



PROMOTING NURTURING CARE FOR ECD IN KENYA: FORMATION OF A LEARNING NETWORK IN KISUMU COUNTY THROUGH KNOWLEDGE SHARING FORUM

KISUMU COUNTY CHAPTER FORMATION AT SAROVA IMPERIAL HOTEL

NOVEMBER 1, 2023
ECD NETWORK FOR KENYA

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List of Acronyms

- AGYW:** Adolescent Girls and Young Women
- BFCI:** Baby Friendly Community Initiatives.
- CIDP:** County Integrated Development Plans
- CECM:** County Executive Committee Members
- CMAM:** Community Management of Acute Malnutrition
- CRS:** Catholic Relief Services
- EARC:** Early Assessment and Resource Centers
- ECD:** Early Childhood Development
- ECDE:** Early Childhood Development and Education
- ECDNeK:** Early Childhood Development Network for Kenya
- HCWs:** Health Care Workers
- IECD:** Inclusive Early Childhood Development
- IEC:** Information Education and Communication
- IFN:** Inter Faith Networks
- IMAM:** Integrated Management of Acute Malnutrition
- IRCK:** Inter Religious Council of Kenya
- KDHS:** Kenya Demographic Health Survey
- LREB:** Lake Region Economic Bloc
- MCAs:** Member of County Assembly
- MSTs:** Multi Sectoral Teams
- NCfECD:** Nurturing Care for Early Childhood Development
- NRM:** Non-Revenue Water
- OAY:** Organization for African Youth
- PPP:** Public Private Partnerships
- SBCC:** Social Behaviour Change and Communication
- TWG:** Technical Working Group
- WASH:** Water Sanitation and Hygiene

Introduction

In pursuit of advancing Early Childhood Development (ECD) initiatives in Kenya, the Early Childhood Development Network for Kenya (ECDNeK) has made significant strides in providing essential services, building capacity, conducting research, and advocating for the well-being of young children. Since its registration as a non-profit organization in September 2019, ECDNeK has remained steadfast in its commitment to promote, support, and sustain an enabling environment for the implementation of Nurturing Care for ECD.

Recognizing the importance of extending these efforts to all 47 counties of Kenya, ECDNeK is determined to enhance knowledge sharing through coordination and establishment of Sub-National Multi-sectoral chapters. The multi-sectoral approach acknowledges that the holistic development of young children is influenced by a wide array of factors that span beyond a single sector or area of intervention.

In this particular endeavor, ECDNeK is working in collaboration with the Lake Region Economic Bloc (LREB) secretariat to establish Sub-National Multi-sectoral Chapters in three counties within the economic bloc: Kisumu, Siaya, and Migori. These chapters will serve as catalysts for local engagement, drawing in multi-sectoral representation from the counties and grassroots organizations dedicated to early childhood services and programs.

ECD Network for Kenya convened a chapter formation forum in Kisumu County on **1st of November, 2023 at Sarova Imperial hotel**. The convening had 33 participants (16Male; 17Female), this comprised of county departments, organizations and media as showed in **table 1 below**. Among the organizations present the five¹ of them were registered members of the ECD Network for Kenya.

Purpose and goal

The purpose of the workshop was to provide a platform where partners (county departments and organizations) could share updates on the strides they had made in the ECD sector, aligning it with the County Integrated Development Plan (CIDP). Ultimately, the goal was to promote learning and generate replicable knowledge related to ECD, Nurturing Care advocacy strategy, policy implementation, financing, and governance. This chapter will tailor ECD efforts to local contexts, foster collaboration among diverse stakeholders, advocating for ECD policies, engage communities, and adapt swiftly to evolving needs.

Objective

The objective of the convening was to strengthen coordination of stakeholders in the ECD sector through formulation of learning networks bringing together multi-sectoral representation by government, CSOs and academia.

¹ PATH, CRS, IRCK, SWAP-Kenya, Kidogo Early Years

Opening Remarks

CECM Education, Vocational Training and Social Protection



The CECM Education, Vocational Training and Social services Hon. John Awiti in his remarks emphasized on the importance of Multisectoral collaboration as this would help in complementing each other's efforts in the ECD sector. He observed this by saying: *“Strengthening the foundation of children’s life is very crucial. Over the years, ECD was not prioritized and there was little knowledge on why prioritization of ECD was critical. Today, due to the continuous sensitization that Kisumu County has received from partners, the county recognizes ECD as a delicate sector.*

Kisumu County has understood that ECD is beyond classroom and it involves looking at the holistic development of children and the environment. Teachers are empowered to handle children of all stages, parental engagement is critical, as well as provision of school feeding programmes in schools”.



PATH representative welcomed the participants to the meeting and echoed that Nurturing Care is vital in ensuring that the children grow to their full potential. In his remarks Mr. Dickens Omedo, highlighted that PATH chairs the ECD Network for Kenya board and are excited to work together with ECD Network on the coordination initiative through chapter formation.

ECD Network for Kenya Chapter Overview



The ECDNeK Programmes and Partnerships Manager Ms. Racheal Makena sensitized the participants on the existence of ECDNeK membership, the 5th National ECD stakeholders' conference call to action and its implementation matrix and

National Nurturing Care Advocacy Strategy. The participants were able to highlight the areas that they could influence from the call to action as showed in *table 2 below*. The participants were also informed on the steps of chapter formation.

The chapter formation steps involves the following; mobilization of participants from county departments and organizations, knowledge sharing on the strides made on influencing ECD initiatives in the counties, identifying areas of synergy for advocacy, formation of a Technical Working Group; development of chapter framework and identifying the frequency of follow up meetings to ensure sustainability and continuity of the chapter.

LREB Secretariat



The Public Lead Health from LREB secretariat Mr. Ochieng' Gumbo, representing the CEO LREB secretariat highlighted that there was need to adopt an integrated approach on Nurturing care for ECD for high impact. He reported that Kisumu County had been doing well on Nurturing Care and the CECs, First Spouse, Directors and MCAs had been

trained on Science of Early Childhood Development.

In the LREB, several pressing issues affecting the well-being of the girl child in the region include: a triple threat agenda consisting of teenage pregnancy, sexual gender-based violence, and HIV. Teenage pregnancy rates are notably high, with Kenya ranking third globally in this regard. Approximately one in five adolescents aged 15-19 is already a mother or pregnant with their first child, with Homa Bay, Migori, Siaya, Bungoma, and others significantly affected.

Poverty and a lack of education are associated with higher rates of adolescent pregnancy. Furthermore, four counties in the LREB account for 52% of the HIV burden in Kenya.

In addition to these challenges, gender-based violence is prevalent in the region. Women's experience of physical violence varies by county, with some areas reporting high rates. Similarly, sexual violence is a concern, with varying levels across counties. One encouraging trend is the protective effect of educating women and girls, as those with higher education levels tend to experience less violence.

To address these issues and advance the rights and well-being of the girl child, several strategies are proposed. These include supporting girls through multi-sectoral, context-specific programming, improving data collection, promoting health and nutrition, enhancing access to quality education, and developing child protection policies. Additionally, efforts should focus on protecting children from violence and harmful practices, implementing youth-friendly sexual and reproductive health services, and disseminating parenting manuals for caregivers. Collaboration and coordinated efforts at the county level are essential to address these challenges and provide a brighter future for the girl child in the LREB.

First Lady Representative Kisumu County



The first lady office represented by Ms. Christine Awuor, the Personal Assistant, shared that they were in the forefront of championing Nurturing Care initiative in the county. They had established a model day care that provided quality services to the children and acted as a learning hub to other daycares. The first lady's office also was keen in championing Agri- Nutrition, social Protection, Water and Health agenda in the county. In addition, they had also supported establishment of lactation centers in the county.

County Departments and organization updates

The following were the updates shared by the county departments and the partners during the convening;

Office of the County Commissioner

The Assistant County Commissioner shared that they were the custodians of all children data in the county and had all records of vulnerable households. The office was in the process of

planning quarterly cash transfers to the vulnerable households. Their roles included promotion of safety and security initiatives, policy dissemination, sensitization of the public on Children Act 2022, supplying farmers with fertilizers among others.

Department of Health and Nutrition

The County nutrition department shared the overview of the Care for Child Development initiative in the county. The following county facts were highlighted; 9% of the children 6-59 months were stunted, 4.9% wasted and 3.5% were underweight (KDHS 2022). 40% of the pregnant women attending ANC were anemic. 44% of children under 5 received the recommended diet and 80% consumed a diet deficient of iron. The county was food insecure with a food poverty index of 47%. Dependency ratios was at 87% according to the labour workforce report of 2019. In order to address the status of the indicators, the following initiatives were ongoing;

They highlighted that they had conducted capacity building of Health Care Workers (HCWs) on Integrated Management of Acute Malnutrition (IMAM) and Community Management of Acute Malnutrition (CMAM). 120 Community Health Volunteers were trained on CMAM, 60 HCWs and 310 CHVs had been trained on Baby Friendly Community Initiatives (BFCl).

In addition, UNICEF, through Springboard Communication consultants supported the Kisumu County in the development of Social Behaviour Change and Communication (SBCC) package on NCfECD. The consultancy team had since May 2023 supported in the development of an overarching SBCC campaign dubbed 'KUWA KOCHA' and various strategic documents and communication materials. Communication materials developed included; posters targeting primary audience that is women of reproductive age 20-49years; secondary audience that is male caregivers and frontline service providers; counselling guide for use by frontline service providers; informational booklet for male and female caregivers of children aged 0-8years; and colouring book for young children aged 3-8 years.

Department of Education

The director education highlighted that the Multisectoral Team had been very crucial in addressing the county indicators. This had been realized in various areas like the establishment of the school feeding programmes, the kitchen gardens, where 226 ECD centers (private & public) had functional kitchen gardens. Growth Monitoring and Promotion, deworming and supplementation were among the programs that the health department was conducting in schools. The ECDE bill was developed and was currently at the assembly stage of validation. Through the integration with other departments, there had been increased enrollment and reduced absenteeism in schools.

Department of Water, Environment, Climate Change & Natural Resources

The department had three directorates: Water, Environment, Climate Change & Natural resource, with a vision on "A climate resilient county with clean and healthy environment supplied with quality water and sanitation and mission on "enhancing access to safe and healthy environment with sustainable water supply that is climate resilient through a multi-sectorial approach".

The department focused on the following activities;

- Increasing access to safe water through infrastructure development, including boreholes, springs protection, new water supply systems, and water quality laboratories.
- Expanding water coverage through pipeline network extension and household connections.
- Improving the county's water storage capacity, including constructing water reservoirs and promoting rainwater harvesting.
- Reducing non-revenue water (NRW) through the establishment of a NRW management unit, GIS mapping, and the adoption of appropriate NRW management technologies.
- Strengthening WASH (Water, Sanitation, and Hygiene) governance through the development/review and operationalization of WASH legislations and regulations, and the implementation of strategies for rural water supplies.
- Increasing sanitation coverage through infrastructure development, including rehabilitating sewer networks, constructing new sewer networks, and wastewater treatment plant construction and rehabilitation.

The department highlighted its efforts to improve water access in Early Childhood Development (ECD) centers, with specific plans to increase access to clean and safe water in these centers by 10% by the year 2027. These plans involved drilling boreholes, promoting rainwater harvesting, protecting springs, constructing new water supply systems, upgrading existing systems, and rehabilitating non-functional systems. They aimed to strengthen the Kisumu County WASH network forum and develop operational WASH legislations and regulations.

Department of Agriculture, Irrigation, Livestock & Fisheries

The county faced issues related to child health and nutrition, such as high stunting rates, anemia among pregnant women, and food insecurity. Prior to the Multi-Sector Nutrition (MSN) collaboration, gaps in the education system existed, particularly concerning the late enrollment of children with disabilities, leading to lost schooling years. ECD interventions were often viewed as stand-alone and primarily the responsibility of the Education Department. The Agriculture Department's interventions were not evidence-based and did not adequately address ECD issues. The lack of coordination with the private sector and other development partners further complicated the tracking of relevant indicators.

However, the Agriculture Department had made significant strides since the initiation of the MSN collaboration. They had allocated resources for nutrition-sensitive interventions, updated tracking tools, streamlined departmental strategies, and worked on bills to optimize agricultural production and coordination. They were also engaging with the private sector and collaborating with organizations such as the African Population & Health Research Center to support ECD initiatives. Moving forward, the department was aiming to strengthen coordination, advocate for joint work plans, and leverage the Nutrition Investment Case to guide interventions for ECD and nutrition-sensitive programs. Advocacy and communication would remain crucial in raising awareness and promoting collaboration in the county's ECD efforts.

Civil Society Organizations Updates

PATH

PATH is an international non-profit organization committed to promoting Early Childhood Development (ECD) through a systems-based approach, with a focus on government ownership. In Siaya County, Kenya, and the Lake Region Economic Block (LREB), PATH has been implementing a multi-phased project to integrate ECD and nurturing care interventions into the health system. Their efforts aim to create an enabling environment for ECD, improve caregiver practices, and expand the knowledge and evidence base for ECD interventions. This journey includes advocacy, capacity building, evidence generation, and the optimization of interventions, with a strong emphasis on government buy-in and ownership at national and subnational levels.

In Siaya County, PATH has been involved in capacity building for local community organizations to integrate ECD and has scaled up ECD integration into the health system, specifically in selected health facilities and linked community units. They also worked on advocacy at national and subnational levels for ECD in guidelines and tools and generated evidence from pilot programs. In Phase 4, they were supporting the transition of Nurturing Care for ECD (NCfECD) assets to the government and local partners while responding to the need for services in post-conflict settings.

In the Lake Region Economic Block (LREB), PATH provided technical assistance to six LREB counties to develop roadmaps for NCfECD implementation, built technical capacity for key stakeholders in seven counties, established and operationalized Multi-Sectoral Teams (MSTs), and supported advocacy efforts at both the county assembly and executive levels to champion integrated NCfECD. Additionally, PATH piloted a parenting package for adolescent girls and young women (AGYW) aimed at improving their well-being, co-parenting skills, and responsive interactions with their children. This package demonstrated positive outcomes, including increased parenting skills and reductions in depressive symptoms and negative relationship dynamics.

Catholic Relief Services (CRS) and Inter-Religious Council of Kenya (IRCK)

The IRCK with support from CRS shared that they were implementing a nurturing care project that was focusing on strengthening faith systems for ECD Advocacy in Kenya targeting children 0-3 years at both National and County levels in Kakamega, Busia, Vihiga, Kisumu, Siaya, Homabay and Nyamira.

The project implementation strategy was both at national and county level. At national level policy makers were the key target while at county levels, sensitization was usually done at Intra faith level, Inter faith level and congregation level. The broad objective for strengthening faith systems for ECD advocacy was to support faith-based leaders to amplify their voice and systematically advocate for nurturing care in same faith, interfaith, local, and national ECD networks. The following were some of the activities that had been implemented in Kisumu County;

Sensitization on NCfECD with major focus on teenage mothers, young fathers and intra faith congregants in three sub counties namely: Kisumu central, Kisumu East, and Kisumu west. 22 religious leaders in Kisumu trained on SECD and ECD Advocacy conducted to ECD champions (Inter Faith Networks (IFN) members).

The Information, Education and Communication (IEC) materials targeting the youths, women of faith and County IFNs were produced and disseminated to Kisumu County religious leaders during the trainings.

The Kisumu County Inter faith network through IRCK also conducted an induction meeting with MOH and MOE reaching three critical cadres under Nurturing Care implementation. The senior clergy was also sensitized on the Nurturing Care for ECD program. This placed the advocacy efforts higher as many religious leaders would have opportunity to champion ECD freely as their seniors endorsed the program, which resulted to increase on the program visibility. The Religious Leaders participated in the development of the Kisumu County ECDE bill 2023, and drafted some recommendations that were shared to the County Assembly Committee on ECD.

KMET

KMET is an indigenous non-profit organization that was founded and registered in 1996 under the Trustees Act. Its mission is to promote innovative and sustainable health and education programs among underserved communities, with a vision of having communities with accessible quality health and education services. KMET's efforts focused on promoting quality in health and education across 37 out of 47 counties in Kenya.

KMET's approach, known as the Promoting Quality in Health and Education approach, emphasizes government-led, evidence-based interventions that integrate early childhood development (ECD) into existing service delivery platforms across all relevant sectors in the government. The organization follows a multi-sectoral approach, involving both national and county governments, as well as public-private partnerships (PPP) to achieve its goals.

One of KMET's flagship programs is the "Nurturing Care for Early Childhood Development," known as the 'A Smart Start Initiative.' This program aimed to provide a strong foundation for early childhood development, emphasizing integration and collaboration across different sectors and levels of government. KMET's journey in implementing this initiative included various phases, from initial training and conceptualization to scaling up in specific counties.

Key milestones in KMET's journey include securing buy-in from county leadership, aligning with political manifestos, capacity building, policy development and domestication, and engaging key stakeholders to coordinate efforts. The organization also emphasizes community education for responsive caregiving and the allocation of funds for the scale-up of nurturing care for ECD across government sectors.

KMET's work is characterized by its strong commitment to improving health and education services in underserved communities in Kenya, with a focus on early childhood development and a multi-sectoral approach involving government and partner collaboration.

Cheshire Disability Services Kenya (CDSK)

The Inclusive Early Childhood Development and Education (IECD&E) Project is spearheaded by Cheshire Disability Services Kenya (CDSK), an organization focused on disability inclusion and a global alliance member of Leonard Cheshire. CDSK envisions an inclusive society where persons with disabilities lead a quality life. The project aimed to address the gap in the education

system regarding late enrollment of children with disabilities compared to their peers, resulting in lost schooling years for children with disabilities. The project also seeks to improve Early Childhood Development and Education (ECDE) and promote inclusive education practices.

Background of IECD&E Project:

- The Cheshire stakeholders' feedback highlighted the gap in the education system regarding the late enrollment of children with disabilities, contributing to lost schooling years for these children.
- Historically, ECDE had not been considered part of basic education, leading to insufficient attention in the sector.
- Inadequate systems for early identification, early intervention, and timely placement of children with disabilities at national and county levels.
- The project recognizes the critical importance of early childhood development and education, as a child's brain is 90% developed by their fifth birthday. Early childhood encompasses prenatal through the transition to early primary grades.

Outcomes and Targets:

The project aimed to benefit 210 beneficiaries, 60 teachers, 300 caregivers, and 1500 community members. The key outcomes and targets included:

- Improved developmental milestones and learning in emergent literacy and numeracy for children, enabling them to attend school.
- Increased transition rate for children with disabilities within ECDE or from ECDE to lower primary.
- Ensuring the sustainability of the intervention beyond the project's expiration period.
- The project was implemented in 15 selected ECDE centers within three counties: Kisumu, Kakamega, and Siaya.

Project Interventions

The project interventions focused on various levels:

Community Level: Creating awareness about disability issues and promoting a safe, discrimination-free environment through public forums (Public Baraza).

Teacher Development: Training teachers in inclusive education practices, emergent literacy and numeracy, and the creation of accessible teaching and learning materials using locally available resources. A mentorship program led by the Early Assessment and Resource Centers (EARCs) and county governments.

Children with Disabilities Level: Identifying the target group, assessing their functional and educational needs, facilitating placement, providing assistive devices as needed, and making learning materials accessible.

Parent/Caregiver Level: Capacity building in social and psychosocial support, economic skills, and the formation of Parent Support Groups (PSGs) to enhance economic resilience.

Formation/Strengthening of Technical Working Committees to ensure project effectiveness.

Springboard Communications Consultants; Kuwa Kocha Social Behaviour Change and Communication (SBCC) campaign

Nurturing Care is a comprehensive approach aimed at ensuring that children aged 0-8 years receive the necessary conditions for their well-being and development. It encompasses five key components:

Responsive Caregiving: Caregivers are encouraged to observe and affectionately respond to a child's needs, movements, sounds, and verbal requests. This nurturing interaction strengthens the emotional bond between caregivers and children, promoting healthy development.

Opportunities for Early Learning: Caregivers are advised to talk, sing, and play with their children from as early as when they are in the womb. Such interactions enhance the parent-child connection and contribute to the child's brain development.

Good Health: Monitoring children's physical, cognitive, language, emotional, and social development milestones is crucial for their well-being. Utilizing the Mother and Child Health (MCH) handbook helped in ensuring that children needs were addressed adequately.

Adequate Nutrition: Breastfeeding is encouraged, starting immediately after birth, and exclusively feeding the baby with breastmilk for the first six months of life. This ensures optimal nutrition and health for the child.

Safety and Security: Protecting children from all forms of violence, harmful practices, exploitation, and neglect is essential for their emotional stability and resilience in the future.

The key message emphasized that everyone had a role to play in providing nurturing care for young children. This collective effort would create a safe, secure, and loving environment with good health, adequate nutrition, and stimulation, allowing children to reach their full potential.

The target audience for these messages included primary caregivers, secondary caregivers (spouses/male partners), and community health practitioners/lay volunteers. By engaging all members of the community, nurturing care would be promoted, ensuring that children receive the support they needed for healthy development and growth.

The broader communication campaign, "KUWA KOCHA," underscores that it takes a village to raise a child, and everyone who interacts with a child can act as their coach (Kocha). The concept of nurturing care is emphasized as a collective responsibility, not limited to parents but also involving extended family members, neighbors, teachers, and others. By working together as coaches, individuals can create a safe, secure, and loving environment for children and guide them toward reaching their full potential. Nurturing care is the foundation that ensures children not only survive but thrive throughout their lifetime.

SWAP – Kenya

SWAP since inception in 2005 has had a distribution model of life saving health and hygiene products. Community Health Volunteers who sell door to door to improve health and generate income promote these products through social marketing. The products included in the basket of

goods are a result of research findings, partnerships and community demand. The products became high on demand during COVID-19, flood response, and are a source of income for SWAP. Many Partner organizations have procured them, and others are sold at local markets including our SWAP Model village in Ahero. SWAP established three water enterprises that provide affordable safe water to vulnerable communities using environment friendly technologies.

SWAP in collaboration with Kisumu County continued to do COVID-19 response at health care facilities and hot spot areas, providing hand washing stations, soap and alcohol-based hand rub as well as COVID-19 vaccination outreaches to most vulnerable communities. This included the informal settlement where SWAP trained Community Health Volunteers on tracking community perceptions on COVID-19 for correct messaging to reduce myths and rumors. SWAP actively participates during World Water Day, World Toilet Day, Global Hand Washing Day, the NGO week among other public forums with showcasing best practices and products. SWAP in 2020 adopted three schools in flood prone area in Nyando with the aim to help them comply with COVID-19 rules and regulations by improving WASH infrastructure and other preventive measures.

In addition to other programs, SWAP-Kenya shared that they were working in partnership with ECD Network for Kenya and University of South California on Responsive caregiving research program using the m-Health approach in Kisumu and Vihiga Counties.

[Kidogo Early Years](#)

Kidogo Early Years mission is to improve access to quality, affordable Early Childhood Care & Education in East Africa's low-income communities. The Kidogo Way proprietary approach promotes young children's healthy growth & development. This framework guides training, curriculum, and quality assurance for caregivers and centres in the network. The curriculum entails six pillars, which include; Health Nutrition and WASH, play-based activities, Nurturing Caregivers, Safe and Stimulating environments, business administration, parent and community engagement.

Kidogo identifies trains and supports entrepreneurs (Mamapreneurs) to start or grow their own childcare micro-businesses in their local communities. Mamapreneurs receive intensive training & mentoring on early childhood care & education, entrepreneurship, and health & nutrition to improve the quality of services offered to young children. Mamapreneurs are also provided with a starter kit including key resources for their centres, and ongoing quality assurance to maintain Kidogo's minimum standards.

[Organization of African Youth \(OAY\) -Kenya](#)

OAY program officer shared that they were working in Kisumu Informal settlements and were implementing a maternal and child health project. They had also adopted the 4K club approach in order to promote agriculture and nutrition related interventions. They were also implementing women economic empowerment program for the daycares and were keen in strengthening childcare framework.

SOS Children Village KE

SOS Programme coordinator shared that they were implementing a caregiver economic empowerment program. They had also trained sub county ECDE coordinators on business management, first Aid, Nurturing Care components.

Closing Remarks

The CEC Education, Vocational Training and Social Protection in his closing remarks encouraged the county departments and partners to work together as Nurturing Care was crucial for children development to their full potential. He added by highlighting that the multisectoral teams from the counties complements each other's efforts for maximum and quality provision of service delivery in the county.

Conclusion

There was need to adopt a multisectoral approach in the formation of Kisumu chapter. A Technical Working Group (TWG) of 12 members was formed that represented both state and non-state actors. The role of the committee was to develop a chapter framework and to spearhead the functionality of the chapter, which would be meeting on a quarterly basis. **Table 3 below shows the committee members.** The chapter structure was proposed to be; level 1: ECDNeK to LREB secretariat (level 2) to First Lady Office (level 3), then level 4; government, Civil Society Organization and academia.

Next steps

- The TWG would be convening on a quarterly basis and one of the role was to develop a Kisumu chapter framework.
- ECDNeK to support in dissemination of the Nurturing Care SBCC messaging to the ECD networks.
- ECDNeK to develop a plan of action on the next chapter steps including webinars.
- Once the National Nurturing Care Advocacy Strategy is finalized, ECDNeK to share with the partners for operationalization.

Table 1: Participants Attendance list

Name	Designation	Organization
Thadius O. Omollo	Deputy Director ECD	County Government Kisumu
Henry Okello. O	Deputy WASH Partners Coordinator	County Government Kisumu

Rael Mwando	County Nutritionist	County Government Kisumu
Ochieng' Gumbo	LREB	Public Lead Health
Daniel Owino	APO-Kisumu	
Fredrick Oluoch	County Department of Health-PHS Kisumu	County Government Kisumu
John Awiti	County Executive Committee Member -Education	County Government Kisumu
Wilkister A. Oderah	Director ECD	County Government of Kisumu
Shadrack Mahonga	County Public Health Officer	MOH-Kisumu
Mathew Mathenge	Assistant County Commissioner	Interior
Lucy C. Boaz	Assistant County Commissioner	Interior
Christine Awuor	P.A. First Lady	County Government Kisumu- First Lady's Office
Rose Achieng'	County HEO	County Government Kisumu- Agriculture
Lorraine A. Opondo	P.P.C.O	County Government Kisumu
Dickens Omedo	Programmes	PATH
Christine Ngalo	Franchising Coordinator	Kidogo
Michael Otochi	Programme Officer	Cheshire Disability Services Kenya
Monica Oguttu	Executive Director	KMET
Allie Eleveld	Technical Advisor	SWAP - Kenya
Okutoyi Carolyne	Regional Manager	IRCK- Inter-Religious Council of Kenya

Dorcas Adhiambo	Programs Coordinator	SOS Children Village KE
Ombok Dominic	Reporter	Nation
Joseph Ogoch	Reporter	Capital FM
Tobias Opiyo	PM ECD	Catholic Relief Services (CRS)
Maureen Owino	Program Officer	Organization of African Youth (OAY)
Abella Owuor	PMO	KMET
Rehema	Media Lead	SBCC – Springboard Communication Consultants
Benard Ondari Ogega	Journalist	Nation Media Group
Greig Ogolla	Media Liason	IP Consultants
Erastus	Media Liason	IP Consultants

Table 2: 5th Conference call to action Implementation Matrix

Sub-theme	Implementation Activity	Implementing Agency
1. Systems thinking and the Nurturing Care Framework		
1.1	Enhance Maternal and Child Wellbeing through Comprehensive Health Promotion and Nutrition Education Programs.	PATH, KMET, SBCC, OAY, IRCK, CRS, County MST Kisumu(Education, Health, Water, Agriculture, social Protection), County Department of Health -CGK
1.2	Leveraging Government and First Spouses for Early Childhood Development.	PATH, KMET, SBCC, Office of the First Lady-Kisumu, CGKisumu - County Department of Health (Nurturing Care)
2. Leveraging intersectionalities: Coordination, Technical Working Groups, and implementation blocks		

2.1	Establish a Technical Working Group (TWG) composed of key government departments, relevant stakeholders, and experts in Early Childhood Development.	PATH, KMET, SBCC, SOS-CV KE, OAY, Cheshire Disability services kenya, County MST- Kisumu (Education, Health, Water, Agriculture, social Protection and immunization department), County Department of Health (Kisumu), SWAP, Early Start Africa
2.2	Develop a costed ECD Implementation Plan that aligns to sectoral mandates with intra-Ministry coordination.	PATH, KMET, SOS CV KE, OAY, County MST- Kisumu (Education, Agriculture, Health, Social Protection, Water, and Immunization)
2.3	Establish a Government ECD Monitoring and Reporting Committee	PATH, SBCC, County MST- Kisumu (Education, Health, Agriculture, Social Protection- supported by immunization)
2.4	Develop and Implement a Comprehensive ECD Advocacy and Communication Strategy.	PATH, KMET, OAY, SOS CV KE, CRS (Through IRCK), ACSM Strategy(Advocacy, Communication and social mobilization strategy by MSN team), County Department of Health- CGKisumu
2.5	Advocate for the incorporation of Early Childhood Development (ECD) as a Priority in County Integrated Development Plans (CIDPs) and Annual Budgeting Rounds.	PATH, KMET, OAY, CRS (Through IRCK), Cheshire Disability Services Kenya, County MST - Kisumu (Education, Agriculture, Health, Water, Social protection and communication), Early Start Africa

2.6	Advocate for the integration of Technology and Data Analysis for Informed Planning, Budgeting, and Crisis Intervention in Priority Areas in ECD.	PATH, KMET, National Government, MOE and Interior and administration
2.7	Establish a Comprehensive Mapping and Database System to Enhance Partnerships, Collaboration, and Program Synergies for Reach in Unreached Areas.	PATH, KMET, SBCC, SOS CV KE, OAY, CGK - County Department of Health(Kisumu)
3. Aligning knowledge: Indigenous and traditional child-rearing practices and cultures that promote nurturing care		
3.1	Document positive indigenous knowledge and Promote the Knowledge Integration for Holistic Childcare and Support for Children Aged 0-8 Years.	PATH, KMET, CRS (Through IRCK (0-3 years)), Cheshire Disability Services Kenya, County Communication Department (MSN) designate with ECD directorate, CGK - County Department of Health (Kisumu), SWAP
4. Reframing inclusivity: A good start for all children		
4.1	Capacity Build and Train the ECD Workforce, Parents, and Caregivers to Support Children with Disabilities and Special Needs.	SBCC, OAY, SOS CV KE, CRS (Through IRCK (0-3 years)), Cheshire Disability Services Kenya, Department of Education, Directorate of ECD, CGK - County Department of Health(Kisumu), Early Start Africa
5. Early Childhood Education: building programs on best practices		
5.1	Support in the Professionalizing of the Early Years Workforce with the Competence Based Curriculum (CBC).	Department of Education, Directorate of ECD, National Government - MOE, Early Start Africa

Table 3: Technical Working Group

First lady office	LREB secretariat
Department of Water	KMET

Department of Education	PATH
Department of Health	SWAP- Kenya
Department of Agriculture	SOS – CV Kenya
County Commissioners office	Inter Religious Council of Kenya (IRCK)