through Devolution, there is a need to strengthen ECD systems especially at the County levels to promote quality service delivery that enhances provision of nurturing care. The ECD Network for Kenya in collaboration with Mathematica, a United States-based research organization, conducted the mapping of ECD systems indicators and actors with a view of coming up with a measurement framework for the ECD systems in Kenya. Through desk review and stakeholders' engagement, various gaps in the ECD system were identified, related to governance, financing, multi-sectoral coordination and policy.

This paper therefore presented findings on the ECD systems indicators that could be measured to establish the status of ECD in relation to implementation of Nurturing Care in Kenya. Dr Teresa Mwoma explained that leadership and investment was critical for advancing ECD. ECD systems can be discussed under four thematic areas: policy, governance, multi-sectoral coordination and financing. The gaps observed from the thematic areas included: there was no data on training of frontline workers, including healthcare workers, and preprimary teachers. Further there was no coordination framework on multisectoral collaboration; and no ring-fenced budgets for ECD; no mechanism for direct public participation, and infrastructure was highly funded as compared to workforce training on knowledge and skills for quality provision of services, and

delayed budget disbursements; multisectoral coordination was also fragmented into different departments. The establishment of high-level coordination for different departments was only found existing in Siaya County.

One of the best practices highlighted during the discussion was the Smart Start Siaya model on Nurturing Care that could be adopted by all Counties, as it looked at all the key thematic areas of Nurturing Care in relation to financing, governance, policy and multisectoral collaboration. The model encourages allocation of ECD from different sectors or departments. It should be replicated by having different County Departments budget for ECD. It may not be the best practice, but it provides a good starting point.

6.3.2 Association between parental stress and caregivers' stimulation practices: evidence from Kenya and Zambia; Kenneth Odhiambo Okelo MSc, Patricia Kitsao-Wekulo PhD, Silas Onyango PhD, Elizabeth Wambui, Josiah King PhD, Aja Louise Murray PhD and Bonnie Auyeung PhD

Parental stress is defined as the discrepancy that arises between the resources required for the rearing children and the perception of being able to cope with this discrepancy. Parental stress is an important contributor to parent-child relationships. This in turn affects opportunities to engage their children in stimulating activities which could improve children's development outcomes. However, limited evidence exists from sub-Saharan Africa (SSA) on the association between parental stress and caregiving practices especially on stimulating practices (such as providing play materials and engaging in ('counting games') promoting children's cognitive development. The study reported in this paper was derived from data collected through the earlier longitudinal nurturing care evaluation studies conducted in Kisumu and Nairobi Counties in Kenya, and Chisamba District in Zambia. A path analysis model adjusting for covariates was used to determine the association between caregivers' parenting stress and child stimulation practices across the three time points. The findings showed that parental stress was associated with caregivers' stimulation practices across the three study points (pre-intervention, mid-intervention and post-intervention). Further analysis for each study indicated an association in at least two study points in urban Kenya and rural Zambia while no association was observed in the rural Kenya study site. The findings indicate that parental stress was associated with caregivers' stimulation practices. The policy implications of the findings from this study focus on improving positive parenting practices by addressing predictors of parental stress. This includes creating awareness and alleviating costs related to childcare such as subsidized childcare services.

It was established that the salient factors underlying maternal parental stress were perception that their parental responsibilities have so much expenses; directly effecting development outcomes i.e., transfer of stress genes to children resulting in anxiety in children. Factors contributing to this stress included:
- Age of the caregivers: teenage mothers are more likely to be stressed. Older women are also more likely to experience more stress.
- Income of the caregivers.

Parental stress affects child outcomes. Parental burnout causes sleeping disorders, and the children of such mothers are at risk of parental stress which is transmissible, with potential for spurring a vicious cycle. Income levels and age were major factors for high stress, as a result it affects developmental outcomes. Stressed parents had low frequency in engaging children, therefore low developmental outcomes. Grouping or peer-to-peer support helped caregivers to learn from each other on how they could manage stress. It was

noted that male caregiver involvement alleviated parental stress. This is because they were able to support mothers on household chores and also playing with the children, therefore reducing overall stress levels.

6.3.3 What happens next? Examining the sustained impacts of a group-based parenting intervention on parenting behaviors and early child development in rural Kenya; Italo Lopez Garcia, Jill E Luoto, Frances E Aboud, Lia C.H. Fernald, Ronald Otieno and Edith Alu - SWAP-Kenya

An estimated 43% of children under age five (5) in low- and middle-income countries experience compromised development due to poverty, poor nutrition, and inadequate psychosocial stimulation. Numerous ECD parenting interventions have been shown to be effective at improving ECD outcomes, at least in the short-term, but they are (a) still too expensive to implement at scale in low-resource and rural settings, and (b) their early impacts tend to fade over time in the absence of continued support over a period of years. This begs the questions of how to cost-effectively sustain early program impacts long-term, and whether and how continued program support is needed to maintain the underlying parental behavioral changes over time. We evaluate the impacts after two years of Msingi Bora (Swahili for "Strong Foundation"), a group-based parenting intervention evaluated in a cluster Randomized Control Trial across 60 villages and 1,152 households in rural Kenya that was previously shown to improve child development and parenting behaviors immediately after its conclusion in the Fall of 2019.

Beginning in the Fall of 2019, in half of intervention villages, we extended Msingi Bora with "booster" group sessions held every other month for a total of two years to test how this light-touch extended intervention contributes to sustaining impacts over a longer horizon. The booster curriculum added new and more advanced responsive stimulation strategies adapted to older children, and introduced topics of positive disciplinary practices to manage child behaviors. The onset of the global COVID-19 pandemic in March 2020 caused delays and forced a reduction to the size of group sessions, but attendance rates remained high (71%), and a total of nine boosters were held over two years. In the Fall of 2021, a survey across 944 of the originally enrolled 1,152 households (82%) measured medium-term impacts two years after the end of the original program. Households in villages that received only group meetings during the original intensive eight (8)-month program had sustained impacts on children's cognitive development (0.20 SD), socioemotional development (0.20 SD), and maternal stimulation behaviors (0.19 SD) after two years relative to the control group. These medium-term impact sizes represent declines of 56%-76% from two years prior. Boosters provide small and marginally significant value-added to socioemotional outcomes and parenting behaviors. A cost-effective and potentially scalable group-based intervention can realize sustained impacts after two years on many ECD outcomes. Adding a light-touch booster intervention can further strengthen these sustained impacts.

6.3.4 Male Involvement in nurturing care; Grace Oduor and Tobias Aulo - ADS-Nyanza

ADS Nyanza through Episcopal Relief and Development support is implementing an ECD program - the Moments that Matter (MTM) program which emphasizes the first 1,000 days and targets children aged zero to three (0-3) years. To spot the importance of the male involvement in child nurturing with emphasis on play and learning material development for holistic development of children to reach their potential. Engagement framework for caregivers for a 24-month cycle through caregiver support and learning group meetings, home visits, and male dialogue meetings. A substantial increase in male involvement in nurturing care was noticed in 450 secondary caregivers (66.4%) out of 678 who participated in the male dialogue

meetings out of which 60% of them have taken the initiative of developing play and learning materials from locally available materials. The initial figure at the onset was 26 out of 678 male caregivers. Male caregivers now create meaningful time to play with the children - something they considered a waste of time initially. They have even gone further to create safe playing spaces around their homes for the children where they supervise them during play. Improved child-father bonding, savings on finances, and enhanced cohesion within families thus greatly reduced gender-based violence issues and child neglect, insecurity, gender inequities, and poor mental health that reduce caregivers' capacity to protect, support, and promote young children's development. Male involvement in nurturing care, especially through play is key.

The project was targeting faith leaders for behavior change in implementation of childhood development projects like Nurturing Care. The project was looking it the roles of faith leaders on Nurturing Care, promoting male involvements, psychosocial support for caregivers, championing of positive discipline and male involvement in responsive caregiving. The findings of the study saw that male caregivers went beyond cultural barriers and were able to participate in household chores like feeding of children and playing. There was enhanced mental health and reduced incidences of Gender Based Violence. The recommendations were adoption of positive discipline practices and working with faith leaders to deliver delivering of Nurturing Care for ECD interventions.

6.3.5 Systems thinking a key imperative in achieving universal school feeding: case of Food for Educations ECD implementation; Ruth Muendo

Founded in 2012, Food for Education (F4E) is a Kenyan-led social enterprise that uses technology, smart operations and logistics to provide low-cost, high-quality meals that improve nutrition and education outcomes for primary school children in Kenya. Food for Education have served over 15 million meals and currently serve 140,000 meals a day. In Kenya, only one (1) in five (5) school children receive a school meal, compared to half of all school children globally. Of the estimated 10 million Kenyans in public primary schools, about 60% do not receive adequate nutrition and only 20% enjoy a minimally acceptable diet. Classroom hunger also affects a pupil's ability to engage and perform in the classroom and therefore leads to lower performance and eventually reduced economic improvement outcomes. To provide adequate, nutritious and affordable food to school-aged children, F4E developed a unique model that addresses the unique challenges this proposition presents. First, sourcing high quality food directly from local farmers, taking advantage of economies of scale to get the best prices possible. They then cook the food from F4E centrally located kitchens, adhering to international food safety standards. The hot food is then distributed to students in sealed containers through their fleet of school-feeding trucks, and served to young learners through Tap2Eat solutions. To demonstrate the tangible impact of this model, F4E partnered with the County Government of Murang'a to serve porridge in ECD centers. In the initial piloting phase that lasted from October to November 2022; 294,688 cups of porridge were delivered to 20,004 beneficiaries across 314 ECD centers. The results of the pilot showed that enrolment increased by 4.2% and attendance went up 67.4%. Overall, the porridge program was perceived to be useful in mitigating school hunger and promoting the development of young ECD going children.

F4E found through this pilot that the centralized design (that tends to take advantage of economies of scale available in urban and semi-urban areas) was not particularly applicable in semi-rural and rural areas. The team therefore implemented a decentralized model which has been a success and has been fully implemented county-wide. There have been several large-scale school feeding programs in Kenya;

however, none have been successful in either meeting its intended impact targets, or evolving into scalable, long-term programs. School feeding in Kenya is decentralized with both local and national governments involved in policymaking, regulation, and implementation. This complexity and increased bureaucracy only serves to hamper effective decision-making that would make meaningful change to the current system, difficult to action. To conclude, the group feels that they have identified a number of useful solutions that could help point us in the right direction. They include: supporting local and the National Government to create partnership frameworks, operational guidelines, and accountability mechanisms with parents, teachers, and students that capture roles and responsibilities, as well as appointing an agenda leader, setting up Working Groups to build the data and an evidence base for school nutrition programs, in order to move fiscal decision-makers from awareness to action and to unlock public finance for school-feeding, engaging elected political leaders across the spectrum and making them aware of the importance, value and benefit to the population nutrition for children is. This could help in having useful and actionable mandates tabled and eventually passed into law.

6.3.6 Teenage Motherhood and Return to School: The Forgotten Dilemma; Leonard Chumo Falex, ECD consultant

Potentially compounded by effects of COVID-19 such as school closures, economic hardships and movement restriction, teenage pregnancy has been on the rise in Kenya over the last few years. Adolescents aged 15-19 years in low-and middle-income countries have an estimated over 21 million pregnancies annually, of which approximately 50% are unintended and which result in an estimated over 12 million births. Kenya Demographic and Health Survey (2022) reveals that about 15% of girls aged 15-19 have ever been pregnant with an estimated 12% live births. Cases of pregnancies increase with increase in rates of poverty, illiteracy, and poor health-seeking behavior. Teenage mothers face higher risks of eclampsia, puerperal endometritis and systemic infections and their babies are at risks of low birth weight, preterm birth, and severe neonatal conditions.

The picture for teenage pregnancies is grim but the greatest forgotten burden is the millions of children born to teenage mothers. These children are less talked about and often "unwanted" not finding their way to formal childcare statistics, yet the first 1,000 days of their lives are profound in setting the foundation for their lifelong development. During this time, the child's brain is sensitive, develops rapidly and is easily influenced by the quality of the caregiving environment. Children born to teenage mothers have rights and must not be left behind in the design of programs targeting them and their caregivers. Kenya has come far in removing return to school barriers for teenage mothers but less has been done to enhance health, nutrition, early learning, protection, and responsive caregiving for these children. This paper brings to the fore the needs of teenage mothers and their children in the quest for access to quality care and the pursuit of educational completion. To remove long-term negative outcomes for children, there is a need for comprehensive policies that help teenage mothers resume studies and complete their education. What urgent capacity, policy and practice needs must be developed to address the gap? How can the Government and stakeholders balance the need to return to school without compromising the care needed by children of teenage mothers?

The study targeted children born to teenage mothers. These were seen as the forgotten children because some services do not reach them and their mothers. There are no existing policies in Kenya that support teenage mothers' return to school.

6.3.7 Child Caregivers Curriculum in Kenya: Status and opportunities for harmonization; Dr Hellen Kimathi, Dr. George Evans Owino and Rose Kamasara

A skilled, well remunerated, and motivated workforce is a crucial element of quality childcare services. Skilled caregivers can better facilitate the child's early cognitive, social, spiritual, and emotional development. This skilling and certification dignifies and professionalises childcare work. Studies have revealed that the childcare workforce in Kenya lacks the qualifications and certification needed to guarantee quality childcare services. Additionally, childcare is viewed as a career of last resort, a situation which is exacerbated by lack of a standardized national curriculum for skilling the childcare workforce. A desk review approach was conducted and a stakeholder's workshop done to document the existing childcare training curriculum, identify existing gaps in the and opportunities for harmonisation. Several child caregiver training curricula exist ranging from a single unit of six (6) hours to a complete syllabus of 800 hours. Time allocated for theory ranged between three (3) weeks to five (5) months and for practicum between four (4) hours to four (4) months. Developers included Kenya Institute for Curriculum Development, National Industrial Training Authority (NITA), Tiny Totos, Mother Goose and they were developed between 1995-2022. Content areas covered included child development, health and nutrition, safety and security, early stimulation and play, care for the child, child rights and abuse, homecare, first aid skills and life skills. Existing curricula do not comprehensively cover all the essential content to ensure provision of quality childcare, do not allocate adequate training time, do not provide for practicum experience and most are not flexible, only providing for in-person training modes of delivery. There is need for government-led efforts to strengthen the existing National Industrial Training Authority (NITA) Childcare Giver III Curriculum to provide standardized training and achieve the goals of professionalization of the caregivers for private homes, daycare centres, home-based care and institutional childcare for both local and foreign markets.

6.4 COUNTY AND ECONOMIC BLOC PRESENTATIONS

6.4.1 Lake Region Economic (LREB) Bloc

The LREB CEO, Victor Ngayaye, explained that LREB comprises 14 counties, and the main role of the secretariat is to coordinate both state and non-state actors, ultimately reducing duplication of interventions and minimizing organizations working in isolation. The bloc convenes regular progress meetings, guided by 10 thematic areas that function as delivery units.

6.4.2 Migori County

The County Executive Committee Member (CECM), Dr. Betty Samburu, reported that the County had a total of 1,326 ECD centers, comprising 817 public and 509 private facilities. The county employed a total of 765 ECD teachers, and they received support from parents and communities, with a combined support network of 1,314 individuals. However, based on the one (1) teacher per 25 learners' ratio, there is a shortage of ECD teachers in the county. Regarding meals, children attending ECDEs receive a 250 ml packet of milk each. Unfortunately, there is no childcare policy in the County for ECD standardization. At the national level, guidelines for breastfeeding at the workplace are available. The ECE policy (2021) also has a different coordination structure, leading to a gap where the policies are not effectively communicating with each other. The harmonization of these policies is highly recommended. Moreover, there has been no capacity building for teachers to handle special needs cases, and there is a pressing need for quality assurance in this

regard. The County Policy for ECE has been presented to the assembly and approved, with implementation currently pending.

6.4.3 Trans Nzoia County

The Director of ECDE in Trans Nzoia County, Peter Omonya, reported that the total number of health sector employees was 2,280, with 40% of them being employed by the county government. Available programs included behavior change and communication, maternal and mental health programs, and all these programs were inclusive. However, there was a low uptake of immunization. The county has over 270,000 children below the age of eight (8) years. There are 434 ECD centers hosting 37,000 children. The number of teachers employed by the County Government stands at 782, and the County is actively seeking to employ more ECD workers. Some of the challenges faced include limited funding and a lack of instructional materials. Additionally, there is a conflict of roles between the head teachers and the County Boards of Management. Notably, the County has initiated a pilot milk project for schools, with allocated funds for its implementation.

6.4.4 Siaya County

The Siaya Public Health Officer, Ken Oruenjo, reported that the CIDP budget had included an allocation for ECD support. The County has broken down ECD into budgeted activities and has collaborated with Academia for monitoring and evaluating their programs. However, there is a need for a review of some policies. The County has also adopted the Community Health Practitioners (CHPs). Currently, there are 389 ECD centers, and their ECD program targets children aged zero to eight (0 to 8) years. They are open to more multisectoral partnerships and are currently implementing the Smart Start initiative in Nurturing Care for ECD.

6.4.5 Busia County

Jane Adongo reported that Busia County has a population of 127,154 children. There are 137 public health facilities and 290 Community Health Promoters. The healthcare workers in the county are trained on SECD and CCD, actively engaging in various activities. These activities include promoting Exclusive Breastfeeding, Growth Monitoring and Promotion, deworming, supplementation, and the treatment and rehabilitation of delayed milestones. Despite these commendable efforts, several challenges persist. Notably, there is inadequate financing for ECD, and unfortunately, no funding has been allocated for ECD for the financial year 2022/23. There is a critical need for employing nutrition personnel and allocating more funding for child nutrition support. Within Busia County, there are 460 pre-primary centers with a total of 2,194 teachers. Of these, 986 are on a permanent and pensionable basis. Importantly, each ECD center has two teachers on a permanent and pensionable basis. It's worth mentioning that in certain areas, such as Teso North, material development for children is organized once a month by parents during their meetings.

6.4.6 Kakamega County

Kakamega's Directors for ECDE, Murambi, reported that the County is divided into 12 Sub-Counties and encompasses 60 wards. There is a total of 124,200 children enrolled in the ECDEs, with approximately 924 attending public ECD centers and over 700 in private ECD centers. The County has taken significant steps in improving its ECD infrastructure, having constructed 324 ECD classrooms that are fully equipped.

Additionally, there are ECD centers in stand-alone units, and land has been purchased for further development of buildings. The capitation for ECD stands at KSh. 1,000 per child, and this rate has been in effect since 2017. In terms of employing pre-primary teachers, the County has adopted the Council of Governors' scheme of service. All teachers have received training on the implementation of the Competence-Based Curriculum (CBC), and teacher champions have received additional training from partners to promote inclusive learning. Notably, an allocation of about KSh. Four (4) Million has been set aside for the purchase of modern play equipment.

6.4.7 Turkana County

Turkana County emphasized the following key points in their presentation:
- Motorcycles and Trucks: The county has provided motorcycles to offer support to ECD centers and trucks for feeding programs. These initiatives are aimed at enhancing the overall functioning and support of ECD centers.
- Polepole ECD Center: Polepole is highlighted as a model ECD center, where all staff members have received training on the Nurturing Care Framework.
- Nadapal ECD Center: Nadapal is another ECD center that plays a crucial role in helping the surrounding community access and grow vegetables. This illustrates the center's community engagement and its role in promoting sustainable food resources.
- Data Collection and Reporting: The county collects data from ECD centers on various aspects, including enrolment, feeding programs, infrastructure, partners, and programs. This data is collected in real-time and efficiently managed through a digital platform for generating monthly reports. Turkana County collaborates with the County ICT office and partners with JICA to support these efforts.

6.4.8 West Pokot County

West Pokot County provided the following key points in their presentation:
- Sub-Counties: The county is divided into seven (7) sub-counties, each of which plays a role in the overall development of early childhood education. Child-friendly spaces have been improved, and instructional materials have been purchased to support learning. Additionally, the county has established schools for children with visual disabilities and those with hearing disabilities, emphasizing inclusivity in education.
- Skilled Deliveries and Family Planning: Skilled deliveries were reported at a rate of 65%, which reflects the level of professional care during childbirth. However, the county faces challenges in family planning, with a low rate of 23% attributed to cultural barriers.
- Gender-Based Violence (GBV): The presentation notes the persistence of cases of gender-based violence, highlighting the need for continued efforts to address this issue.
- Ante-Natal Care: Approximately 34% of expectant mothers in West Pokot County were reported to have attended at least four (4) ante-natal visit.
- Teenage Pregnancy: The county faces a prevalence of teenage pregnancy at a rate of 36%, indicating a significant challenge that needs attention and intervention.
- ECDE Policy: West Pokot County is actively developing an Early Childhood Development and Education (ECDE) Policy, which is currently at the County assembly stage. This policy is expected to guide and standardize ECDE programs in the county.

6.4.9 Meru County

Mr. Rutere, Meru's Director of Early Childhood Development (ECD), reported that Meru County has a total of 59,682 children attending ECDE centers, with a 98% enrollment rate, and 1,715 ECD teachers. Meru County has partially adopted the Council of Governors' scheme of service for pre-primary teachers' remuneration. The annual ECD budget is approximately five (5) million. In terms of infrastructure, 85% of the structures are permanent, and teachers are CBC compliant. CBC training and refresher training for teachers are conducted on an annual basis. Meru County has three prisons that host ECDE classes, but these facilities are not fully equipped. The challenges faced include inadequate learning materials and understaffing due to financial constraints. It's worth noting that teenage pregnancy is relatively low, and the population is declining.

6.4.10 Nyandarua County

The number of children aged zero to four (0 to 4) years old is 69,988, while those aged four to nine (4 to 9) years old are 74,903. In Nyandarua County, there are 501 public centers with an enrollment of 24,000 students. The assessment of Children with Disabilities was conducted by Africa Inland Church (AIC) Cure Hospital in Kijabe, which provided proper treatment and support. Approximately 100 children actively participated in the Day of the African child activities. The County has implemented meal programs for ECD, resulting in increased enrollment, reduced absenteeism from schools, and improved class activities. However, the County has encountered a few challenges, including the lack of a proper system for data management, absence of quality assurance, inadequate infrastructure, and limited personnel to handle cases for Children with Disabilities and special needs. Currently, the capitation grant is set at KSh. 400, but Nyandarua County aims to increase this to KSh. 1,000 per child.

6.4.11 Embu County

Embu's County Executive Committee Member (CECM), Daniel Kiremwa, along with the Chief Officer, Jeremiah Ireri, reported that the Community Health Practitioners in the county are not employed by the government; they continue to serve as volunteers. The county boasts a total of 398 Early Childhood Development Education (ECDE) centers. Currently, several programs are in progress, including co-curricular activities such as drama, digital learning programs for mathematics and languages (facilitated through EIDU and the Tayari program), and a parental engagement program funded by the Spence Foundation. Budgets are allocated for Malezi Bora and deworming initiatives. In terms of policies, the county has established the ECDE Act, Childcare Facilities Act, and a school feeding fund. However, challenges persist, including limited curriculum support materials, a lack of capitation for ECD, and the need to expand the parenting and ICT programs.

6.4.12 Nairobi County

The Nairobi Chief Officer Ahmed Abdi together with Director ECDE, Ruth Awuor, reported that the county currently serves 30,456 children across 226 public schools and 698 private ECDEs. Moreover, an estimated 2,300 Alternative Provision of Basic Education and Training (APBET) schools are also in operation. Several programs and initiatives are underway, including meal programs, quality assurance

measures, in-service training for over 1,000 teachers, a free ECDE program, and capacity building for ECDE teachers. Boards of Managers have been established for ECDE Centers, both private and stand-alone. There is also a multisectoral committee dedicated to Early Childhood Development (ECD). The capitation per child is set at KSh. 3,200, with an increased allocation of KSh. 3,300 for Children with Disabilities. The pupil-teacher ratio stands at 1:27. Several regulations are in place, such as the teacher management framework, the Childcare Facilities Act of 2017, and the Prevention of Violence Extremism Act. However, one significant challenge noted is the absence of an overarching legislation for childcare facilities, which is an area that requires attention and development.

6.4.13 Kilifi County

Kilifi boasts 812 ECD centers, with 1,261 teacher recruitments currently in progress. The county faces a significant issue of high stunting among its population, leading to the provision of porridge to ECDE children. Moreover, malaria testing and treatment, de-worming, and growth monitoring are conducted in collaboration with the health sector. The most pressing challenge lies in financial constraints, exacerbated by the absence of a ring-fenced budget for ECD. Despite this, policies that aim to address these concerns are nearing completion. Additionally, the County is actively exploring avenues for the development of digital learning.

6.4.14 Mombasa County

Dr. Jeremiah Mwangi, the Director of ECDE, reported that Mombasa County has a school milk program that supplies milk to 32,000 ECD children. The County is also pioneering an AI robotic program within ECDE, where children are actively engaged in assembling robots. Notably, the school meals program stands as the flagship initiative of the Governors, emphasizing inclusivity. Children are provided with instruction in digital literacy, and teachers receive training in foundational learning, Human-Centered Design, material development, and social protection programs in collaboration with UNICEF. This partnership also involves the mapping of households with children with disabilities, who are then provided with cash transfers. Furthermore, free transportation services have been arranged for eligible students. However, one significant challenge faced by Mombasa County is the shrinking availability of play spaces. In response to this challenge, the county is implementing Tayari, a program designed to monitor teacher attendance and the quality of teaching in the classroom.

6.4.15 Kajiado County

George Oloibor reported that Kajiado County comprises 10 male Ward Coordinators, 428 teachers, and 771 public ECDE centers. The budget allocated for the school meals program was set at KSh. 27 million, which equates to approximately 40 grams per child per day. Additionally, the County provides fortified porridge, with an annual budget of around 28 million. Kajiado County is actively working to strengthen the teaching of the "Maa" language in ECDEs to preserve the local culture. However, the implementation of the Competency-Based Curriculum (CBC) has posed certain challenges, particularly regarding some teachers who have encountered difficulties in adapting to CBC teaching methods. It's worth noting that the Kajiado ECDE Bill is currently in the Assembly stages.

6.4.16 Garissa County

Garissa County Executive Committee Member (CEC) Ebla Minhaji, along with Chief Officer Ahmed Bashir and Director of ECDE Adan Abdulahi, reported that as of 2019, the total child population stood at 841,353. Within this demographic, there were 17,275 ECD children, comprising 9,630 boys and 7,645 girls. The county had 276 public ECD centers, each equipped with child-friendly furniture, in addition to 47 private centers and 25 stand-alone centers. Approximately 100 teachers underwent training in the Competency-Based Curriculum (CBC). Furthermore, a model school was established in Ijara Sub-County, incorporating an ECDE porridge program. Plans were in place to digitize the monitoring of school-feeding programs. All teachers hired since 2014 are on permanent and pensionable terms, ensuring job security. The County Government provided motorbikes to ECD coordinators to enhance their mobility, and the construction of toilets has been undertaken to improve facilities. Challenges faced by Garissa County include issues such as drought, early marriages, female genital mutilation (FGM), limited capacity-building programs, and the need for stronger integration of ECD partnerships. In some cases, Duksi and Madrassa are considered alternative options for ECD.

6.5 Voting for the Host County for the 6th National ECD Stakeholders Conference

Delegates, at plenary made proposals on which County can host the sixth National ECD Stakeholders Conference. Four Counties were fronted, but the voting tally was as follows:

1. Garissa   75 votes (Host County for the 6th National conference)
2. Meru   08 votes
3. Embu   18 votes
4. Machakos   16 votes

The conference participants voted for the sixth National ECD Stakeholders Conference to be held in **Garissa County.**

7.0 CLOSING PLENARY

Vote of thanks was made by Immaculate Salaon Chair Conference Planning Committee. Immaculate thanked all delegates for their active participation and meaningful contribution towards ensuring that the 5th Conference was a success.

8.0 CLOSING REMARKS

Address by H.E Hon. Jeremiah Ekamais Lomorukai, Governor, Turkana County

H.E Hon. Jeremiah expressed heartfelt gratitude to the planning committee for their unwavering commitment and the choosing of Turkana County to host for the 5th National ECD Stakeholders' Conference.

Hon Jeremiah expressed appreciation that delegates had persevered Turkana's tough and challenging climatic conditions, throughout the three conference days. He extended sincere appreciation to Dr. Erick Mutai, Chair of the Education Committee and Governor of Kericho County for his presence at the said

conference. Hon Jeremiah acknowledged the entire leadership, including the First Ladies from various counties, who graced this ECD conference with their presence. He noted that this event was just one of the many programs organized in the County, and therefore extended an open invitation to all delegates to participate in the cultural festival, "Tobong'u Lore" scheduled from 25th to 28th August. He added that the entire assembly of the Senate would be coming to Turkana to conduct their parliamentary proceedings in the Turkana County Assembly.

The Governor noted that He had invited dignitaries from neighboring countries, including the Prime Minister of Ethiopia and Governors representing the President of South Sudan. Uganda would also be represented, and delegates from across the globe would join in, making the said festival, international in scope. He hoped that the visit to Turkana County had shed light on the true potential and capabilities of Turkana County. The Governor boasted of beautiful landscapes and a welcoming community in Turkana. He added that Turkana County was a safe place to be and extend heartfelt appreciation to his team, especially the County Executive Committee Member in charge of Education, the Chief of Staff, and all the leaders in his government for their exceptional efforts in organizing the conference.
He also appreciated the Planning team for their visit to Turkana and the invaluable support they had provided. Securing the finances for the conference had proved challenging at first, but he praised the dedication displayed by all. The Governor lauded the team from Turkana University College and its Principal for their role in the planning and their united leadership in serving the people of Turkana.

He ended his address by acknowledging the unwavering support of my wife, the First Lady of Turkana County, for hosting the visiting First Ladies of Counties; and thanked all the delegates for their participation and dedication. He thereafter officially closed out the conference, wishing everyone a safe journey and God's blessings.