



THE SIXTH NATIONAL EARLY CHILDHOOD DEVELOPMENT (ECD) STAKEHOLDERS CONFERENCE REPORT

Themed: Promoting Transformative Systemic Change in a Child's Ecosystem

15th to 17th July 2025

Palm Oasis Resort, Garissa County, Kenya

#6thECDConf | #6thECD



**Prof Teresa Mwoma,
National Coordinator ECD Network for Kenya**

On behalf of the ECD Network for Kenya, I extend my **heartfelt gratitude** to all our partners, stakeholders, and participants who contributed to the success of the **6th National ECD Stakeholder's Conference**. Your commitment, insights, and collaboration made this gathering a meaningful platform for advancing Early Childhood Development in Kenya and beyond.

We are especially grateful to our sponsors, government representatives, civil society organizations, development partners, and community champions whose support ensured that this conference was possible. To every delegate who shared their expertise, experiences, and innovative ideas, your contributions have enriched the dialogue and strengthened our collective resolve. As we reflect on the discussions and outcomes of this conference, we are encouraged to continue working together towards building nurturing environments for our young children. The progress we desire can only be achieved through partnerships, dedication, and shared responsibility.

The conference communiqué, which captures the key resolutions and commitments, serves as a guiding document to steer our collective efforts going forward. Find the communiqué [here](#)

Thank you once again for walking this journey with us. We look forward to your continued engagement as we turn commitments into action for the wellbeing of our children.

Explore the rich proceedings and outcomes of the conference as captured in this report!

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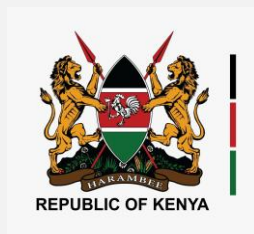
LIST OF ABBREVIATIONS

AAP	American Academy of Pediatrics
ACWECA	Association of Consecrated Women in East and Central Africa
ADS	Anglican Development Service
AfECN	African Early Childhood Network
AI	Artificial Intelligence
AKF	Aga Khan Foundation
AKDN	Aga Khan Development Network
AKU- IHD	Aga Khan University - Institute of Human Development
APHRC African	Population and Health Research Centre
ASAL	Arid and Semi-Arid Land
BFCI	Baby Friendly Community Initiative
CAC	Child Advisory Committee
CADP	County Annual Development Plan
CAGYHP	Centre for Adolescent Girls and Youth Health Program
CARE	Caregivers Awareness Resource and Empowerment
CBC	Competence-Based Curriculum
CBO	Community-Based Organization
CCAP	Climate Change Action Plan
CCD	Care for Child Development
CECM	County Executive Committee Members
CEO	Chief Executive Officer
CSLG	Caregiver Support and Learning Groups
CHPs	Community Health Promoters
CHV	Community Health Volunteers
CIDP	County Integrated Development Plans
CLTS	Community-Led Total Sanitation
CoG	Council of Governors
COVAW	Coalition on Violence Against Women
cPAT	Child-Planned Activities Training
CRC	Convention on the Rights of the Child
CRS	Catholic Relief Services
CSO	Civil Society Organization
CWD	Children with Disabilities
DCS	Directorate of Children Services
DICECEDistrict	Centre for Early Childhood Education
DSD	Directorate for Social Development
ECD	Early Childhood Development
ECDE	Early Childhood Development and Education
ECDNeK	Early Childhood Development Network for Kenya
ECDMIS	Early Childhood Development Management Information System
ECE	Early Childhood Education
ECHIMS	Electronic Community Health Information Management System
EDT	Education Development Trust
EDI	Equity, Diversity and Inclusivity
EIDU	Erwarte Immer Das Unmögliche
EMIS	Education Management Information System
FAWE	Forum for African Women Educationalists

FCDC	Frontier Counties Development Council
FCDO	Foreign, Commonwealth and Development Office
FGD	Focus Group Discussion
FLOCA	Financing Locally-led Climate Action
GAD-7	Generalized Anxiety Disorder Questionnaire
GAM	Global Acute Malnutrition
GIS	Geographic Information System
GRIC	Grassroots Nest for Innovation and Change
GSF	Global Schools Forum
GTSP	Gender Transformative Skilful Parenting
HBCC	Home-Based Child Care
HCD	Human Centered Design
ICS	Investing in Children and their Societies
IPC	Interpersonal Communication
IRC-K	Inter-Religious Council of Kenya
KDHS	Kenya Demographic and Health Survey
KES	Kenyan Shillings
KICD	Kenya Institute of Curriculum Development
KMET	Kisumu Medical and Education Trust
KNBS	Kenya National Bureau of Statistics
KNEC	Kenya National Examinations Council
KPA	Kenya Pediatrics Association
KSRAT	Kenya School Readiness Assessment Tool
KU	Kenyatta University
LREB	Lake Region Economic Bloc
LRDP	Lake Region Development Programme
MCA	Member of County Assembly
MECP	Madrassa Early Childhood Programme in Kenya
MoE	Ministry of Education
MoH	Ministry of Health
MP	Member of Parliament
MST	Multi-Sectoral Teams
MTM	Moments that Matter
NACECE	National Centre for Early Childhood Education
NACONEK	National Council for Nomadic Education in Kenya
NCCS	National Council for Children Services
NCF	Nurturing Care Framework
NCfECD	Nurturing Care Framework for Early Childhood Development
NEMIS	National Education Management Information System
NGAO	National Government Administration Officers
NGO	Non-Governmental Organization
NIH	National Institute of Health
NICHE	Nutrition Improvement through Cash and Health Education
NITA	National Industrial Training Authority
ODF	Open Defecation Free
PCB	Programme Coordinating Board
PHQ-9	Patient Health Questionnaire
P-HERT	Partnership for Health Research Training in Kenya
PnP	Permanent and Pensionable

PP1	Pre-primary 1
PP2	Pre-primary 2
PPP	Public-Private Partnership
PWPER	The Presidential Working Party on Education Reforms
RCT	Randomized Controlled Trial
SanNut	Sanitation and Nutrition
SD	Standard Deviations
SDGs	Sustainable Development Goals
SEC	Social-Emotional Competencies
SGBV	Sexual and Gender Based Violence
SNE	Special Needs Education
SSS	Smart Start Siaya
STEM	Science, Technology, Engineering and Mathematics
STEAM	Science, Technology, Engineering, Arts and Mathematics
SWAP	Safe Water & AIDS Project
TAF	The Action Foundation
UNICEF	United Nations Children's Fund
USD	United States Dollar
VACS	Violence Against Children and Youth Survey
VTC	Vocational Training Centres
WASH	Water, Sanitation and Hygiene
WEE	Women's Economic Empowerment
WFP	World Food Program
WHO	World Health Organization
WHO-5	World Health Organization-Five Well-Being Index
WOMAN	Word of Mouth Advocacy Network
WUSC	World University Service of Canada
WVI	World Vision International





SIXTH NATIONAL EARLY CHILDHOOD DEVELOPMENT (ECD) STAKEHOLDERS' CONFERENCE (2025)

Theme: Promoting Transformative Systemic Change in a Child's Ecosystem

Held at The Palm Oasis Resort, Garissa County from 15th - 17th July, 2025

CONFERENCE COMMUNIQUE AND CALL TO ACTION

#6thECDConf; #6thECD; #6thConference

PREAMBLE

We the **1165** (435 physically present, 677 via YouTube on day one and 53 on Zoom) from **25 counties in Kenya, 6 countries** and over **56 + organizations** comprising Government officials, United Nations agencies, Civil Society Organizations, Philanthropists, Donors, Private Sector and Academia; all convening for the Sixth National Early Childhood Development (ECD) Stakeholders' Conference held from 15th - 17th July, 2025 at Palm Oasis Resort, Garissa County, Kenya, themed "*Promoting Transformative Systemic Change in a Child's Ecosystem.*"

This conference celebrates and applauds the ECD Network for Kenya on its 10-year anniversary for pioneering and galvanizing collective multi-sectoral action on behalf of Kenya's youngest children. The conference celebrates the establishment of a **State Department for Children Services** under the Ministry of Gender, Culture and Children Services by the Executive Order No.1 of 2025. The conference acknowledges that at the county level, momentum is accelerating with improving investment in integrated ECD services, improved implementation and effectiveness.

The 6th National ECD Stakeholders' Conference acknowledges that challenges persist, notably in childcare for children 0-3 years, the education and learning for young children, children in emergencies, for children with disabilities and those experiencing violence. In addition, regional inequalities and shortcomings persist. In the Frontier Counties Development Council (FCDC), their 2025 Baseline Survey Report shows that in the 10 Counties, 1 in 8 children are not achieving developmental milestones; only 9.1% households in the region have adequate dietary diversity, and 78% of households experience food insecurity.

The delegates' note that ECD-targeted spending focusing on children aged 0-5 years significantly reduces child poverty, from 47% to 30% in 4 years, accompanied by large social benefits. However, based on UNICEF findings, ECD spending in Kenya stands at only \$81 per child, far below the regional average of \$138. The delegates note the need to ring-fence ECD funding within county and national budgets, with supporting ECD annexes and performance-linked disbursement models.

THE GARISSA CALL TO ACTION:

Building on this conference's proceedings, we make the following Call to Action.

We urge all state, non-state actors, decision-makers and stakeholders at county and national levels to ensure that **no child is left behind** and adopt a **child-centred approach to policy, governance, practice and accountability**. In doing so, the Integrated Early Childhood Development Policy and the Children Act, 2022 should be the reference points informing activities and provision of services at all levels, with governmental oversight.

We call for the mainstreaming of a **multi-sectoral** whole-of-society approach for inclusive, **community-based** culturally contextualized child development initiatives to enable vulnerable children including children with disabilities, those accompanying their mothers to prisons, those in refugee camps, informal settlements, emergencies, rural communities, and other marginalized settings, to receive equitable ECD services to grow and develop to their full potential.

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

1. Sustaining Early Childhood Development Initiatives

- Uphold the duty of county governments in the delivery of integrated ECD services in the context of guidelines and policies established at the national level, in a whole-of-government approach, fulfilling constitutional obligations in upholding the rights of all children in Kenya, ensuring pregnant mothers and children have a good start in life.
- Build political will and dedicated investment for children at the county and national level by utilizing existing participatory processes, government systems, political leadership and the First Spouses as ECD Champions.
- Focus on community-level, culturally contextualized interventions and invest in the capacity of families to provide nurturing care, positive discipline and early interventions.

2. Strengthening Early Childhood Development Systems

- Strengthen food systems by rebalancing nutrition financing to increase allocations to high-impact, nutrition-specific programs such as maternal and child nutrition services, supplementation, treatment of acute malnutrition, and school meals, especially at the county level. Nutrition-specific investments comprise just 10.5% of total nutrition-related spending and approximately 1.1% of county budgets, despite their direct impact on malnutrition (UNICEF, 2025).
- Align child protection with ECD multi-sectoral approach and further develop child protection systems together with institutionalizing safeguarding at all levels of the community and institutions.
- Strengthen early learning systems and structures through integration of play-based learning, curriculum implementation and domestication of policies by counties.
- Strengthen data systems and the use of data to establish unit costs, inform investments, decisions, and monitor performance. Mainstream and harness technology for improved ECD outcomes.
- Institutionalize citizen-led scorecards, County Nutrition Investment Scorecards and feedback mechanisms to track delivery gaps, foster transparency and promote citizen engagement.

3. Equity, Diversity and Inclusivity in the Implementation of Nurturing Care

- Avail and facilitate adoption and application of Ministry of Education models on integration of competing cultural early learning practices with formal ECDE to eliminate delayed school entry and transition for children in pastoral communities; building on the science of ECD to maximize child development in the first 1,000 days and the subsequent

3,000 days (ages 0-8), when brain development is most rapid and the foundation of an individual's skills and capabilities is laid.

- Further empower, through capacity building and training, the ECD workforce, including parents and caregivers, to address the need for early detection, screening and support of children with disabilities, including children with extraordinary talent.

4. Climate Resilient Models in Early Childhood Development

- Build resilient systems to ensure they are adaptable and quickly respond to the needs of children in the context of climate shocks by strengthening behavioral change, early warning systems that put the needs of the child and pregnant mothers at the centre, establishing climate-resilient infrastructure and promoting community-led climate action.
- Train children and facilitate their participation in climate-smart practices, including ECD interventions in climate funding and in the financing of locally-led climate action (FLOCA).

5. Seventh National Conference

The seventh biennial National ECD Stakeholders' Conference will be held in Embu County in 2027.

Endorsed on 17th July, 2025 at the Sixth National ECD Stakeholders' Conference, held at Palm Oasis Resort, Garissa County, Kenya

---ENDS---

1.0 BACKGROUND

1.1 INTRODUCTION TO EARLY CHILDHOOD DEVELOPMENT

The early years (0-8 years) are foundational for human development, representing a critical period for survival, growth, and lifelong learning. This stage is characterized by rapid brain development, fostering extensive neural connectivity essential for cognitive, social, motor, and emotional growth. However, multi-dimensional poverty affects 52.5% of children in Kenya which means that 11 million children face risks that may prevent them from reaching their full developmental potential (UNICEF, 2022).

Children in Kenya encounter significant challenges including poverty, inadequate care, malnutrition, toxic stress, and limited stimulation, all of which hinder their developmental progress. Article 53 of the Kenyan Constitution guarantees children the right to free and compulsory basic education, nutrition, shelter, healthcare, and protection. However, these rights are often limited especially in marginalized contexts. In response, Kenya's National Government has collaborated with county governments and multiple stakeholders across disciplines in Early Childhood Development (ECD) to develop policy framework addressing Maternal, Child and Adolescent Health, Early Learning and Stimulation, Food Security, and Child Protection. Despite these efforts, persistent challenges continue to hinder equitable access to quality, affordable, and relevant ECD services for children and their families, nationwide, including: gaps in coordination, inadequate workforce development in ECD, inadequate financing, suboptimal adaptation to climate changes, cultural non-contextualization, gaps in community uptake of the Competency-Based Curriculum (CBC), low technology integration, and the lack of a centralized data repository for ECD.

The Nurturing Care Framework (WHO, 2018) provides a strategic framework for enhancing Early Childhood Development through evidence-based practices and interventions. However, as already noted, despite constitutional guarantees and policy frameworks aligned with the Convention on the Rights of the Child (CRC, 1989), marginalized and disadvantaged populations continue to experience significant disparities in accessing essential services. Strengthening linkages and collaborations in addition to improved data collection and coordination are essential for addressing current and future gaps in ECD service delivery. Moreover, enhancing ECD workforce capacity and securing sustainable financing would ensure comprehensive ECD services that effectively support the developmental needs of young children, caregivers and families across Kenya.

1.2 ABOUT THE ECD NETWORK FOR KENYA

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 by various actors and organizations that were engaged in service provision, capacity development, research and advocacy. Although conceived 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. 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 undertakes 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 – as envisioned by the Children's Act

(2022) - and promotes access, quality and holistic ECD programs for children in Kenya. ECDNeK advocates for safeguards for the rights and best interests of the child as set out in the Children's Act (2022).

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) and From Policy and Evidence to Action (Turkana, 2023). These conferences acted as avenues for knowledge exchange and learning, promoting partnerships and networking, advancing ECD advocacy, and synergy among diverse actors.

The ECD Network for Kenya is managed by nine Board of Directors, and under it, is a secretariat headed by the Executive Director. ECDNeK secretariat is hosted by Kenyatta University's (KU's) Department of Early Childhood and Special Needs Education, in Kenya. The Board, whose details can be found [here](#), was constituted in 2019 and convenes on a quarterly basis, with Annual General Meetings observed.

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.

About the 6th National Early Childhood Stakeholders' Conference

The County Government of Garissa in collaboration with FCDC and the ECD Network for Kenya planned for and executed the Sixth National ECD Stakeholders Conference. The conference targeted participants with diverse expertise and backgrounds from Government (National and County), Academia/Research, Donor agencies, Private sector, Community Based Organizations (CBOs), Civil Society Organizations (CSOs), religious organizations, media, philanthropists and United Nations agencies. The conference format included plenary presentations, breakaway sessions, group discussions, and interactive panel sessions. The conference offered an array of formal and informal networking opportunities, an exhibition of innovations in ECD and ECD best practices, in addition to relevant tools and services.

Conference Objectives

1. To showcase replicable positive indigenous child-rearing practices as existing ECD programs, to ensure cultural relevance and inclusivity in childcare.
2. To highlight local and contextual innovative approaches in ECD that foster community engagement and leverage technology for improving early stimulation and learning experiences.
3. To equip stakeholders with knowledge on effective governance, financing, and sustainable budgeting practices in ECD facilitating the implementation and scalability of ECD programs.
4. To promote climate-resilient ECD models that adapt to environmental challenges and align with the Sustainable Development Goals (SDGs), ensuring the well-being and holistic development of children.

2.0 CONFERENCE PROCEEDINGS – DAY 1

2.1. PRESENTATION BY THE ECDE LEARNERS

The children’s presentation highlighted the value of education in shaping their future. They reminded the audience that every leader they admired once sat in a classroom, learning and growing through school. They voiced their desire for protection and expressed gratitude for the nurturing care agenda that safeguards their well-being. The children also pointed out the importance of proper nutrition, recognizing the vital role of ongoing school feeding programs in supporting their health and learning. Finally, they extended their appreciation to all the partners who continued to stand with them, supporting the children’s agenda and ensuring that their needs and aspirations are not forgotten.

2.2. WELCOME REMARKS

Address by Professor Teresa Mwoma, National Coordinator, ECDNeK

Professor Mwoma welcomed participants to the 6th National ECD Stakeholders Conference and noted that it coincided with the anniversary of 10 years of the collaborative efforts of the network to advance early childhood development. She thanked the guest and keynote speakers for gracing the conference and was grateful to organizations and individuals for their financial and in-kind support that made the conference possible.

She noted that despite notable strides, urgent interventions were required because the early childhood development landscape in Kenya faced multiple systemic challenges affecting the survival, growth, and development of children aged 0–5 years. She called for increased public investment in ECD at both national and county levels to address the systemic challenges.

She demonstrated that such investment would facilitate standardization of teacher terms, professionalization of caregiving and would ensure inclusive, child-friendly centres were accessible across the country. It would strengthen primary healthcare by expanding community-based services, ensure essential supplies and enhance referral systems. For childcare, it would provide much needed financing, support the development of clear regulations and facilitate cross-sector collaboration that supported working families and upheld the rights of the child. The investment would facilitate the implementation of disability-inclusive policies, provision of assistive devices and catalyze efforts to eliminate stigma. In emergencies, it would enable child sensitive preparedness, safe spaces, mental health support, and the inclusion of children in planning to enhance resilience and recovery.

She emphasized that it was imperative to act boldly and collectively because the early years mattered. She pointed out that by working together, through data-driven planning, integrated services, and with political goodwill, it was indeed possible to give every Kenyan child the best start in life.

2.3. OPENING REMARKS

Address by ECDNeK Board Chairperson – Oscar Kadenge

Mr. Kadenge noted that the conference was a celebration of a decade of shared vision, collaborative effort, and unwavering dedication to Kenya’s youngest citizens. He noted that ECDNeK had grown from a small coalition of passionate stakeholders into a formidable national platform that united actors across sectors, regions, and disciplines to promote a coordinated approach to nurturing care and early childhood development. He noted that the network had made significant strides in shaping national and county policies by convening stakeholders and presenting a united voice. It had consistently created spaces for dialogue, peer learning, and innovation exchange and so promoted knowledge sharing. It had also made significant strides in developing strategic partnerships and strong grassroots engagement.

He mapped the next steps for the network which would include deepening county-level engagement through technical assistance, joint planning, and strengthening of ECD forums; amplifying community voices, especially those of parents, caregivers, and frontline workers, in shaping policy and program direction; pushing for increased, sustained domestic financing for ECD programs and systems; and advocating for the inclusion of all children regardless of ability, background, or circumstance as a top priority in ensuring that no child was left behind.

He noted that the theme of the conference, *“Promoting Transformative Systemic Change in a Child’s Ecosystem,”* called for systemic thinking in ECD, deeper integration, shared accountability, and adaptive systems that responded to the evolving needs of children and families. This, he pointed out, was especially vital in marginalized regions such as Arid and Semi-Arid Land (ASAL) counties, urban informal settlements, and among populations affected by crisis and displacement.

He lauded the fact that ECD had gained increased recognition as a foundational pillar for sustainable development. He noted the growing investment and policy attention across sectors, with stakeholders embracing the Nurturing Care Framework as a guide to deliver integrated and holistic support for young children in Kenya.

Remarks by Ebla Minhaj, County Executive Committee Member, Education, Information & ICT, County Government of Garissa

Hon. Ebla Minhaj celebrated a decade of impact and transformative work by the ECD Network under the leadership of Professor Mwoma. She noted that ECD in Garissa had grown to 328 public ECD centres serving over 25,000 learners, with a 7% increase in enrolment in the past year. She highlighted that the County had undertaken development of teacher capacity, developed inclusive policy frameworks and built model centres. She urged for the integration of Islamic studies into the curriculum together with strategic efforts to ensure no child was left behind.

Address by the First Lady H.E Dr. Makelo, Bungoma County

Her Excellency Dr. Makelo from Bungoma County noted that First Ladies served as strong advocates for ECD and other community issues. She reported that she was championing the establishment of

modern daycare centres for children aged 6 months to 3 years in Bungoma County. Dr. Makelo emphasized on linking ECD with nutrition and economic empowerment through kitchen gardens and agricultural innovation.

Remarks by Hon. Abdi Idle Gure, the Speaker, Garissa County Assembly

The Speaker noted that the county was truly honoured to host the milestone event, which also marked 10 years of ECDNeK progress. He noted that hosting the conference in Garissa was not just symbolic; it was a testament to the shared commitment to inclusive, community-driven, and culturally-responsive early childhood systems. On behalf of the Garissa County Assembly, the Speaker extended a warm welcome to all delegates and stakeholders who travelled from across the country and beyond for the conference.

He underscored the fact that as representatives of the people, the County Assembly played a critical legislative and oversight role to ensure that policies, budgets, and frameworks aimed at promoting the well-being of our youngest citizens were enacted effectively, implemented equitably and anchored in accountability. He affirmed the Assembly's willingness to partner in advancing investment in children as they recognized that quality ECD forms the foundation of human capital development, fosters peaceful societies and drives long-term prosperity.

He acknowledged the members of the County Assembly whose presence reflected the collective resolve to not only offer support, but also champion the transformation of the ECD landscape within the county and neighboring communities. He noted that as a county, Garissa was committed to prioritizing ECD in county budgeting and legislation; supporting community-led, contextually relevant programs; and ensuring accountability and inclusivity in child-focused initiatives. He urged delegates to work towards concrete, sustainable, holistic and child-centred outcomes.

KEYNOTE ADDRESS

Strengthening Community-Led Systems through Inclusive, Culturally Responsive, and Gender-Equitable Nurturing Care - Mr. John Otieno, North Eastern Regional Coordinator

The Regional Coordinator underlined the role of community as the first ecosystem in which a child grows. He explained that when communities were empowered, informed, and resourced, they were best placed to provide the necessary care that reflects cultural values, gender dynamics, and inclusive practices all of which were essential for every child to thrive. A community-led approach to ECD positions co-organized parents, caregivers, elders, and local leaders as the primary agents of change, leveraging indigenous knowledge systems and cultural assets to strengthen caregiving practices, facilitate intergenerational dialogue, uphold positive cultural norms and discard harmful traditions.

He acknowledged that inclusive nurturing care demands that no child is left behind—this includes children with disabilities, those in marginalized settings, and those in displacement or conflict contexts. A culturally responsive approach honored identity diversity while challenging harmful cultural biases—especially those affecting girls and children with special needs. He added that when communities were engaged meaningfully, cultural barriers became opportunities for innovation.

He added that gender equity must underpin every ECD effort. This should include promoting shared caregiving roles between men and women; empowering girls to access nutrition, education, and protection from the earliest age; and sensitizing communities about the value of girls and gender parity in decision-making. In addition, at the policy level, both national and county governments must

integrate gender-responsive budgeting in ECD investments and support initiatives to train health workers, educators and caregivers on gender equality.

To operationalize a community-led, inclusive, and gender-equitable nurturing care approach, he recommended capacity building for local ECD committees and religious leaders together with the linking of community health strategies with ECD interventions. He proposed enhanced resource allocation by county governments for community-driven ECD initiatives. He also proposed partnerships with local public benefit and faith-based organizations. He called for continuous research and documentation of best practices to inform national policy.

He underscored the fact that the future of Kenya's children—especially in regions like North Eastern—depended on how well communities were empowered to nurture every child's potential. He called for commitment to strengthening community-led systems that were inclusive, culturally responsive and gender equitable, noting that to do so was not just a moral imperative but a strategic investment in Kenya's future prosperity.

Accelerating Competency-Based Learning through Digital Innovations for Inclusive and Equitable Early Childhood Development - Dr. Elyas Jilaow Abdi, Director General for Education, Ministry of Education

The Director General for Education traced the history of ECD in Kenya from the early care centres set up in tea and coffee plantations in the 1940s. He acknowledged the Malindi Seminar of 1982 which gave rise to the National Centre for Early Childhood Education (NACECE) and the District Centre for Early Education (DICECE) in 1984. He observed that early childhood development and education (ECDE) had since become recognized as the first ladder of education and the Ministry of Education adopted a multi-sectoral approach in the delivery of its mandate regarding policy formulation, curriculum development and quality assurance. However, he acknowledged that there were challenges. He said that a National ECDE survey carried out in 2025 by the ministry, with support from the World Bank, showed that the national average classroom to learner ratio was at 1:34 which surpassed the recommended ratio of 1:25. He also noted that the Presidential Working Party on Education Reform (PWPER) report had identified challenges facing ECDE. These included lack of data for pre-primary learners that could inform policy and planning, weak implementation of pre-primary education, duplication of roles in the management of public early childhood education (ECE) centres and primary schools in the same compound, wanting ECE teacher management, and the creation of Early Childhood Assurance Committee by the ECE Act, in conflict with the constitutional mandate of the national government to regulate education standards. He reported that the MoE was working with the Council of Governors (CoG) and county governments to implement the PWPER report, including working on capitation. He called for a framework for pre-primary education funding, and a framework for engagement with all stakeholders in ECDE as part of strengthening inter-governmental coordination regarding ECD. He also called on all partners working with counties through digital platforms to ensure their content was approved by KICD.

Strengthening Childcare Systems and Safeguarding Children from Violence in Kenya - CPA Carren Ageng'o, Principal Secretary, State Department for Children Services.

CPA Carren Ageng'o noted that the diversity of voices from across the country reflected shared commitment to nurturing the youngest members of the society and that the strong attendance at the conference was a clear sign that children were a national priority.

However, she noted that 4.1 million children under five often lacked access to quality care, nutrition, and stimulation, especially in rural and informal settings. She noted that there were challenges in childcare and protection such as violence and neglect at home, in schools, and communities, often hidden due to weak protection systems and lack of responsive care. She noted that there was a critical development window in the early years (0–5 and up to 8) which are crucial for brain development since 90% of brain growth happened before age five. She emphasized that any exposure to violence or neglect during this time undermined all ECD goals.

CPA Carren noted that regarding violence against children, 1 in 2 experienced physical violence before 18 (VACS, 2019) and 1 in 5 girls faced sexual violence, often by known adults. She pointed out that there were child protection violations and over the period Jan 2022–June 2025 a total of 293,294 violations were recorded for children 0–9 years and over 90% of such cases were related to neglect. A total of 8,824 cases of missing children were reported in 2024 alone – and only 2,336 reunified with families – while most missing children are aged 0–5 years and were often also neglected. She highlighted that only 67% of children aged 3–5 years were enrolled in early learning programmes, which left over a third of such children without structured learning opportunities.

CPA Carren Ageng'o pointed out key strategic responses and programmes. She spoke of the National Care Reform Strategy (2022–2032) which promotes family and community-based care as the foundation of child protection and emphasizes community roles in safeguarding children. She highlighted the Positive Parenting Programme and National Male Engagement Framework which encourage positive parenting practices and male caregiver involvement and address the challenge of the rising numbers of female-headed households to ensure balanced caregiving. She highlighted the Child Protection Management Course for specialized training at Kenya School of Government for early childhood workers and professionals. It was designed to equip them to manage and protect children in early learning environments. She elaborated on the Nurture and Nutrition Improvement Programme, that is, the Nutrition Improvement through Cash and Health Education (NICHE) program which integrated cash transfers, health education, parental support, and child protection. It targeted 180,000 households across 25 counties and over 30,000 parents were trained.

She noted that further policy and safeguarding advances were critical. She highlighted the Kenya Safeguarding Policy for Children as a framework for protecting children from harm within educational settings. She urged data-driven decision-making and called for ECD centres to monitor and report incidents and identify trends to inform targeted interventions. She reiterated the importance of birth registration noting that it was essential in ensuring access to healthcare, education, and protection services. She urged for inclusion and equity by prioritizing services for children with disabilities to ensure equitable access to care, protection, and learning.

CPA Carren Ageng'o highlighted six priority areas for system strengthening. She called for integrated child protection across sectors - health, education, and social protection - and supported counties to develop and implement integrated Child Protection Policies such as Bungoma County's new policy. Secondly, she called for a shift of focus to prevention, noting that it was necessary to move from reactive responses to preventive strategies, expand parenting support and promote positive discipline. She called for strengthening workforce capacity, that is, the employment and training of ECD teachers and caregivers together with investment in infrastructure, resources and capacity building. Fourth, she called for institutionalization of child protection in ECD centres, specifically ensuring that the centres had protocols, trained staff, and were safe environments. She called for promotion of inclusive service delivery which prioritization of underserved rural and informal areas together with ensuring services were accessible to children with disabilities. Sixth, she called for the

use of data for decision-making. She elaborated that data systems should be strengthened to inform planning, monitor progress and ensure accountability in child protection and ECD services.

She underscored that child protection and early childhood development could not operate in silos. She emphasized that what was needed were strongly coordinated systems, with inclusive service delivery, particularly for vulnerable groups and an equipped workforce with data-informed planning. She urged county governments to align child protection with county strategies, development partners to invest in prevention and integrated systems, civil society to advocate for children's rights and hold systems accountable, academia to provide evidence to guide development of effective solutions, and the private sector to invest in ECD and child protection. She called on all stakeholders to work together to create an ecosystem where every child is seen, heard, protected, and supported to thrive.

Investing in Early Childhood Development for Resilient Systems and Sustainable Growth in Arid and Semi-Arid Land (ASAL) regions - H.E Nathif Jama Adama EGH, Governor County Government of Garissa

H.E. The Governor Garissa County welcomed all to Garissa County for the Stakeholders' Conference. He noted that the county was deeply committed to ensuring that every child had access to nurturing care and early learning opportunities that lay a strong foundation for lifelong development. He noted that hosting the conference was a proud moment as it allowed the county to showcase strides made in ECD, despite the unique challenges faced in the region. He noted the significant strides made in improving ECD infrastructure and cited the launch of a model ECD centre which demonstrated the county's commitment to quality early learning.

He noted that the conference presented a valuable opportunity for counties, national actors, development partners, and communities to come together to share innovations, challenges, and best practices that could inform policy and drive collective action. He noted that the conference theme aligned perfectly with the vision for an inclusive and coordinated approach to ECD.

He urged all participants to actively engage in the sessions and build new partnerships that would enhance the quality, reach, and sustainability of ECD services across Kenya. He urged the delegates to leave the conference with renewed commitment to safeguarding the wellbeing and potential of every child.

As Vice Chair of the Council of Governors and a founding member of the FCDC, the Governor pledged to champion the implementation of the recommendations of the conference.

2.4. KEYNOTE ADDRESS - I

Championing Equity, Diversity, and Inclusion in Nurturing Care for Improved Access and Quality in Early Childhood Development –Dr. Elizabeth Gitonga, AfECN

Dr. Gitonga reflected on the theme of the conference using the ECD acronym to stand for E– Equality, C - Community inclusion, and D – Diversity. She noted that equality in service delivery called on ECD practitioners, community workers and policy leaders to serve without partiality. She said that it was a policy imperative and a moral obligation for every child, regardless of ethnicity, religion, disability, or background, whether male or female, to be supported with the same compassion and commitment.

She pointed out that a truly inclusive ECD system must be rooted in the community, and must seek to understand the local traditions while ensuring that harmful practices were addressed with compassion and education. On diversity, she noted that it was about designing programs that were sensitive to differences in language, customs, and the various contexts while engaging with the children as individual persons with great potential, each with their unique place in this world.

She emphasized shared responsibility where the government provides an enabling environment, and families and communities engage meaningfully. Closing with a call to action, she urged leaders, caregivers, and institutions to create ECD systems grounded in fairness, belonging, and love - for every child, everywhere in Kenya. She pledged continued partnership with ECDNeK in working together to expand opportunities for every child to grow and thrive.

Role of Universities in Enhancing Early Childhood Development: A Case of Kenyatta University - Prof. Paul K. Wainaina, VC, Kenyatta University

Prof. Wainaina, in an address given on his behalf by Prof. Otube, noted that universities played a central role in strengthening early childhood development through education, research, community engagement, and policy influence. They contributed to professional capacity-building by offering diploma, undergraduate, and postgraduate programs designed to train early childhood educators, caregivers, and administrators. However, he noted, universities faced inadequate funding, absence of well-equipped model centres, shortage of specialised faculty and misaligned curricula in promoting ECD in Kenya. There were also challenges with low public prioritisation of ECD, weak partnerships with community ECD providers and county governments, and constrained multi-sectoral collaboration.

He pointed out that to enhance their role in early childhood development, universities in Kenya must address institutional and systemic barriers. This would include increasing funding by establishing dedicated budget lines, strengthening government support, and forming partnerships with development agencies and the private sector. He stressed the need to strengthen collaborations with county governments, non-governmental organizations (NGOs), and community-based ECD centres to bridge the gap between academic training and real-world practice.

Kenyatta University, he noted, has played a pioneering role in advancing ECE in Kenya through specialized academic programs, research, community engagement, and policy advocacy; and that it has significantly advanced ECD in Kenya through a comprehensive approach to childcare. In its contribution to nutrition, the university led impactful community-based research, notably the Baby Friendly Community Initiative (BFCI) in Baringo County. He said that the university was a key partner in the National Institute of Health (NIH) -funded Partnership for Health Research Training in Kenya (P-HERT) program, which strengthens research capacity in maternal, newborn, and child health through mentorship and academic support. He added that Kenyatta University was a national leader in women's economic empowerment through the establishment of the KU Women's Economic Empowerment Hub (KU-WEE Hub) which conducts studies on informal entrepreneurship, care work, and systemic barriers to women's economic participation, using its findings to influence policy.

Advancing Early Childhood Development for Stronger Systems, Empowered Communities, and Holistic Child Well-being - Dr. Idle Farah, Chief Executive Officer, FCDC

Dr. Idle warmly welcomed all delegates to the Stakeholders' Conference on behalf of the FCDC. He noted that the convening was particularly significant as it was in one of the FCDC-member counties,

underscoring the growing recognition of the importance of ECD in marginalized and underserved regions. He noted that FCDC remained committed to strengthening systems that supported the holistic development of children, especially in frontier counties where vulnerabilities were pronounced due to geographic, economic, and environmental challenges. He added that FCDC was invested in ECD as a strategic move toward long-term development, peace and prosperity of the community.

He urged that as delegates engaged in conversations around policy, funding, coordination, and innovation, they should remember that the early years presented a unique window of opportunity and there was, therefore, a shared multi-sectoral collaborative responsibility to deliver on the promise of a better future for our youngest citizens.

A National Strategy for Championing Coordinated and Inclusive Nurturing Care for Every Child - Sheikh Abdinoor, Chief Executive Officer (CEO), National Council for Children Services

Sheikh Abdinoor, noted that the conference was an opportunity to share knowledge and to collectively shape the future of ECD in Kenya and beyond. He urged all delegates to share their experience and then walk forward together united in the resolve to provide a nurturing, empowering environment for every child in Kenya, especially those in their critical early years.

He reminded delegates that science consistently showed that early experiences shaped the architecture of a child's brain. Development did not happen in silos, rather cognitive growth was tied to physical health, emotional well-being, and the ability to build strong relationships. He said that was the reason the response had to be holistic. He emphasized that designing integrated, cross-sectoral policies and programs that brought together health, education, nutrition, and family support, gave every child a fair shot at achieving their full potential and the impact is powerful. He said that positive early learning experiences, strong caregiver relationships, and nurturing home environments could completely change the trajectory of a child's life for the better.

He said that the National Council for Children's Services (NCCS), working under the Ministry of Gender, Culture and Children Services, the State Department for Children Services, had developed a robust Integrated ECD Policy that was awaiting Cabinet approval and once adopted would pave the way for stronger, more coordinated interventions for every child aged 0 to 8 years. NCCS had also established Children's Advisory Committees (CACs) which are grassroots structures designed to coordinate ECD efforts and ensure they were anchored in local realities. NCCS also championed family strengthening and positive parenting programs for children who could not be raised by their biological families and advocated for alternative family care solutions that still offered the warmth and stability every child deserves.

2.5. PANEL SESSIONS - I

Panel session FCDC -Session Chair Dr. Olumbe

Panelists: Prof. Amina Abubakar from the Aga Khan University, Institute of Human Development, Mr. Abdullahi Maalim from FCDC, Dr. Edwin Saka from National Council for Nomadic Education in Kenya (NACONEK), Mr. Mark Egialan from Samburu County and Dr. Ahmed Nathif from Mandera County.

Status of Early Childhood Development and Education in Frontier Counties Region;

Prof. Amina Abubakar - Aga Khan University (AKU) - presented findings from a research study based on telegraphic interviews with households and communities in 10 FCDC. The research was about evidence generation for the programs implemented by the Aga Khan Foundation (AKF). The presentation highlighted that in the FCDC counties, 96% of women attended antenatal visits, 84% of mothers sang to their children, 83% engaged in play and 1 in 3 children aged 0–3 years did not meet developmental milestones. In addition, only 9.1% of children met minimum dietary diversity which was attributed to food insecurity and cultural practices. In 78% of households, food insecurity and climate change adversely affected maternal and newborn health.

Abdullahi Maalim- FCDC - reported that the study was carried out in collaboration with AKU-IHD in Tana River, West Pokot, Marsabit, Mandera and Samburu Counties. Findings from the study revealed that 90.4% of ECDE centres were public with 90% of these housed within public schools. Mandera County leads with 96.8% ECDE centres in public institutions, while the highest ECDE learner populations were recorded in West Pokot, Mandera, and Lamu. The teacher pupil ratio stood at 1:72, far above the recommended 1:25. Mandera also showed the highest inclusion of children with disabilities at 3.5%. Regarding school feeding, 74% of such programmes were government-led, with 13% supported by NACONEK.

REFLECTIONS

1. What are the most critical investments?

The most critical investments were in (i) families which need to be supported to provide nurturing care (ii) developing a much-needed whole-of-government approach in the delivery of ECD services (iii) integrating children's services regarding water, sanitation and hygiene (WASH) and immunization (iv) developing infrastructure in daycare centres which were mushrooming in number (v) establishing climate-resilient structures which were increasingly a necessity due to the adverse effects of climate change (vi) school feeding programmes, based on the needs of the local area, since provision of food was key for ECD learners (vii) provision of teaching and learning resources and (viii) data systems to obtain data to understand and track investments in ECD.

2. How can we effectively work in collaboration for the success of ECD?

To effectively work in collaboration for the success of ECD, it is important to actively promote caregiver involvement in early learning, as caregivers play a central role in shaping children's development. Building a clear partnership and coordination framework will ensure that all stakeholders are aligned and working towards common goals. Effective communication channels should be established to facilitate information sharing, transparency, and trust among partners. Engaging stakeholders early and aligning them around a shared ECD vision will create ownership and foster collective action. Finally, strengthening government-led initiatives will provide sustainability, coherence, and accountability, ensuring that collaborative efforts are embedded within national systems.

3. What can be done to enhance local financing?

To enhance local financing (i) the government should develop a single basket where both the state and non-state actors could contribute to fund ECD (ii) the government should pursue equalization of the budget and the implementation of affirmative and deliberate action to eliminate disparities (iii) stakeholders should promote application of the 20/80 investment principle to guide investment towards interventions with higher returns (iv) stakeholders should unlock local community

philanthropy and collaboratively plan interventions in a process in which communities took the lead and (v) there was a need to ring fence ECD funds.

2.6. COUNTY AND ECONOMIC BLOC PRESENTATIONS

EMBU COUNTY

The county is blended, having both highlands and ASAL areas. This calls for sensitivity when developing policies to meet the needs of all the children. The county has an ECD Act of 2015 that allowed the employment of teachers on permanent and pensionable basis, a first in the country. The county has 398 ECD centres (392 in primary schools and 6 feeder schools or stand-alone), 594 teachers employed on permanent and pensionable (PnP) with a ratio of teacher: learner of 1:32. The county was also undertaking a digital program through *Erwarte Immer Das Unmögliche* (EIDU) where teachers were supplied with tablets to do their lesson planning and access resources for teaching. The county has also engaged stakeholders such as University of Embu that supported sensitization of parents and Food for Education which provides porridge as part of school feeding in the county.

However, there was an acute teacher shortage, leading to instances where classes from different grades would be combined and overseen by a teacher. A major challenge facing the sector was budgeting, with most of the allocated finances directed towards paying teacher salaries and very little left for infrastructure and material acquisition. The school feeding program needs to be strengthened to reach more learners.

GARISSA COUNTY

Garissa County has 328 ECDE centres, 259 of which are attached to primary schools and 69 are standalone, ensuring increased accessibility. Nonetheless, Garissa reported approximately 170,000 children out of school, highlighting a critical issue with access. Challenges and gaps include the *Duksi* and *Madrassa* systems which appear to operate in conflict with the formal school system. The results were that many children attended *Duksi* classes from Monday to Wednesday and only attended school on Thursday and Friday, leading to a high number of out-of-school children. Further, while digital tablets had been distributed, including those by EIDU, the lack of electricity in schools hindered their effective use. There was also a teacher shortage with only 354 teachers employed by the county government to serve 328 ECD centres. This led to combining pre-primary 1 (PP1) and pre-primary 2 (PP2) learners in the same classroom in some areas.

Overcrowding in classrooms was rampant due to limited infrastructure such as chairs and tables. Many children, particularly girls, sat on the floor, raising concerns about dignity and gender equity. The provision of porridge (*uji*) in schools was inconsistent due to procurement challenges. However, when available, meals encouraged school attendance.

Despite these challenges, ECDE enrollment had grown significantly from 8,000 learners in 2015 to 25,000 in 2025. The County Government of Garissa had increased funding allocation to ECDE, from 2% in 2014 to 7% in 2025, showing strengthened financial commitment. In addition, the establishment of a teacher training college (DICECE) enabled the training of over 2,000 ECDE teachers, improving teacher quality and capacity in the region. Plans to introduce mobile schools were underway to cater for the nomadic nature of communities in the region.

The county worked collaboratively with various stakeholders, including UNICEF, which supported the provision of teaching and learning materials and facilitated the registration of 4,000 children. The

World Food Program (WFP) contributed to the drafting of the ECD policy, development of school feeding guidelines and procurement of 10 motorbikes for Sub-County Coordinators, along with one vehicle for county use. The Aga Khan University/The Institute for Human Development (AKU/IHD) supported teacher capacity building, EIDU provided digital devices and Save the Children contributed teaching and learning materials.

HOMABAY COUNTY

This county has a robust nurturing care for ECD system in place that is coordinated through multi-sectoral stakeholder engagement. Over 150 ECD centres had been built with some already open and operational. There was a school feeding program in remote ECD centres to promote child nutrition and boost attendance. Although there was a Children Policy (2023), the county experienced challenges in policy implementation due to inadequate funding. In developing the County Integrated Development Plan (CIDP) 2023-2027, children were invited to dialogue with the governor and signed a memorandum of understanding for the county to establish safe spaces, but this was yet to be implemented.

KERICHO COUNTY

The county promoted integrated implementation of ECD with collaboration by working with teachers, researchers, communities and promoting public participation to enhance service delivery. Views were sought directly from children in order to understand their needs better. However, a major challenge remained getting the county assembly to allocate sufficient funds to ECD.

KISUMU COUNTY

The county recorded a total of 43,348 learners across 653 public primary schools and 57 stand-alone ECDE centres supported jointly by the county government and the community. It also established daycare facilities in vocational centres and introduced community engagement initiatives, including computer literacy programmes for parents. In addition, 4,210 health workers were trained on the Nurturing Care Framework (NCF), and 11,000 community members were engaged as health volunteers. The county runs centralized school feeding and reading programmes throughout the year, supported by nutritionists who guide affordable and nutritious meal planning. Efforts have also been made to ensure classrooms are disability-friendly, enabling all children to access ECDE centres.

Despite these efforts, several challenges remain. The county faces a shortage of teaching staff, lacks a unified data management system, and experiences budgetary shortfalls for infrastructure and learning materials. Malnutrition is also a concern, with a stunting rate of 9.1%.

In response, the department and stakeholders are lobbying for increased budgetary allocations and the development of an integrated ECD management system. Plans are underway to hire 150 pre-primary teachers, establish resource centres in informal settlements, and develop a health education integrated data system. Furthermore, the departments of Education, Health, and Agriculture continue to collaborate in the delivery of ECD services.

KWALE COUNTY

The county established a dedicated Directorate of ECD, overseeing 545 well-equipped ECDE centres and 945 teachers on permanent terms. The Department of Quality Assurance conducted active monitoring, with strong partner collaborations. The county is developing legislation for the care of children under three, who are largely cared for at home or in private settings.

MANDERA COUNTY

Mandera County reported structured school feeding programs for ECD learners. The programs were supervised by public health officers and supported by community-based structures.

MARSABIT COUNTY

In Marsabit County, there were 371 public and 71 private ECD centres. The total learners were 86,372 - 43,148 in public and 43,224 in private ECD centres. The ratio for teacher-learner was 1:41 against the target of 1:25. A total of 524 teachers were trained on Care for Child Development (CCD). Marsabit was among the first counties to employ ECD teachers on permanent and pensionable terms when 440 teachers were employed. The county introduced a school feeding program running since 2015. The county received approval by the Kenya Institute of Curriculum Development on digital learning in all 371 ECD centres. The use of digital learning gadgets, through EIDU, was introduced in all 371 public ECD centres for PP1 and PP2. The centres were also supplied with 30,000 pieces of assorted and appropriate chairs and tables.

However, there was inadequate budgetary allocation whereby 70% of the education budget went to ECD salaries while the other two directorates of Youth and Sports and the Directorate of Vocational Training received the remaining 30%. There were inadequate special needs education (SNE)-trained teachers and shortage of learning materials. In addition, parental literacy was low affecting the quality of support to learners at home. There was a notable level of malnutrition, with a global acute malnutrition (GAM) prevalence rate of 12.9%.

The measures taken to mitigate the challenges included the establishment of Marsabit ECE Technical Working Group and the sensitization of stakeholders on the minimum requirement for the establishment of new ECD centres. There was also collaboration with the Ministry of Health and the Ministry of Interior and National Administration in promoting the basic health services such as deworming immunization and growth monitoring health assessment and hand washing. In doing so, the main partners in Marsabit County were, World Vision, WFP, Welthungerhilfe, Kenya Drylands Education Fund, and Food for the Hungry.

MERU COUNTY

The county has 777 ECDE centres. It has the Meru County Early Childhood Development and Education Act, 2017, which outlines the framework for providing ECDE services, emphasizing the rights of children and the role of parents and the community. The county also has a Scheme of Service for ECDE teachers. Despite the progress made in ECDE, Meru County still faces challenges in ensuring that all children have access to quality ECDE. The county had 1,693 teachers, but was aiming for 1,865. The county was also benchmarking feeding programs in other counties. The county will continue investing in infrastructure, teacher development, and resources to further improve the quality and accessibility of ECDE.

MOMBASA COUNTY

The county reported integrated ECD in all sectors using a multi-sectoral approach. Initiatives addressed water challenges in schools, promoted child safety near traffic-prone areas and encouraged kitchen gardening to combat food insecurity. The county eliminated school fees, planned daycare centres to support teen mothers and advanced home-based childcare services through quality assurance and legal reforms, alongside review of the Children's Act.

NAIROBI COUNTY

The county showcased robust multisectoral collaboration, with the Department of Education leading on childcare and early learning, the health sector managing school health and feeding and social services supporting vulnerable children. Notable achievements included mapping ECDE centres for

regulation, reintegrating street children and teen mothers into school programs and implementing the “*Dishi na County*” school feeding initiative. Partnerships with the Aga Khan Foundation further enhanced research and implementation efforts.

SIAYA COUNTY

The county showcased efforts to strengthen integrated support systems and holistic care. Multisectoral collaborations spanned departments such as Education, Health, Agriculture and Water coordinated through central teams and ward-level champions. Notably, the Smart Start Siaya (SSS) initiative from the county, uses a holistic approach from pre-conception to early childhood. Under the initiative, Community Health Promoters (CHPs) are trained to educate and support caregivers at the household level.

TANA RIVER COUNTY

The county faced severe water shortages in schools, which disrupted food provision. The county used geographic information system (GIS) data collection to map water needs and inform targeted interventions.

TRANS NZOIA COUNTY

Trans Nzoia County reported major investments in ECD infrastructure. Through an initiative known as “Rapid Consolidation” the county allocated Kenya Shillings (KES) 125 million towards constructing 125 classrooms, each at a unit cost of KES 1 million which were expected to be completed within three to four months.

TURKANA COUNTY

The county worked to ensure universal access to education by enhancing infrastructure, investing in high-quality learning materials, and employing the National Education Management Information System (NEMIS) system for data-driven decisions. The county strengthened maternal health services, ran feeding programs using local foods and implemented nutrition supplementation to fight malnutrition.

REFLECTIONS

There were reflections on the relationship and collaboration between county and national governments in the delivery of ECD services; policy development and legal alignment; responsive caregiving and family models; integrated support systems and holistic care; capacity building and workforce support; inclusion and special needs education; learning materials and play-based learning; ECD infrastructure and enrolment; school meals and feeding programmes; use of data and evidence for decision-making; gaps between mandated responsibilities and devolved funding; financing and resource allocation; and inter-county collaboration and lesson sharing.

This was illustrated by the fact that although counties reported having structured feeding programs, they raised concerns about sustainability and funding, policy-program mismatches, and the employment status of cooks, who are not formally engaged by county governments, leading to inconsistencies in delivery.

Policy development was underway in several counties, with frameworks established or under review to cover school feeding, child protection, free pre-primary education, and inclusive education. Nonetheless, there were major policy gaps, particularly in providing formalized frameworks for children aged 0–3 years, a critical developmental stage. Counties also continued to rely heavily on national policy without adequately contextualizing strategies to suit local needs.

On inclusion and special needs education, counties had established special schools and integrated special units within mainstream schools. While priority was given to children with physical and intellectual disabilities, the invisible disabilities remained largely unaddressed. Counties also reported a lack of trained special education teachers, limited access to specialized allowances, and growing mental health challenges among teachers due to heavy responsibilities without proportional support.

Arising from the presentations and reflections, the recommendations from the counties to the national government were to (i) develop inclusive ECD policies including for 0–3-year-olds (ii) fully devolve ECD funding and (iii) develop a national ECD dashboard.

The recommendations from the counties for action amongst them were to (i) formalize and fund feeding programs (ii) embrace play-based learning (iii) train and support special education teachers (iv) standardize pay and offer psychosocial support to ECD workforce (v) build data systems for informed planning (vi) foster county-to-county knowledge sharing.

2.7. PANEL SESSIONS - II

National Government

Panelists: Martha Odundo, Dr. Juliet Omwoha, Esther Mugure

Ministry of Education -Director Education - Martha Odundo

The Director, ECDE presented an overview of the department interface including ECD policy development, quality assurance and policy dissemination. She noted the national government collaboration with the Council of Governors (COG) in the drafting of the foundational learning guidelines and the Kenya School Readiness Assessment Tool (KSRAT). She acknowledged the support and coordination from Education Development Trust (EDT) on the thematic areas. She highlighted the protocol that partners should take whenever they are interested in carrying out a project in the community and the need to work with KICD, NACONEK and Kenya National Examinations Council (KNEC).

She pointed out that in a transformation ecosystem, the child was at the centre and various ecosystem stakeholders' and players should be engaged in understanding where the gaps were and deploying people and resources to address those gaps. She noted that ECD was a shared function between national and county governments in which review of ECD policies was a function of the national government but all the implementation functions were at the county government.

She noted that the pre-primary curriculum was already rationalized and harmonized by KICD as part of the recommendation from The Presidential Working Party on Educational Reform. The ECD curriculum designs for PP1 and PP2 were available online on the KICD website and accessible to all. Additionally, the recommended resources could also be found online. She noted that the ECD budget was at county government level and that to optimize its allocation and usage was a problem that required political attention to address.

Ministry of Health- Dr. Juliet Omwoha

Dr. Omwoha noted that the main role of the ministry was to ensure that every child in Kenya not only survived but thrived. However, the statistics showed that neonatal mortality rate was 21 deaths per

1,000 live births, the infant mortality rate was 32 deaths per 1,000 live births, and the under-5 mortality rate was 41 deaths per 1,000 live births. To reach the SDG target levels there was a need to reduce this mortality by 45%. She noted that at the Ministry of Health there was the Programme Coordinating Board (PCB) that helped coordinate various activities including policy development. She added that the PCB programs collaborated with all ECD actors and not only those in the good health and nutrition disciplines.

Directorate of Children's Services- Esther Mugure

Ms. Mugure highlighted that the fact ECD was more than education, based on the four principles of the CRC which are non-discrimination, the best interests of the child, the right to life, survival and development, and respect for the views of the child.

She noted that the law recognizes the NCCS. Its mandate was to ensure safeguarding of the rights of all children. There were existing points of intersection between the national government and the county government to consult each other in order to effectively implement.

She highlighted that the NCCS, as set out in the Children's Act, 2022, was composed of a Chairperson appointed by the President; the Principal Secretary in the Ministry for the time being responsible for matters relating to children services or a representative; the Principal Secretary for the time being responsible for matters relating to finance or a representative; the Attorney-General or a representative; one person representing the Council of Governors; three persons, not being public officers, appointed by the Cabinet Secretary, one person representing Public Benefits Organizations concerned in matters related to children activities, one person representing faith-based organizations and one person representing the private sector. It is also composed of the Secretary of children's services; and the Chief Executive Officer of the Council, who shall be the secretary to the Council.

REFLECTIONS

Why should we prioritize the challenge of investing in young children?

Children are a group that has no liberty to do things on their own and so we want to ensure that every child is able to survive, and that every child is able to live well. We have a role as adults to ensure the rights of children are respected. However, 90% of the sub-Saharan Africa countries will not meet their targets mostly in relation to childhood and as a country, we are not investing much in our children as we should. When our children are healthy, strong and develop well it is a win for us as a country. In addition, with artificial intelligence and change in the knowledge economy, society is changing very quickly. If we don't invest in the future, we will get even further behind given that the aid resources are severely limited. It is very evident the challenges remain, including contextual and religious issues which add to challenges about coordination in the sector. However, implementation of the integrated ECD policy remains paramount.

What are the challenges with collaboration and co-ordination?

Collaboration between the national government and the county government was where there were questions. The fourth schedule of the constitution assigned county government with functions which include pre-primary education and childcare facilities for the ECD. The national government is responsible for education policy, special education, and special education institutions. The NCCS is responsible for regulating, coordinating, and overseeing children's services, as well as advising the government on all matters related to children. The DCS safeguards the rights and welfare of children through establishment, provision, promotion, coordination and supervision of services and facilities designed to advance protection and the wellbeing of children and their families.

3.0 CONFERENCE PROCEEDINGS - DAY 2

3.1 KEYNOTE ADDRESS - II

Enhancing Policy, Accountability, and Localized Investment Strategies to Strengthen Early Childhood Development Systems UNICEF - Dr. Mohamed Abdullahi Mohamed, Chief of the Garissa Zonal Office

Dr. Mohamed acknowledged that the conference provided a critical platform to reaffirm collective commitment to care and assistance and to reflect on the new and reimagined systems that support it. He stressed that children did not grow up in isolation; they grew up in families, communities, schools, health systems and broader societal structures. This interconnected environment formed a child's ecosystem. Therefore, early childhood development must be supported through a charismatic, integrated ecosystem that brings together health, nutrition, protection, early learning and responsive learning, ensuring children are not failed by a fundamental or siloed system.

He celebrated the broad strides Kenya made in reframing early childhood development as a national priority. At the policy level, the Government of Kenya, through the leadership of the Ministry of Labour and Social Protection, the Ministry of Education and other stakeholders, had finalized the Kenya Integrated Early Childhood Development Policy 2024, which was awaiting Cabinet approval. He noted that this was a landmark achievement that embedded ECD as a multi-sector responsibility and strengthened the pillars of government coordination and accountability.

However, he noted that, despite the gains, significant challenges remain. Kenya's ECD spending stands far below the minimum average of United States Dollar (USD) 132 per child. Substantial ECE spending per capita, for children aged 0 to 8 years, averaged USD39 between the financial year 2019–2020 and the financial year 2022–23. Further, despite the overall growth in social sector spending at the county level, spending on early childhood development had remained relatively flat, fluctuating between KES 51 to 62 billion over the past four years and falling to KES 22 to 51 billion in the financial year 2022–23. As a share of county spending, ECE funding within the social sector has dropped from 34% in the financial year 2019–2020 to 30% in the financial year 2022–2023. There was, he pointed out, potential de-prioritisation of foundational early learning care.

In addition, Kenya's nutrition-specific investment remained critically low, comprising just 10.5% of total nutrition-related spending—approximately 1.1% of the county budget. Despite the high impact of nutrition, the under-investment limited the reach and effectiveness of interventions that were essential for preventing and treating under-nutrition, particularly among children and pregnant women.

He recommended that to close the gap, the government must urgently rebalance its nutritional financing by increasing allocations to high-impact, nutrition-specific programmes such as maternal nutrition services, supplementation and treatment of acute malnutrition—especially at the county level, where service delivery was most essential. To ensure sustained progress, nutrition must be delivered as a national development priority and integrated into macro-fiscal planning frameworks, with increased national budget allocations.

He reminded the delegates that the future of the nation lay in the well-being of its young citizens and that investing in ECD was not a matter of charity, not merely a societal sector priority but a strategic investment in human capital, social cohesion and national development. He pointed out that the return on investment was very high: in terms of school readiness, reduced dropout rates, improved health outcomes and greater economic productivity. It was therefore necessary to strengthen county systems, elevate domestic investment, and deliver results for children with care because by changing the beginning of the story, the whole of the story for every child in Kenya was changed.

He said that UNICEF was privileged to be a trusted partner of the Government of Kenya and focused on providing technical assistance, infrastructure, public finance analysis and cross-country, cross-county coordination. He reported that UNICEF's partnership with the Council of Governors had been particularly impactful. Together, they had supported ECD fiscal tracking, mobilized investment and built accountability mechanisms at the county level. For every dollar invested by UNICEF in such work, the Kenya Government had invested an estimated USD232, as a reflection of mutual ownership and shared purpose.

He called for urgent, united action and laid out UNICEF's proposals, directed at country leaders and policymakers, to ensure that ECD remained visible for low-income individuals in the workplace and ECD was visible in County Annual Development Plans (CADPs), budget frameworks and monitoring systems. He called for the prioritisation of the ECD workforce — caregivers, health workers and educators — who were the front line of the collective ECD mission. He called for humanitarian and national strategies to elevate ECD planning to align with the needs of children, and protect investment in social protection, health, nutrition, well-being and child protection, especially in the face of fiscal constraints. He called for Kenya to redouble its capacity and spending on ECD to match other countries in the Eastern and Southern Africa (ESSA) region while ensuring that sustainability was a goal and not just a focus.

He appreciated the support and efforts of the Government of Kenya, County Governments, the Council of Governors, the ECDNeK. He thanked Conrad Hilton, United Kingdom's Foreign, Commonwealth and Development Office (FCDO) and Sweden for their unwavering support as donors for ECD and other social programmes in Kenya. He called for continued partnership and for the accelerated full implementation of the Kenya Integrated ECD Policy.

3.2 PLENARY SESSION - I

Transformative Systems in ECD by Dr. Benter Owino on behalf of Ms. Laura Meyer, Mathematica

Session Chair: Ms. Agnes Ngonyo

Early Childhood Development (ECD) is foundational to population health and human capital, yet systems to support it remain fragmented in many low and middle income countries. The ECD Systems Measurement study assessed the status of ECD systems in Kenya, Mozambique, and Tanzania three countries in East and Southern Africa using a cross-country diagnostic and measurement framework aligned with the Nurturing Care Framework. A mixed-methods multicountry evaluation was conducted between 2023 and 2024. Data sources included secondary review of policy documents, key informant interviews with government and sector stakeholders, and scoring of standardized indicators across three domains: policy, multisectoral governance and coordination, and financing. Data were collected through country-led processes and harmonized using a regional benchmarking

framework to enable comparative analysis. Kenya and Tanzania demonstrated more mature ECD systems, with integrated national policy frameworks and operational coordination mechanisms. However, gaps persist in subnational implementation and sustained financing. Mozambique's ECD system remains emerging, characterized by fragmented policies, limited coordination, and donor-dependent funding. Across all countries, early learning and responsive caregiving for children under 3 were the least addressed domains. Financing for ECD remains inadequate and inconsistently tracked, with accountability gaps limiting transparency. Survey-based outcome data are improving, but administrative systems remain under-resourced, undermining routine monitoring and evidence-based planning at local levels. While political commitment to ECD is increasing, progress is constrained by weak subnational governance, fragmented financing, and underdeveloped data systems. To safeguard recent gains and accelerate equitable outcomes, governments and partners must prioritize long-term investments in integrated policy implementation, decentralized planning, and digitalized data platforms. Strengthening these foundational systems will be essential to delivering on the promise of nurturing care and achieving sustainable development outcomes for young children in the region.

Plenary Session: ECD Systems Measurement Study Findings

Participants in the ECD Systems Measurement Study plenary session included Prof. Teresa Mwoma, Dr. Moses Oyagi, Dr. Caroline Mwangi, and Mr. Fred Okeyo. They presented the ECD Systems Measurement findings in Kenya, focusing on policy, governance, and financing as outlined below.

ECD remains central to Kenya's policy agenda, given its critical role in shaping lifelong learning, health, and wellbeing. The Early Childhood Development Systems Evaluation and Measurement Study reviewed national policies and county-level plans developed between 2020 and 2024, with particular focus on how they addressed the five components of the World Health Organization's NCF: good health, adequate nutrition, responsive caregiving, opportunities for early learning, and safety and security. The study also examined budget allocations and expenditure patterns for ECE, primary health care (PHC), and social welfare programs targeting children under five and their families, drawing on national and County Budget Implementation Review Reports.

Findings revealed that there was progress in policy development and coordination but also highlighted persistent gaps. While national and county policies frequently addressed good health and nutrition, responsive caregiving and safety/security remained weakly integrated, with limited references to play, communication, birth registration, and environmental safety. Early learning opportunities were better represented through ECDE programs but remained narrowly focused, with little attention to holistic approaches such as storytelling, playgroups, and mobile toy libraries. Multisectoral coordination was uneven across counties: while some, like Nairobi and Siaya, had established mechanisms, others faced fragmentation due to role ambiguity, funding gaps, and limited stakeholder engagement. Data collection and utilization for policy and decision-making were also inconsistent, undermining effective monitoring and planning.

On financing, trends revealed mixed progress. ECE allocations averaged about 34% of county education budgets, with moderate and consistent absorption rates, although unused funds were increasing. PHC allocations at the national level declined from 25% to 18% between 2020 and 2024, reflecting competing health priorities, while county allocations fluctuated between 12% and 16%, with fairly strong absorption rates. Social welfare allocations increased nationally from 9% to 16% of the children services budget but remained inconsistent at the county level, with utilization rates

declining from 41% to 30% over three years. These variations point to systemic inefficiencies, unstable prioritization, and the need for stronger accountability in resource management.

Overall, the study concluded that while Kenya had made notable strides in policy development, financing, and coordination for ECD, systemic challenges persisted in ensuring comprehensive coverage, sustainable funding, and effective implementation. To strengthen ECD outcomes, clear governance frameworks, sustainable financing models, and improved stakeholder collaboration are essential. In particular, counties must prioritize responsive caregiving, ensure consistent budgetary support for PHC and social welfare, and adopt low-cost, high-impact interventions such as Kangaroo care and proper feeding during illness. Finally, both national and county governments should invest in data systems and capacity-building to ensure evidence-based policymaking that addresses the holistic needs of children under five.

3.3 BREAKAWAY SESSIONS - I

SUB-THEME: From Vulnerable to Valuable: Sustaining ECD Initiatives

Chair: Dickens Omedo

Panelist: James Onditi, Brenda Otieno, Pamela Josephine Anyango, and Dr. Eunice Mvungu

The breakout session on sustaining ECD initiatives brought together research from community experiences and academic perspectives. The discussions emphasized the need for stronger community engagement, better integration of nurturing care into existing health and education systems with a deliberate focus on addressing cultural, social, and economic barriers that undermine child development.

Realities of post-natal care for mothers and infants

In a paper on post-natal care in Nyakach, it was observed that community-level engagement remained central to achieving meaningful outcomes in ECD. Participants emphasized the importance of scaling up care outreaches and ensuring that information provided to mothers is culturally sensitive and relevant to their local context. CHPs were identified as a critical link in service delivery; however, they lacked adequate tools, structured training and standardized packages of care. The introduction of a checklist for accountability was recommended to ensure mothers consistently received the full range of essential information. At the facility level, gaps were noted in maternal and child health tools. Many mothers lacked the mother-child handbook, while maternity facilities did not have post-natal registers to track return visits and follow-up care. The discussion also highlighted the limited involvement of men in post-natal care, with harmful practices such as men consuming food meant for mothers and infants. In addition, the growing problem of gambling and betting was seen as draining financial resources and directly interfering with maternal and childcare.

Co-creating solutions for maternal and child health

In discussing co-creating solutions for maternal and child health through a human-centred design lens, the importance of embedding nurturing care interventions into routine health services was emphasized. Antenatal clinics, postnatal clinics and child welfare clinics were highlighted as natural touch points where nurturing care could be integrated. The idea of establishing play stations within these facilities was welcomed as a way to stimulate early learning and engagement during clinic visits. To strengthen implementation, it was further recommended that standard operating procedures, such as the use of the Ministry of Health (MOH) 216 card, should be reinforced to provide clear guidance to health workers.

Women's economic empowerment and ECD outcomes

Insights from Kenyatta University underscored the link between women's economic empowerment and positive ECD outcomes. The discussion noted that when women were empowered economically, communities were better positioned to thrive. However, access to both health and education services were considered essential enablers for women's active participation in economic activities. The challenge of patriarchal cultures was raised, with participants considering how best to confront negative cultural norms that limit women's roles, access to resources, and decision-making power factors that directly affect child wellbeing.

Checking self-regulation skills among 3-and-4-year-old children

In checking the status of self-regulation skills among 3-and-4-year-old children, the discussion centred on how to better equip caregivers to address the three domains of child development - attention, behavior, and socio-emotional regulation. It was noted that a child's environment strongly influences how they respond to developmental challenges. Differences in parenting styles affected children's emotional regulation, with some children resorting to manipulation. Teachers were identified as key actors in early detection of disabilities, but gaps existed in their ability to identify issues such as short-sightedness and refer children to appropriate specialized centres for intervention.

In conclusion, the session highlighted that sustaining ECD initiatives requires a holistic approach that not only strengthens community engagement and caregiver capacity but also integrates nurturing care into routine health and education services. Equally important was the need to address systemic gaps such as the lack of maternal and child health tracking tools, while also confronting socio-economic challenges like gambling and cultural barriers that limit women's participation. Empowering CHPs, engaging men in post-natal care, and promoting women's economic independence were identified as critical strategies to ensure children were not only protected and nurtured but also supported to thrive in their formative years.

SUB-THEME: Strengthening ECD Systems

Session Chair: Dr. Abdikadir Adan

Panelists: Susan Nyamanya, Ellenah Wangui, Paul Otware, Dr. Christine Marete, Linda Oloo

The discussions outlined the urgent need to strengthen ECD systems in Kenya by embedding nurturing care, play-based learning, and psychosocial support within existing health and education structures. Participants reflected on evidence and experiences from various initiatives, highlighting both persistent gaps and scalable models for integration.

Play-based learning and psychosocial support

The session opened with reflections on the Nurturing Every Child: Bridging the Equity Gap through Play-Based and Psychosocial Support in Humanitarian Settings project, implemented in Nairobi's Kamukunji and Turkana's Kakuma and Kalobeyei settlements. The project underscored the need to reach the youngest children, particularly those aged 0-3, in both refugee and host communities. By centering family engagement, adaptive learning, and child-focused approaches, it sought to address systemic challenges such as the absence of play spaces in health facilities, limited play-based methodologies, and the strain on healthcare workers. Innovations such as group antenatal care, Safe Motherhood Promoters, and the integration of play within primary healthcare demonstrated cost-effective pathways for embedding nurturing care into fragile systems.

Parental and teacher perceptions of play

Additionally, the session also highlighted findings from a study on parental and teacher perceptions of play, which provided an important cultural and community perspective to complement the institutional health and education efforts already discussed. Findings showed that both parents and teachers strongly affirmed the role of play in fostering cognitive, socio-emotional, and creative development. Teachers called for deeper parental involvement in resource development, while parents recognized their responsibility in ensuring safe and stimulating play environments at home. Despite resource limitations, the positive cultural acceptance of play highlighted an opportunity for stronger collaboration between families, schools, and the Ministry of Education to sustain and scale play-based learning.

Play-based pedagogy

The panelists shared insights from World Vision Kenya's "Let's Play and Learn project" in Narok and Kakamega Counties, which illustrated how play-based approaches could transform early learning. Complementing the earlier emphasis on health-system entry points, this project showcased how strengthening teacher professional development through mentorship, inclusive pedagogy training, and locally sourced play materials could create enabling environments for learning. Reaching more than 12,000 children, the initiative not only improved classroom practice but also demonstrated how digital monitoring systems can support real-time feedback and accountability, paralleling a call for digital integration within the health monitoring systems.

Paediatricians as ECD champions

Shifting focus to health, the discussion on integrating nurturing care within health services provided a useful backdrop for examining the unique role of paediatricians in advancing ECD in Kenya. Building on the recognition that health systems are natural entry points for nurturing care, the Kenya Paediatric Association (KPA), in partnership with the American Academy of Pediatrics (AAP), has worked to mainstream the Nurturing Care Framework into paediatric practice. Through initiatives such as the development of 15 ECD champions, Care for Child Development training for over 120 providers, and an online ECD course reaching 113 paediatricians, the medical fraternity has emerged as a key ally in embedding responsive caregiving, early learning, and developmental monitoring into routine health services. Together, these efforts reinforced the point that health facilities, when supported by well-trained professionals, can serve as powerful enablers of holistic child development.

Integrating ECD monitoring in the health system

The importance of monitoring systems was further highlighted through the study on Integrating ECD Monitoring within the Health System in Low- and Middle-Income Settings. While health and nutrition monitoring were well established, the study revealed significant gaps in tracking developmental milestones and responsive caregiving. CHPs often lacked adequate tools, referral systems, and training, leaving child development outcomes under-prioritized. Yet, the study pointed to opportunities to strengthen this area, particularly through digital platforms such as the Electronic Community Health Information Management System (ECHIMS). The findings emphasized that realizing the full potential of nurturing care within health systems requires not only human capacity, but also strong systems, budgets, and policies that institutionalize child development monitoring.

The session concluded that strengthening ECD systems requires coordinated, multisectoral efforts that integrate nurturing care and play-based approaches into health and education systems. Building capacity among paediatricians, teachers, and community health workers, while simultaneously

engaging parents and communities, emerged as a critical pathway toward ensuring that all children not only survive but thrive.

SUB-THEME: Equity Diversity and Inclusivity in the implementation of Nurturing Care

Session Chair: Dr. Elizabeth Kithuka

Panelists: Leah Ogonda, Dr. Roseline Olumbe, Immaculate Otieno

The panel examined approaches to strengthen equity, diversity and inclusion, which was enriched by perspectives on the lived experience of caregivers of CWD leading to thoughts on how to transform systemic change in the life of a child.

Strengthening equity, diversity and inclusion

The discussion acknowledged that children with disabilities, orphans, and vulnerable groups often face systemic exclusion and discrimination. Consequently, strengthening equity, diversity, and inclusivity (EDI) in nurturing care for ECD was essential. To do so a three-phased approach across institutional, organizational and individual levels was necessary. At the institutional level, aligning national and county policies with EDI principles supports nurturing care programs in health, education, and social protection was called for. At the organizational level, institutions working in ECD should integrate EDI principles to ensure inclusive support for children with disabilities, adolescent mothers, and caregivers. At the individual level, fostering respect for diversity through local champions and community engagement helps eliminate societal barriers was necessary.

Lived experience of caregivers of CWD

The discussion progressed to caregivers and pointed out that the challenges faced by caregivers of children with disabilities (CWD) and special needs in Kenya include lack of adequate training and resources among the social service workforce. The discussion also acknowledged that children often experience stigma, marginalization, and insufficient support, partly due to the unpreparedness of caregivers and social workers to meet their diverse needs. The discussion concluded that caregivers were underprepared to effectively support CWDs and special needs. The panelists recommended the development of a specialized training curriculum to build the capacity of caregivers, aiming to improve the quality of care and support provided to this vulnerable population. This highlighted the need for systemic changes to better equip Kenya's child welfare workforce.

Embracing inclusivity in ECD

The discussions examined the case of Siaya County in embracing inclusivity for ECD. The discussions acknowledged that children in the county continue to experience multiple and overlapping deprivation including malnutrition, poor health, inadequate early stimulation and limited access to quality early learning opportunities. The situation was compounded by weak multi-sectoral coordination, under-resourced ECD centres, insufficient trained caregivers and inadequate community awareness on the critical components of the early years. Further, children from marginalized households including those from rural low-income or vulnerable populations were disproportionately affected. There was therefore a need for urgent coordinated and equity driven action to address the challenge. The discussions suggested the strengthening of the oversight system, advocacy and a stronger policy environment; together with the need to sustain pressure to keep equity, diversity and inclusivity in the implementation of the nurturing care components from both national and county governments.

The panel concluded that opportunities exist in leveraging existing community assets such as CHPs, women's groups, local leadership, and county strategies, alongside NGO and faith-based support for

equity, diversity and inclusion in ECD. Priority actions include capacity building for caregivers and CHPs on inclusive practices, developing inclusive ECD curricula and play materials, collecting disaggregated data, and raising community awareness on children's rights. Stronger collaboration between county government, parents, caregivers, NGOs, and community elders was essential to build an equitable and inclusive ECD system that prioritizes marginalized children and strengthens holistic child development outcomes.

3.4 PANEL SESSIONS - III

Panel Session One

Session Chair: Dr. Benter Owino

Panelists: Edith Alu, Josephine Odhiambo, Prof. John Aluko Orodho

Gender transformative skilful parenting

The panel discussed how to transit from risk to resilience based on a study on using the scalable Gender Transformative Skilful Parenting (GTSP) model to improve ECD responsive caregiving outcomes and caregiver wellbeing in Kakamega County which was implemented by ICS. The multisectoral model enhanced ECD, mental health, and parenting capabilities. Adolescent parents received parenting sessions, home visits, and tailored support services. Male partners and caregivers were mobilized to foster supportive networks. The key enablers were multi-sectoral collaboration, trained government frontline workers, and consistent monitoring and evaluation. The results were 1,039 adolescent parents improved parenting skills, and 82% of children engaged in active interactions, responded positively through smiling, and 86% through communication.

Pathway to strengthen ECD - women who learn, earn and lead

The panel then discussed a study on how lifelong learning and the acquisition of soft skills and entrepreneurial skills impact women's earning capacity and their ability to lead. Results showed strong correlations between educational attainment and childcare quality ($r = 0.380$, $p = 0.01$), decision-making agency and childcare quality ($r = 0.551$, $p = 0.01$), and lifelong learning and business profitability ($r = 0.763$, $p = 0.01$), though the link between lifelong learning and childcare quality was weak ($r = 0.144$, $p > 0.05$). The discussions noted that the study pointed to the need for integrated, gender-transformative policies that link women's education, enterprise development, and childcare support, especially in fragile contexts. The discussions noted that when women learn, earn, and lead, they catalyze thriving ECD systems — advancing children's rights and inclusive development.

Delivery of responsive parenting interventions

The panel considered in-person versus remote delivery of responsive parenting interventions based on the midline results from a cluster randomized controlled trial with 1,092 households across 91 villages in rural Kenya. The discussion noted that both delivery models- traditional in-person, group-based model and remote (mHealth) delivery via smartphones- significantly improved a myriad of parenting behaviors summarized in responsive stimulation and responsiveness and warmth indices. These gains are accompanied by improvements in other caregiver outcomes, including parenting self-efficacy, knowledge of child development, beliefs, cognitive load, and social support networks. However, only the in-person model leads to measurable gains in child development. The discussions noted that the results suggested that remote interactions were a weaker substitute for in-person meetings, and underscored the need to identify reinforcements that can make remote models more effective to improve child development.

Bridging digital exclusion of learners with disabilities

The panel turned to discussion on the persistent digital exclusion of learners with disabilities in Kenya. The discussion acknowledged that barriers such as inaccessible learning environments, limited assistive technologies, and a lack of inclusive digital literacy programs severely limit the growth and future employability of CWD. The panel discussed a study on bridging the digital inclusion gap in a learner with disabilities education ecosystem. The platform emphasizes hands-on, module-based learning aligned with Kenya's curriculum and focuses on increasing interest, confidence, and competence in science, technology, engineering and mathematics (STEM) subjects among girls with disabilities. Findings indicated that, despite the challenges with limited access to specialised devices, peer-to-peer learning was greatly appreciated and effective among teachers. Two communities of practice had been set up to ensure continued learning and disability inclusion requires access to relevant tools.

REFLECTIONS

The panel underlined the need to deepen understanding of the caregiving ecosystem, to invest in caregiver development and work with existing government structures for sustainable action. They emphasized that online and remote delivery of ECD services could not replace human connection and that although the future was digital, it should be inclusive, accessible and affordable for children including those with disabilities.

Panel Session Two

Session Chair: Dr. Rosaline Olumbe

Panelists: Ambrose Orege, Linet Kaloki, Dr. Silas Onyango, Evans Munuve and Prof. Simon Onywere

Caregivers' mental health and the strengthening of ECD systems

The panel discussed caregivers' mental health and the strengthening of ECD systems, arising from a study in Lamu and Isiolo Counties. The discussions noted that the study explored the unequal burden of unpaid care work in Kenya's ASALs, where women disproportionately shoulder caregiving responsibilities compared to men. However, most caregivers did not utilize ECD centres, placing a disproportionate caregiving burden on women which led to high levels of depression (30.2%) and anxiety (18%), particularly among female caregivers, as determined using patient health questionnaire (PHQ-9), generalised anxiety disorder (GAD-7), and World Health Organization-Five Well-Being Index (WHO-5) assessment tools. The discussions noted that while mental health was not the primary focus, it emerged as a significant issue during the study, highlighting the emotional strain placed on caregivers primarily women in resource constrained settings.

Insights from implementation of the project showed that shared caregiving is positively received across communities. The discussions noted that the project will continue its Human-Centred Design (HCD) approach and will involve community and religious leaders to promote equitable caregiving roles together with encouraging shared caregiving to improve child development outcomes. This will be done in campaigns tailored with gender-sensitive and language-appropriate messaging. The panel discussions identified the urgent need to address mental health and well-being as an integral part of early childhood development, especially in contexts where unpaid care work is unequally distributed as a policy recommendation. A second and closely related policy recommendation was to strengthen community-based mental health services at both community and national levels.

Use of community radio and social media to reach caregivers with nurturing care messages

The discussions turned to a study on the use of community radio and social media to reach caregivers with nurturing care messages which was done in Kisumu, Garissa, West Pokot, Samburu, Kilifi and

Busia Counties over a 3-month period. This was part of a validated national 'KUWA KOCHA' (BE A COACH) social behaviour change and communication campaign for nurturing care. The discussions noted that this was an effective approach in overcoming the challenges of low awareness, limited adaptation and reduced kinship support in nurturing care, compounded by gender inequalities. The discussions noted that the study identified avenues that must be utilized with high efficiency and dedication so as to enable communities to heighten their knowledge and shift attitudes, key steps towards sustained behaviour change. The discussions concluded that using mass and digital media channels to engage with and influence targeted audiences to adopt appropriate nurturing care practices for young children was necessary.

Strengthening nurturing care through responsive parenting

Strengthening nurturing care through responsive parenting was discussed based on a study of outcomes, trends and lessons from the Moments that Matter (MTM) project. MTM promotes responsive caregiving, early learning, safety, and psychosocial support through volunteer parenting groups, home visits, referrals, and interfaith collaboration to foster sustainable improvements in parenting practices. Based on a total of 595 caregiver-child dyads in Nyamira and Vihiga Counties, caregiver improvements were observed in positive parenting practices, male participation, and community engagement through learning sessions. There was also notable improvement in child developmental milestones. However, although referral outcomes improved, birth registration tracking remained a major gap, and follow-up inconsistencies emerged. The discussions noted that the MTM model effectively drives positive parenting behavior change with high fidelity, rooted in community contexts and, therefore, recommended strengthening grassroots structures to support sustainability of nurturing care practices.

Fathers' involvement in childcare

The discussions turned to fathers' involvement in childcare based on a study on exploring the relationship between fathers' involvement and childcare for children with developmental disabilities in Siaya County. Findings showed that play-based engagement by fathers increased household involvement (23%); household support functions by fathers (such as food and water) increased family engagement by 13%; and overall involvement (play, reading, outings) increased in 43% of the cases where fathers were involved. Discussions agreed that study suggested a synergistic relationship where fathers' active participation encouraged greater family engagement in developmentally appropriate practices for children with disabilities. The discussions emphasized that this underscored the importance of promoting fathers' direct involvement in caregiving to foster enriched developmental environments and encourage family engagement.

Childcare provision and women's economic empowerment

The discussions turned back to female caregivers, focusing on a study on childcare provision and women's economic empowerment in Tharaka Nithi County. The study emerged from a livelihood survey where women raised concerns about the childcare burden, climate change impacts and poor infrastructure. Kenyatta University, Yale University (USA), Bangor University (UK), University of the West Indies, and Kenya National Bureau of Statistics (KNBS) collaborated on the study. The study design and implementation enrolled 1,500 children in control and treatment groups; introduced a school-based childcare program targeting 3-year-olds; teachers received 3 weeks of training, followed by weekly coaching visits and distributed locally made learning and play materials to support child development.

A key finding of the study was that women spend an average of 3 hours a day on childcare, while men contributed only 30 minutes a day. Midline outcomes showed the project freed up time for women to engage in economic activities such as at the market and in farming; increased paternal engagement

with children; and classroom environment enhanced children's confidence, social skills, and emotional wellbeing. The discussions took into account the results of the project and underlined the evidence-based need for policy innovation - development and adoption of a county-level policy allowing 3-year-olds into school-based childcare in contrast to the prevailing restriction.

REFLECTIONS

The discussions highlighted gender imbalance in caregiving responsibilities, with women bearing the brunt; and underlined the need for male involvement in caregiving—currently low but critical for family cohesion and child development. In addition, they emphasized that mental health and caregiver wellbeing must be part of ECD system strengthening. There was also consensus that in developing and implementing ECD solutions, community-driven interventions are most sustainable. Nonetheless, policy shifts were also necessary to allow innovative solutions such as that of integrating 3-year-olds in formal care settings.

3.5 BREAKAWAY SESSIONS - II

SUB-THEME: From Vulnerable to Valuable: Sustaining ECD Initiatives

Chair: Amina Mwituu

Panelist: Dr. Salma Swaleh, Cindy Lithimbi and Ellenah Wangui

The breakaway session discussed home-based childcare, pointing out the challenges that call for guidelines, and examining a process used to develop contextually relevant minimum quality guidelines. The panel also discussed responsive caregiving, examining the World Vision's 'Go Baby Go' model.

Development of minimum quality guidelines for home-based childcare

The panel discussed the development of minimum quality guidelines for home-based childcare (HBCC) based on work done in Mombasa County. The development of the standards was necessary because of the recognition that children aged one to four years, especially in urban areas, were often in informal, home-based childcare due to parents' work, especially in urban areas. However, due to the emergence of public health risks in these centres, there was a need to address the lack of quality standards in these informal settings. Areas of concern included cases of child neglect and abuse in HBCC settings due to lack of standards or enforcement.

The discussion also noted defining roles and responsibilities ensured that parents addressed their child's preparedness and nutrition; providers offered safe, nurturing, and developmentally appropriate care; while the government provided oversight, training, and enforcement of minimum standards.

The development of the standards was done by first mapping existing tools mostly focused on safety and security. These were then benchmarked against global tools and it became apparent that global standards emphasized responsive caregiving, unlike local tools. Thereafter, 12 expert workshops were held across the five nurturing care domains to prioritize minimum standards. Then field visits and focus group discussions (FGDs) with providers and families to test applicability and understand perceptions of quality.

Findings showed that many HBCC centres failed to meet physical infrastructure standards such as fencing and flooring. Further, stakeholders had varied perceptions of quality and were divided on whether responsibility for nutrition lay with parents or ECD service providers.

Since HBCC is not a one-sector issue but one which involves health, education, child protection, administration, religious institutions such as madrassas; stakeholders worked together to clearly define mandates to avoid overlap. A multisectoral and bottom-up approach was used in developing the HBCC guidelines. The involvement of care providers in guideline development was critical for ownership and practicality. Legal frameworks such as the Children's Act and constitution were foundational in the development of the standards which also considered issues like criminal background checks for HBCC providers. Consideration of low-income context shaped the "bare minimum" standards. The final standards developed emphasized both child rights and caregiver rights, touching on safety, fair working conditions and empowerment.

The impact of responsive caregiving and learning

The discussions turned to the impact of responsive caregiving and learning based on a study of World Vision 'Go Baby Go' model. The model is a community-driven, culturally adapted positive parenting programme for 0–3-year-olds, anchored in the NCF. It involves fathers, mothers, grandmothers, and other caregivers while promoting creation of low-cost, homemade toys and playful parenting. It includes early learning, responsive caregiving, safety, nutrition, and health promotion. It offers 10 group-based parenting sessions with an additional session for fathers. There are four home visits per household.

The model's successful strategies included the use of local and familiar materials, languages, and cultural practices such as storytelling and singing; inclusion of fathers and the extended family; integration into community structures such as Community Health Volunteers (CHVs), health assistants, women's savings groups; and community ownership and leadership involvement to build trust and ensure sustainability. In addition, other enablers for the success of the model were the use of low-cost, familiar resources and cross-sectoral collaboration which involved health, child protection, economic empowerment actors.

The discussions noted that the model faced challenges which included volunteer fatigue and limited incentives for CHVs; limited capacity for individualized home visits; weak monitoring and evaluation systems – lack of structured data from pregnancy through early childhood; logistics and transport challenges. The discussions underlined the need for strong policy frameworks and political support for national scale-up of the model.

The panel concluded that since the 'Go Baby Go' model on responsive caregiving demonstrated effectiveness and was community-driven, inclusive and culturally adaptive it should be scaled-up. The panel also concluded that the multisectoral and bottom-up approach process used to develop HBCC minimum guidelines in Mombasa County could be replicated in other counties.

SUB-THEME: Strengthening ECD Systems

Session Chair: Harrison Kamau

Panelists: Everlyne Ngare, Daniel Rabok, Richard Miruka, Tobias Oketch and Martin Kiyeng

The breakaway panel discussed the enhancement of interpersonal communication in primary healthcare, childcare in Vocational Training Centres (VTC), promotion of caregiving practices at county level, and progressed to consider ECD in FCDC. The panel discussed how storytelling could be leveraged to enhance numeracy outcomes.

Promoting caregiving practices at county level

The panel discussed local practices promoting caregiving practices in Homabay County. The discussions highlighted the county integrated health, education, and social services to better support children and adolescent mothers by forming community-based stakeholder committees with health, education, and agriculture stakeholders; mobilized administrative units such as chiefs to coordinate services; and used CBOs to influence county budgeting and promote nurturing care priorities. The Smart Start Initiative applies a human-centred, bottom-up approach to promote caregiver-child interaction, ensuring sustainability through existing community health strategies. The discussions noted that among the results was that locally-made play items encouraged caregiver-child bonding, with 1,396 households creating baby play corners for early learning.

Interpersonal communication in primary health care

The discussion considered how the way a health worker communicates influences child development outcomes based on a study on enhancing interpersonal communication (IPC) in primary health care. The influences noted included building trust, empathy, and openness between caregivers and service providers; encouraging caregivers to adopt new practices and frequent service use; and enabling deeper disclosure and problem-solving, especially for first-time mothers. The study by PATH involving 149 clients in Siaya and Homabay Counties found that while most clients appreciated provider friendliness and patience, a notable portion felt rushed. The discussions noted that the findings highlighted the need to strengthen IPC skills during healthcare worker training to enhance service quality and provider-client engagement.

Childcare solutions in Vocational Training Centres

The discussion considered the provision of childcare solutions in VTCs to provide young mothers an opportunity to be empowered through skills and competency in the institution. It led to improved attendance and reduced dropouts among teenage mothers. Beyond attendance, other changes observed in care quality and learning outcomes among children of teen mothers included increased breastfeeding due to childcare proximity, reduced stigma through student body sensitization, and improved class performance and emotional well-being. However, engagement of county governments remained a challenge despite the positive impact on enrolment and performance. In addition, sustainability relied on institutional buy-in and innovative funding models. The panel considered the strategies to ensure long-term sustainability of ECD centres in VTCs. Based on work of Kidogo which adapted its innovative social franchising model to partner with VTCs by assisting them start and improve the quality of their own, centre-based childcare centres. The strategies were identified as (i) integrating income-generating activities into VTC curricula (ii) establishment of county-business partnerships to support centre operations and (iii) leveraging local infrastructure to reduce operating costs and dependency on equitable share budgets.

ECD staff recruitment

The discussions considered mechanisms that could be employed to recruit and support ECD teachers, considering budget constraints and teacher-child ratios. These included (i) engaging trained teachers on a stipend (voluntary subcontracting) as a short-term solution (ii) promoting Public-Private Partnerships (PPP) to co-fund recruitment and (iii) encouraging counties to explore flexible budgeting and incentives for local teacher support.

The discussions also considered how counties and partners could leverage parental involvement to reduce disparities in ECD. The panel identified (i) utilizing parent engagement forums and regular meetings (ii) educating parents on the value of play and inclusive learning and (iii) addressing cultural misconceptions about ECD practices through dialogue and information-sharing.

In conclusion, the panel discussions took note of innovations such as the talking boxes in girls' schools for anonymous reporting of issues in Homabay County; the inclusion of breastfeeding centres in markets in county budgets; economic empowerment through soap-making and bead-making training for adolescent mothers; use of child-focused healing and play spaces to support maternal mental health; community-driven birth registration drives using local committees; and mobile outreach for registration and caregiver sensitization dubbed *huduma mashinani*.

The session underscored the importance of locally adapted, culturally sensitive, and community-led approaches to ECD. The discussions emphasized that effective solutions must include collaborative planning, strategic resource allocation, and active parental involvement. The recommendations discussed included expansion of successful models such as community-based childcare in VTCs; integration of income-generating strategies to fund ECD service delivery; increasing advocacy for county budget allocations to support ECD innovations; enhancing caregiver training on ECD principles through health and education platforms; fostering multi-sector collaboration and empower CBOs in planning and accountability processes.

SUB-THEME: From Vulnerable to Valuable: Sustaining ECD Initiatives

Chair: Adan Boya

Panelist: Dr. Elizabeth Kithuka, Janet Mwitiki, Linet Kaloki and Julie Diffu

The breakaway discussion considered teenage caregivers focusing on how their economic empowerment could improve nurturing care. The panel discussed how quality childcare centres could contribute to redistribution of unpaid care among adults. The panel progressed to consider systems, specifically how childcare support systems could empower women in paid childcare. The panel also discussed how social enterprises can contribute to sustainable quality childcare.

Social-economic empowerment of teenage mothers and nurture care

The panel considered the relationship between social-economic empowerment of teenage mothers and nurturing care. The study, in Machakos County, focused on teenage mothers at Kimbilio Hope Center. Daystar University students came together with the lecturer to counsel the girls, give in-kind donations, support the girls to go back to school and acquire other technical skills for those who were interested in vocational training. Socio-economic support and resources were used to help the adolescents maintain the pregnancy, attend maternity clinics, attend school and start up small businesses based on vocational skills. The discussions took note of the challenges such as that adolescent mothers rarely went to ante-natal and post-natal clinics, together with lack of finances to care for the young mother and child.

Childcare centres and the redistribution of unpaid child care among adults

The panel discussed whether quality childcare centres could contribute to redistributing unpaid care among adults based on a mixed methods study from Lamu and Isiolo conducted by AKU-IHD. The study focused on unpaid care work and time-use among caregivers in the two counties. It found that the average age of caregivers was 34 and about 38% of households used ECDE services. However, access to ECDE services was limited due to distance, cost and equality of services. The results showed clear gender disparities in time allocation. Women spent an average of 6.55 hours per day on unpaid care work, while men spent just 1.4 hours.

Based on the findings, the panel were in consensus that if their time was freed up, mothers would go back to school or engage in small businesses to earn some money. However, there were barriers to

redistribution of care work – poor access to affordable childcare, stigma, lack of public childcare or facilities, and women discourage men from engaging in child care. Although 75% of study participants agreed that men should take on care work, societal norms and household decision-making still hindered this change.

The recommendations from the discussions were to scale up public investment in ECDE and subsidise ECDE services; advocate for ECDE in gender-responsive budgeting; and work to shift social norms around caregiving.

Empowering women in paid childcare through enhanced childcare support system

The panel discussed empowering women in paid childcare through enhanced childcare support systems based on a capacity assessment conducted by COVAW in Kisumu, Nairobi and Kakamega Counties. It encompassed home-based childcare, centre-based childcare, and domestic workers. The findings revealed that the sector is characterized by a widespread gap in sexual and gender-based violence (SGBV) awareness, training, and fear of reprisal; lack of standardized contracts, with only 12% of childcare providers having formal agreements, underscoring the informality. The women frequently encounter challenges such as low remuneration, which not only undermines their economic stability but also limits their access to essential resources and services, including healthcare, education, and adequate housing. They did not have employment contracts, in contravention of labour laws, and are paid KES 5,000 to 10,000 monthly which is below the minimum wage. The women also had gaps in financial literacy and challenges with financial management.

The panel discussions noted that there was a need to increase awareness of service providers on existing policies to guide their caregiving practices; and a need for gender-responsive advocacy. However, the discussions took note of the fact that capacity building and training on child care were offered by civil society with the apparent inaction by the government.

Social enterprise and sustainable quality childcare

The panel discussed Nyota Care, a social enterprise operating on the pillars of quality childcare, ECD and the law, ECD and business. The impact and results are that for the last five years, Nyota Care has established and trained over 30 child rights cohorts on ECD matters; established and partnered with over 40 cohorts of ECD caregivers in both Dandora and Tassia, Embakasi, Nairobi; and promoted inclusion of 100 children with various disabilities in two ECD programs in Embakasi.

The challenges experienced included that home-based caregivers don't want retooling. They were inadequate standard operating procedures; and legislation and the law were not developmentally sensitive to the needs of early childhood development. In response, Nyota Care had established communities of practice for caregivers, deployed champions as facilitators for peer learning who had undergone appropriate training, established '*Wakili wa Watoto*' clubs in schools to demystify ECD and the law, and promoted research collaborations.

In conclusion, the panel reflected and developed recommendations on the most critical factors, across different contexts, to move childcare and ECD from vulnerable to valuable. The recommendations were to deployment of multisectoral collaboration, making use of existing community structures and integrating services from the community to the national level together with utilizing market-system approach while retaining the caregivers' and children's perspectives in delivering child care services. The panel cautioned that children must be owned by the society once again, moving away from the western style of childcare back to communal collaboration for childcare.

SUB-THEME: Equity Diversity and Inclusivity in the implementation of Nurturing Care

Session Chair: Linda Oloo

Panelists: Achieng Rehema, Everlyne Ngare, Peter Obare, Pauline Masese and Prof. Catherine Gakii Murungi

The breakaway discussions considered science, technology, engineering, arts and mathematics (STEAM) in early years' education and then dwelt on data and technology in strengthening evidence and accelerating action in nurturing care interventions. The discussions nurturing care approach for CWD and how to strengthen teacher capacity to support early grade learners with disabilities.

STEAM in early childhood education

The panel considered the opportunities and barriers to mainstreaming STEAM in early childhood education. The discussion addressed curriculum integration, teacher preparedness, resource challenges, and policy alignment with the CBC. The discussion recommended that it was necessary for policymakers, teacher trainers and curriculum developers to work collaboratively to create developmentally appropriate, equity-driven, and innovation-oriented learning environments.

The panel explored how digital ecosystems can catalyze systemic and inclusive improvements in ECD based on Forum for African Women Educationalists (FAWE) Kenya's digital interventions which were implemented in 160 schools across 20 counties, reaching over 4,000 learners and 320 teachers. A study assessed the role of digital tools in improving literacy, numeracy, teacher capacity, and parental involvement. Key results included a 25% improvement in literacy and numeracy, 70% of teachers reporting increased confidence in using STEAM content, and a 30% boost in academic performance linked to stronger parental engagement. Multi-stakeholder collaboration also improved coordination in child development services. The discussions recommended mainstreaming digital tools in ECD policy, scaling educator digital training, fostering parental engagement, promoting localized digital content, leveraging real-time data and deepening cross-sector partnerships.

The panel discussions underlined the importance of being led by the desired learning outcomes. Then digital tools that support the outcomes should be integrated, albeit in a balanced approach, to ensure that human interaction was not replaced with technology. The discussions also noted that artificial intelligence (AI) should be used as a tool and not as a replacement for teaching or learning activities. The discussions were also alive to the risks of AI including the exclusion of low-income earners; its tendency to reduce direct human interactions, promote harmful stereotypes; and its possible usage in trafficking.

Strengthening teacher capacity to support early grade learners with disabilities

Turning to children with disabilities, the panel discussed strengthening teacher capacity to support early grade learners with disabilities based on the experience of The Action Foundation (TAF) in Kajiado East Sub-County. Based on the findings during the mapping exercise in the sub-county, after the training of teachers on Inclusive Early Childhood Education initiatives, recommendation is made on the need for strengthening the capacity of educational systems to optimize and improve equitable access to quality education to all learners including those with disabilities.

Nurturing care approach for CWD

The panel then examined the potential of the NCF to support the inclusion of children with disabilities in early childhood programs and services using a study done in Siaya County. The discussions concluded that by advocating for collaborative, multi-sectoral policy and changes in practice at the

community level, a more responsive and equitable system would be created which would foster a brighter future for all children and their caregivers.

Data and technology for actionable evidence to scale nurturing care interventions

The panel acknowledged that data and technology play a transformative role by providing actionable evidence to scale nurturing care interventions. The discussions noted that despite prevailing data poverty, continued integration of data and technology was essential to advancing early childhood development and securing sustainable outcomes. The panel recommended that to sustain gains and optimize child development, counties should leverage data dashboards and digital tools for real-time tracking, informed decision-making, and efficient resource allocation. These measures would also improve the visibility, accuracy, and impact of nurturing care initiatives.

The discussion stressed that since the future was digital, national and county level digital solutions and integration were essential for foundation learning. It was, therefore, necessary to develop and strengthen partnerships to generate affordable and innovative digital solutions with culturally sensitive designs and appropriately contextualized to ease local adoption and usage. The panel recommended policy integration and the embedding of digital solutions into CIDPs together with measures to ensure there was funding to ensure implementation. This should be accompanied by robust measures to protect children, their privacy and data.

3.6 PLENARY SESSION - II

Advancing climate Resilient Early Childhood Systems through Policy, Innovation and sustainable Solutions – Prof. Amina Abubakar, Director, AKU/IHD

Moderators: Abdullahi Maalim and Sally Moraa

Everyone across the globe is feeling the negative impact of climate change within regional variations. Globally, the impact of climate change is felt most by those who contributed least to the problem. In East Africa, the effects of climate change include extreme weather resulting in flooding and extreme heat.

In Kenya, 12 million children face climate and disaster risk, worsened by the fact that the impact of climate change does not start at birth but at pregnancy. The direct impacts of climate change on children include displacement, injuries and fatalities due to severe weather events; extreme-heat related illnesses; allergies; water and air pollution; and food and water insecurity. In addition, learning is disrupted as schools, transport systems are affected as roads are closed, water and food systems are interrupted. In a nutshell, climate change and its impact on women, households and communities greatly compromise the ability of families, schools, health systems and communities to provide nurturing care.

Climate-resilient programmes can be built by addressing behaviour that worsens the negative effects of climate change; promoting appropriate health measures such as adequate hydration; and developing climate resilient ECD centres and classrooms; and upgrading ECD infrastructure and health centres. It is also important for children to be active participants in climate-related decisions and actions. However, climate decisions and actions should be based on accurate data whereas the prevailing circumstances are those of limited and fragmented data on climate research.

Therefore, there is a need for well-designed studies in East Africa on the impact of climate change on nurturing care. There is also the pressing need to formulate child-centred and gender-sensitive policies and interventions; build systems that are adaptive and can withstand climate shocks; and empower different actors and players to contribute to climate resilient solutions.

3.7 PANEL SESSIONS - IV

Session Chair: Professor Teresa Mwoma

Panelists: Davine Naomi, Prof. Catherine Gakii Murungi, Kenneth Okelo, and Dr. Robert Simiyu

County social spending and child poverty

The panel discussed UNICEF Fiscal Analysis on Social Spending and Child Poverty and noted that counties had significantly increased their budgets on their social sector spending – education, health, social protection, water and sanitation. However, even as counties are increasing spending on education programmes, they are decreasing spending on ECD which is a devolved function. Keen examination of education budgets reveals that most of the funds are allocated to bursaries which focus mainly on university and secondary school students. This is a misplacement of priorities as university and secondary education are a function of national government. This is despite the fact that approximately 11 million children are 0-to-8-year-olds. So, if we don't invest in them now, we shall have an additional 33 million poor people in the next ten years.

The panel discussions pointed out that investing in ECD significantly reduces poverty and targeted ECD spending significantly reduces child poverty with large society benefits. Investing in children aged 0-5 years, reduces poverty from 47% to 30% in four years, a reduction of 17%. Investing in 6-to-12-year-olds reduces poverty from 44% to 26% in four years. Investing in 13-to-17-year olds reduces poverty from 46% to 26% in 4 years. Even with this evidence, Kenya is under-investing in ECD compared to its counterparts in the Eastern and Southern Africa region. Kenya is investing USD 81 per child per year against the comparative regional rate of USD 183 per child per year in ECD.

The innovative financing strategies recommended took into account the fact that public funds are constrained due to a heavy wage bill, loan repayments and other commitments. The proposals were to (i) establish a Child Fund, modeled after and building on existing levies so, for instance, allocating 0.01% of the petroleum levy to a child fund could raise substantial funding (ii) redirect funds post-major infrastructure projects such as the building of stadiums towards support for ECD (iii) use innovative finance models such as Debt-for-Children swaps - so that instead of repaying bilateral debts funds were converted into ECD investments - together with impact bonds, and climate financing targeted for children (iv) lobby for legislation through Parliament and County Assemblies to institutionalize child-focused annexes in budgets.

Governance, financing and accountability in ECD

The panel then discussed governance, financing and accountability in ECD, based on a study done in Nairobi, Turkana, Kisumu, Kilifi, Meru, Nyandarua, Samburu and Garissa Counties. The study found that counties with clear governance structures seen in Kilifi and Nairobi Counties, were able to demonstrate higher ECD budget prioritization. The study results also indicated that where multi-sectoral committees exist, coordination between education, health and finance departments improved service delivery, such as in Turkana County. However, some counties had fragmented units that lacked coordinated service delivery.

The discussions took note of the best practices in Kilifi County with 71.8% budget allocation to ECD, use of PPP models and strong sectoral planning. They noted the best practices in Turkana County with 56.7% budget allocation to ECD, flexible funding and support for salaries and health expenditure. They noted the best practices of Kisumu County with participatory budgeting, community engagement, equitable implementation and efforts to build citizen trust.

There were large disparities in ECD budget allocations ranging from 71% in Kilifi to 21% in Meru and Nyandarua. Delayed budgeting and lack of ring-fenced budgeting negatively affected provision of ECD services. Counties with innovative financing models such as public-private partnerships and resource-based budgeting were better placed to sustain and scale ECD programs. However, monitoring and evaluation systems were weak and negatively affected implementation of ECD programs across the counties. There was, therefore, a need for involvement of the community in oversight and for stronger utilization of data for monitoring project implementation and decision-making.

The panel emphasized that three critical pillars, namely, integrated governance, predictable financing and robust accountability mechanisms must function together to successfully deliver on the devolved ECD function.

Multisectoral collaboration at county level

The panel then considered multisectoral collaboration at county level, focusing on the case of Homabay County where Kisumu Medical and Education Trust (KMET) was implementing a project under study. The model used by KMET was implemented under the SMART initiative, used community-driven MSTs and had 13 community stakeholder committees: Health, Education, Agriculture, Children Services, Religious leaders, CBOs. The results of this approach were over 370 mentorship sessions for caregivers on nurturing care and parenting; over 280 kitchen gardens established with the support of the Ministry of Agriculture; 39 adolescent girls' support groups formed; and increased birth registration via integrated service delivery.

The discussions noted that community involvement improved transparency and ownership of ECD projects. They also noted that citizen participation contributed to visible success; and that empowerment through awareness leads to community-driven solutions. The recommendations based on the insights generated during the panel discussion were to (i) policy-making must reflect real community needs, not just boardroom agendas so take nurturing care to the heart of the community where the children are found and away from boardrooms (ii) strengthen the community structures since expenditure is drastically reduced by working within the existing community structures and (iii) invest in communication and creating community awareness – once people know what is required they most likely will do it.

ECD data systems in Kenya and Sub-Saharan Africa

The panel then discussed ECD data systems in Kenya and Sub-Saharan Africa based on a study by APHRC which has established a data visualization platform, for easy tracking and decision-making, with three counties of Nairobi, Isiolo, and Homa Bay. A scoping review was carried out to establish data visualization systems that were available in Kenya and other countries in Sub-Saharan Africa. The review established that data visualization does exist in non-interoperable silos in sectors such as health, education and social protection. In Sub-Saharan Africa, integrated ECD data on the nurturing care framework domain is only available in two platforms, the Tanzania ECD dashboard and UNICEF. The APHRC project aims to integrate indicators across all ECD sectors using nurturing care domains.

REFLECTIONS

The discussions noted that it was necessary for ECDNeK and other actors to engage national and county treasury officials and budget directors on prioritizing ECD investments; and seek audience with Members of Parliament (MPs) and Members of County Assembly (MCAs) to deliver the legal and policy changes required for meaningful and long-term change regarding ECD funding.

The panel discussions recommended that counties should (i) institutionalize multisectoral committees for ECD coordination (iii) allocate dedicated and transparent ECD budgets and (iii) develop ECD Management Information Systems (ECDMIS) to support performance tracking, planning, and community feedback.

In their closing reflections, the panel recommended (i) training and building capacity of data personnel including the harnessing of the rapidly changing field of the use of AI (ii) investing in data protection and developing data protection policies (iii) co-creation of data for use in decision-making.

3.8 BREAKAWAY SESSIONS - III

SUB-THEME: From Vulnerable to Valuable: Sustaining ECD Initiatives

Chair: Dr. Elizabeth Kithuka

Panelist: Rose Ong'ele, Lillian N. Kilwake, Dr. Mary Chepkemai and Everlyne Ngare

The panel discussed how parents' knowledge on the importance of parent-child interactions enhanced children's outcomes. The panel discussed gender transformative approaches in ECD, discussed school re-entry dynamics for adolescent mothers, and considered the Caregivers Awareness Resource Empowerment (CARE) model for strengthening ECD for CWD.

Knowledge of the importance of parent-child interaction

The panel discussed parents' knowledge on the importance of parent-child interaction practices for enhancing children's outcomes based on a study carried out in Kajiado County. The purpose of the study was to validate the adapted Child-Planned Activities Training (cPAT) as a tool for measuring parent-child interaction practices among selected families in the Ngong area, Kajiado County. A large number of parents in the area of study were aware of the importance of parent-child interactions (74%) while only a small number was not aware (26%). The study showed that the level of parent-child interactions largely depended on their knowledge about the importance of these interactions and therefore there was a need to conduct training to equip parents with the knowledge.

Gender transformative approaches in ECD

The panel then discussed gender transformative approaches in ECD noting that gender inequality in ECD received very little attention yet gender norms and stereotypes can limit child development and hinder effective implementation of nurturing care activities. The discussions noted that women were generally disempowered by the burden of caregiving to a point where their welfare was compromised. Therefore, equity was required in carrying out caregiving roles by both males and females. To achieve equal access to opportunities, social norms that reinforce gender disparity should be eliminated. While caregivers should be sensitive to children's gender related needs which calls for attention to responsive caregiving. There was therefore the need to establish transformative gender-sensitive ECD centres to address context issues that encouraged disparity and address negative social norms and stereotypes.

School re-entry among adolescent mothers

The panel explored school re-entry among adolescent mothers in the context of nurturing care for children aged 0-3 years noting that over 13,000 girls drop out of school as a result of teenage pregnancy. The discussions based on a study done by Zizi Afrique noted that there was limited awareness of school re-entry and school re-entry is very low. This was partly because many schools were unwilling to implement the guidelines of school re-entry and partly because schools lacked psychosocial structures for managing such school re-entry. There was also great disparity in the understanding of school re-entry and nurturing care – people in the education space are very conversant with school re-entry guidelines but did not understand its connection with nurturing care. On the other hand, people in the health space understood nurturing care. There was, therefore, a need to bring all the players together in the management of school re-entry for adolescent girls after birth.

The discussion recommended a multi-sectoral approach in the implementation of the school re-entry policy guidelines. Further, the discussions recommended the establishment of structures to facilitate school re-entry for adolescent mothers; and to ease school and health facility access and service delivery for adolescent mothers.

CARE model for strengthening ECD for CWD

The discussions then turned to strengthening ECD for CWD based on empirical insights from the CARE model deployed by TAF. The discussions noted that CWD had limited or no access to quality healthcare, adequate nutrition, protection from harm, structured opportunities for early learning, and safe, inclusive spaces for play. These circumstances compounded the poverty, emotional turmoil and limited support experienced by caregivers hindered nurturing care for CWD. The CARE model creates inclusive, peer-supported ecosystems that equip caregivers with practical knowledge, psychosocial support, and advocacy tools through both in-person networks and digital platforms. The innovative, community-based intervention is designed to activate caregiver agency and drive systemic change from within the child's immediate environment. The discussions noted that the model acknowledges that caregivers have capacity and seeks to strengthen them. The panel noted that key results of deployment of the CARE model included increased caregiver confidence, improved health-seeking behavior, and localized advocacy success.

In conclusion, the panel noted that whether through mothering, teaching, or caregiving, the role of women in ECD was essential. However, both gender and disability inequities in ECD often go unrecognized due to data gaps or the use of gender-blind language. There was, therefore, a need for intersectional approaches and solutions that considered the overlapping effects of gender, disability, age, poverty, and geography. In addition, there were systemic gaps demonstrated by the insufficient policy, economic, and infrastructural support for both marginalized children and their caregivers. There was, therefore, an urgent need for policy action to (i) implement and monitor gender-transformative and disability-inclusive approaches in ECD programs (ii) invest in caregiver empowerment, especially women and (iii) improve data collection on, registration of, and service delivery for children with disabilities and adolescent mothers.

SUB-THEME: Strengthening ECD Systems

Session Chair: Yusuf Gedi

Panelists: Robert Bonyo, Dr. Douglas Barasa, Benter A. Jacob and Dr. Hudson Ouko

The panel considered the role of capacity building in improving service delivery. It discussed leveraging women's economic empowerment to enhance school readiness for 0-to-3-year olds. The

panel interrogated childhood nutrition and its linkages to school feeding programmes, sanitation and multi-sectoral approaches.

Capacity building to integrate nurturing care for ECD at service points

The panel discussed enhancing the capacity of health workers to integrate nurturing care for ECD at all service points. The discussions were based on a study on whole-site orientation carried out at Sena Level 4 Hospital in Homabay County.

The approach the five components of nurturing care for ECD were incorporated into campaigns for good health, and at the child wellness clinics, in the provision of vitamin A supplementation and deworming done during outreaches. Outreaches were conducted in target villages with pronounced cases of malnutrition.

The approach promotes maternal nutrition and iron and folic acid supplementation during ANC programs. It promotes exclusive breastfeeding for children who are zero to six months, and supports timely diverse complementary feeding from six months with continued breastfeeding. The use of local foods is encouraged combined with training caregivers on active feeding and recognizing hunger cues. The approach conducts parenting groups through capacity building of parents in parenting groups and uses CHPs to follow-up on feeding challenges.

There were ECD nutrition days, during which there was joint growth monitoring of P1 and P2 pupils and two-and-three-year-olds from the community by ECD teachers, a team of community health assistants and community health workers. There was a referral immediately for a child identified at risk. Further, in a multisectoral approach, other departments such as agriculture and education supported and used the ECD nutrition day as a great opportunity to disseminate health and nutrition related knowledge and skills to community members.

School readiness and women economic engagement

The panel turned to a discussion on leveraging on interactive learning pedagogy in promoting school readiness and women economic engagement based on perspectives from a randomized controlled trial (RCT) intervention project in Tharaka Nithi County. The project was to test how early school enrollment of 3-year-old children to PP1 would enable mothers to get time to engage in income generating in order to boost their economic empowerment. Further, to understand how an enhanced curriculum and enriched learning environment could promote holistic development of 3-year-old and school readiness. A baseline study in 2024, mapped out and enlisted the mothers and sampled 10 children aged 36± 4 months for the intervention. Altogether, five of the children were in the treatment group, while the other five were in the control group. Preliminary results showed that women's economic engagement promoted school readiness for three-year-olds.

School meals and nutrition intervention

The panel interrogated the impact of school meals and nutrition interventions on ECD using the case of the County Government of Busia. The discussion touched on the sustainability of the school meals policies in fostering ECD, examined school meals strategies that enhance ECD and evaluated the effectiveness of monitoring and evaluation techniques that promote ECD. The discussions emphasized that adapting already existing programs minimizes additional costs and enhances sustainability of school feeding programs. They noted that such programming requires a component of behavior change with key messages to influence the desired change behavior to enhance the value

of school meals and nutrition interventions. In Busia, there was sensitization of communities; all government departments concerned including that of health, agriculture, social protection and finance; together with all other actors in a multisectoral approach. The discussions emphasized the use of multi-sectoral approaches in which the community and all stakeholders – including national government particularly the ministry of Education and Ministry of Interior and National Administration - work together to deliver school feeding programs.

Multisectoral approach for early childhood nutrition

The panel continued its discussion on early childhood nutrition. It considered the results of a multisectoral and community-based project ECD centres which were open to their communities for better nutrition of under-5-year-olds in Kericho County. The project is fully sustained by parents which has run for over five years reaching 30 ECD centres. The assessment in 2024 was promising: children consumed a greater variety of foods from home kitchen gardens, caregivers adopted new practices such as giving Omena and more frequent snacks per day, undernutrition (≤ -2 SD) rates decreased, ECDE enrolment increased. The discussions noted that the project's multisectoral and community-based nature mirrors several aspects of the national school health policy: partnership through a multisectoral approach, nutrition services through parental and community involvement, and healthy food environment at school and home.

Bridging sanitation and nutrition gaps within a child's ecosystem to catalyse systemic change

The discussions turned to accelerating holistic child development by integrating sanitation and nutrition (SanNut) interventions. The discussions drew from a study by UNICEF on SanNut integration in West Pokot County. The SanNut programme integrates Community-Led Total Sanitation (CLTS) and the BFCI, a program focused on improving infant and young child health and nutrition. It does so by creating supportive community environments for breastfeeding, complementary feeding, and maternal nutrition, linking hygiene and nutrition with an emphasis on feeding practices to disrupt fecal-oral transmission and improve nutrition status and early childhood outcomes.

The programme promoted partnerships with stakeholders and supported ECD multisectoral programs to enhance effective nutrition interventions and the monitoring, evaluation and reporting of the programme. Feeding programs for all ECD learners twice a week was done by procuring food from local farmers. The programme promoted hand washing, sanitation and kitchen gardening and secure food storage at the household level. Community involvement in all aspects of the intervention made it a very cohesive and collaborative effort. The nutrition components were reinforced by visiting the community and holding sessions about toddler hygiene and how to be able to avoid fecal-oral transmission. There were discussions with the communities on how to achieve their dream of stopping open defecation and its pollution of water. The panel noted that between 2019 and 2024, open defecation reduced from 42.7% to 32.3%, with 1,667 villages (57%) certified open defecation free (ODF), benefiting approximately 304,800 people. Exclusive breastfeeding rose from 83.4% (Dec 2022) to 97.8% (July 2024). Stunting declined from 45.9% (2014) to 34% (2022), alongside a 68% drop in diarrhoea cases in targeted ODF sub-counties. The panel noted that SanNut demonstrated how bridging sanitation and nutrition gaps within a child's ecosystem can catalyse systemic change.

In conclusion, the panel underscored the importance of building the capacity of ECD workforce in order to improve the quality and coverage of ECD services. The panel hailed the innovative combination of sanitation and nutrition services with its demonstrated ability to improve nutritional status, disrupt fecal-oral transmission and improve early childhood outcomes. They recommended a multisectoral approach to early childhood nutrition including in the provision of school feeding. They

observed that multisectoral approaches could effectively tackle complex development challenges when properly implemented and underpinned by community ownership.

SUB-THEME: Governance, Finance and Accountability in ECD

Chair: Dr. Benter Owino

Panelist: Yvonne Sewe, Lydia Oyugi, Peter Luke, Ochieng Gumbo, Geoffrey Tanui and Racheal Makena

The panel considered multi-sectoral coordination from governance level, national and county perspectives. It also considered the extent to which data on ECD informed decision-making and accountability. The panel examined budget analysis for sustaining accountability and supporting mobilization of funds. The discussions considered finance at household level and how savings for empowerment could lead to better ECD outcomes.

Multisectoral governance in ECD

The panel acknowledged that fragmented coordination between national and county governments remains a critical barrier to the effective implementation of ECD policies. However, drawing on a paper presented by ECDNeK on an initiative to strengthen multisectoral collaboration between national and county governments through capacity building and structured stakeholder, the discussions noted the importance of aligning national and county priorities. They also noted that strong national coordination could catalyze county-level ownership and effective implementation. They recommended that for successful multisectoral coordination it was necessary to build on existing structures so as to avoid duplication, strengthen communication and feedback loops, and celebrate wins, however small, so as to sustain morale and momentum. They emphasised that governance structures must prioritize multisectoral representation and sustained linkages between national and county levels, supported by targeted county-level dialogues.

Multisectoral coordination in ECD

The panel noted that in response to devolved functions, county governments had initiated a number of programs to support ECD especially in the line departments such as health and education. However, these systems and programs were often fragmented, creating disconnected experiences for children. This complexity of program administration, funding streams and oversight creates challenges that make policy alignment and effective implementation difficult for county government officials. These challenges include an array of intergovernmental cooperation issues, like gaps in coordination to ascertain quality and monitoring that are compounded by political dynamics. Consequently, despite advances since 2015, gaps remained in delivery of ECD services exacerbated by inadequate budgetary provisions, weak co-ordination, weak integration of ECD across departments, low availability of and access to data. The discussions concurred that there was a need to strengthen the multi-sectoral teams or technical working groups in all levels to integrate ECD in all county government departments.

County-based multisectoral coordination

The panel interrogated multi-sectoral co-ordination at county level and noted that the county-based multisectoral collaboration model is driven by top-level leadership, namely, Governor, County Executive Committee Members (CECMs) and Chief Officers. At the regional level it is coordinated and led by the Lake Region Economic Bloc (LREB) together with KMET. The project focuses on strengthening county systems in planning, coordination, financing, and monitoring while encouraging community-led service delivery. A key component of the project is the establishment

and training of county-based MSTs in counties and capacity building for county leadership, including Governors and First Spouses. The key strengths of the model are that it aligns government leadership with ECD objectives, influences budget processes and policy implementation and deploys First Spouses of the Governors through Word of Mouth Advocacy Network (WOMAN), an influential advocacy tool. The discussions noted that MSTs were active in 14 counties, focusing on sustainability and coordination. The panel discussions pointed out that the model's success hinged on political buy-in and consistent coordination across sectors. The discussions also agreed that the project demonstrates that county-based multisectoral collaboration is both scalable and effective for implementing the NCF, offering a transformative model for achieving holistic ECD outcomes in Kenya.

Navigating ECD ecosystem

The panel noted that youngest children, the zero-to-three-year olds, comprise 10% of Kenya's population, numbering about 4.75 million. Despite progress in operationalizing the NCF systemic rigidities hamper accountability and impede equitable, quality childcare services for children aged 0–3 years. The discussions were informed by a paper in Zizi Afrique exploring a political economic analysis in ECD in understanding decision-making and power dynamics that accelerate progress in the implementation of ECD activities for children 0-3 years, mapping out a total of 156 state and non-state actors at both national and county levels. The key finding, fully agreed with during the discussion, suggested that though several interventions exist in the subsector, readily available, accessible real-time data on children aged 0-3 years still does not inform evidence-based decision-making and policy formulation. Consequently, the panel pointed out, childcare services for children 0–3 years remain under-prioritized and accountability a challenge.

Budget analysis to track progress

Turning to finance, the panel discussed budget analysis to track progress based on a paper by Save the Children tracking current and potential allocations supporting the incorporation of holistic skills development within Kenya's national and county education budgets. The analysis showed that while Kenya has made strides in education financing, challenges persist, particularly in implementing the CBC and addressing teacher shortages. At county level, budget tracking was implemented in Garissa, Wajir, Bungoma and Turkana Counties where it (i) influenced fiscal planning and budget structuring (ii) led to improvement in allocations although low budget absorption remained a challenge. In addition, budget cuts and inefficiencies impacted delivery to end users.

Savings for empowerment

Further deepening the discussions on finance to household level, the panel discussed promoting savings for empowerment. Based on a paper on building resilience for better ECD outcomes through socio-economic empowerment. The panel noted that the empowerment of adolescent girls and young women was based on a strategy which integrated socioeconomic empowerment and nurturing care. Under the intervention adolescent and young mothers were encouraged to join groups to facilitate savings and mobilise capital to start businesses. The results of the intervention, as noted during the discussion, were that adolescent mothers did access capital to start businesses. This was due to empowerment training which contributed to improved confidence, decision-making on the part of the adolescent mothers; and helped improve their acceptance by family and community. Due to the intervention, adolescent mothers reported improved relationships and recognition within their households.

In their concluding observations, the panel noted that engaging political leaders such as MCAs, and First Spouses was essential to sustained policy development and implementation in support of ECD.

They also observed that it was necessary to institutionalise policy changes by their formal policy adoption to ensure continuity beyond electoral cycles.

They also observed that while 10% of the education budget is recommended for ECD, actual implementation was constrained by poor budget absorption and misplaced targeting such as expenditure on non ECD scholarships. They noted that private sector engagement was still minimal and agreed that there was a need for the sector's robust and increased inclusion in multisectoral ECD interventions. They also observed that improvement of integrated monitoring systems was needed for improved budgeting, planning, and accountability. They underscored the need for stronger local resource mobilization, noting that creative financing approaches and community participation were critical for sustainability.

They also observed that promising innovations such as the county MST by LREB would be applicable in other parts of the country including FCDC. Despite challenges, they noted that the innovative models showcased during the session offered scalable and locally-adaptable pathways toward a stronger, more inclusive ECD system in Kenya.

SUB-THEME: Climate Resilient Models in ECD

Session Chair: Dr. Abdikadir Adan

Panelists: Prof. Catherine Gakii Murungi, Victor Sakwah, Bilha Chepchirchir and Dr. Edwins L. Saka

The panel discussed caregiving in conditions of environmental stress then proceeded to discuss climate-related impact on ECD in flood prone environments. The panel discussed circumstances in ASAL areas focusing on climate-resilient infrastructure in ECDE centres. The panel discussed how to build climate-resilient models in ECD, concluding with recommendations on the path Kenya could take in developing stronger climate resilience in ECD.

Caregiving under environmental stress

Recurrent flooding in Nyando Sub-County, Kenya, presents profound challenges for caregivers, who are forced to navigate the dual demands of survival and childcare under crisis conditions. Women face high stress balancing caregiving and survival. Consequently, child neglect rates were higher in flood-prone areas—85% in Nandi compared to 39% in Kisumu. The drivers of neglect were livelihood shocks, time constraints, lack of support and knowledge. Children are also severely affected with developmental delays with 38% reported in Nyando compared to 18% in Kisumu; health issues with higher illness rates in Nyando (43%) than Kisumu (31%); emotional distress with 68% of children in Nyando with behavioral issues. Further, there was a disproportionate impact with women and children with disabilities most affected.

The panel recommended that infrastructure in schools should be elevated, drainage improved and flood-resistant materials used. In addition, teachers and students on evacuation and safety to enhance emergency preparedness. The panel recommended community engagement by involving locals in drainage maintenance and early warning systems. They also recommended integrated resilience with embedded climate adaptation in school curricula and the promotion of scalable and localized solutions. The panel recommended policy alignment by the integration at national and continental levels of climate and education strategies.

Climate-related impact

A paper, based on the ECDE experience in the FCDC noted a number of climate related effects on children. This included malnutrition since droughts worsened food insecurity and child nutrition;

heat-related illnesses with high temperatures affecting learning and increasing water stress; vector-borne diseases like malaria whose risks increase with floods. In addition, livelihood loss caused emotional strain across households, affecting mental health. Healthcare access was compromised as floods disrupted service delivery and reduced immunization coverage. As a result, child development was negatively affected by resultant school dropouts, spike in child labour and rise in pregnancy complications.

The panel discussions acknowledged the existence of interventions by the government demonstrated by climate action plans – such as the Garissa County Climate Change Action Plan (CCAP); and nutrition and agriculture programs. There were interventions by civil society and other actors - such as Red Cross, Save the Children, UNICEF - in the form of food aid, early warning systems and emergency response. Communities had local climate committees in addition to traditional coping strategies. There were, however, gaps such as the limited reach of existing programs, fragmented efforts among stakeholders and scarcity of basic resources for resilience-building.

ECDE centres and climate-resilient infrastructure

The panel discussed investment in climate resilient infrastructure in ECDE centres based on a study in the FCDC region. The paper noted significant investment in educational infrastructure across 11 counties. However, many classrooms were built without regulatory approval or adherence to standards, 20% of schools still used hazardous asbestos roofing, and climate-smart features like green rooftops and proper ventilation were rarely adopted.

The challenges included weak regulatory oversight characterised by the lack of clearance from education and public works authorities. There was use of unsafe materials including use of asbestos and shipping containers in construction. Poor ventilation and lighting typically notable due to limited use of windows and low provision for cross-ventilation due to cost involved in providing for these. There was poor climate adaptation as demonstrated by inadequate roofing, insufficient ventilation and poor flood protection.

The recommendations arising from the panel discussions were to use dual-window and half-wall designs for airflow and achieve cost savings while addressing ventilation challenges; use of green rooftops by install soil-based roofs with vegetation to regulate temperature; resilient construction by using raised foundations and heat-resistant materials; cost-effective models for climate-smart classrooms that reduce costs and improve comfort. The panel pointed out implementing these recommendations would yield the additional benefits by enhancing safety, reducing climate-related disruptions, creating green jobs and earning carbon credits.

Climate resilience in ECD

The panel, based on a paper on how to build climate-resilient models in ECD, noted that climate-smart practices such as tree planting and solar-powered schools, were emerging but not yet fully integrated into ECD policies or county plans. The panel also noted that promising models existed in Kisumu – arising from flood and drought response, Rwanda – based on green schools, and other local innovations like rainwater harvesting and eco-gardens. The panel discussions noted that Kenya contributed little to global emissions but suffered major climate impacts. They noted that mitigation efforts, such as solar panels and electric vehicles, were valuable when they offered co-benefits like improved air quality or energy access. They pointed out that dual-purpose interventions included green schools which had mitigation and adaptation benefits; tree planting which led to carbon capture and cooling benefits; and low-emission health programs which had resilience and sustainability benefits.

The panel noted that recurrent floods and droughts reduced community recovery time while teachers and caregivers lacked training in trauma care and emergency response. Children, pregnant women, and people with disabilities were highly vulnerable and most affected. In addition, there were policy gaps since climate resilience was neither embedded in ECD frameworks nor in teacher training.

The panel discussions recommended the integration of climate resilience into CIDPs, and in ECD curricula combined with training of teachers in climate adaptation and emotional care. The panel also recommended the promotion of green school infrastructure and eco-friendly designs supported, as far as possible, with secure funding from global climate finance sources and private partners. The panel also recommended engagement of communities in local adaptation and early warning systems. The panel recommended sharing of successful models across counties and countries.

In conclusion, the panel was in agreement that Kenya should prioritize actions that improve lives now while contributing to long-term climate goals—building resilience, enhancing public health, and supporting global solutions.

Understanding AI in Early Childhood Education: Opportunities and Considerations for the Kenyan Context	
Prof. Catherine Muringi, Mr. Kumar Ankur, Dr. James Ndege Oluoch, Dr. Josephine Mutua,	
Kenya University	
Introduction / Abstract	Materials and Methods
Artificial Intelligence (AI) is transforming education globally, yet its application in early childhood education (ECE) in Kenya is underexplored. This paper explores the promise of AI for personalization, teacher support, and inclusivity in early learning, while identifying ethical, infrastructural, and policy concerns. Drawing from global cases (Singapore, Rwanda, India, China), it offers a contextual framework for AI integration in Kenya's ECE sector.	Conceptual Framework & Approach This was a concept-driven policy analysis grounded in the socio-cultural theory of learning and framed within the UNESCO guidelines on AI and the Rights of the Child. The research employed a qualitative synthesis approach, drawing on: 1. Literature Review (2019–2024) Reviewed over 40 sources (peer-reviewed journals, Edtech evaluations, and policy papers). Topics covered included: AI applications in early learning, ethics in Edtech, teacher training with AI, and national ECD strategies. Key global data from UNESCO, UNICEF, AI-CESA, KICD, OECD, and the Global Partnership for Education (GPE). 2. Policy and Document Analysis Reviewed Kenya's Competency-Based Curriculum (CBC) documents, Data Protection Act (2019), and Digital Literacy Program reports. Assessed alignment between ECE policy frameworks and AI innovation potential in Kenya. Compared African Union's Continental Education Strategy (CESA 2014–2025) with emerging global AI-in-Education guidelines. 3. International Case Examples Analyzed AI integration in ECE through: Singapore – Use of AI blocks and voice-assisted learning in preschool classrooms. Rwanda – Teacher mentoring via mobile AI tools supported by Tablab. India – Low-cost AI Interventions in foundational literacy (e.g., Project KITEs). China – Use of adaptive AI tutors (Squirrel AI) for personalized instruction. 4. Practitioner & Policy Reflections Authors drew on their experience in teacher education, curriculum development, and Edtech pilot evaluations in Kenya. Reflected on AI readiness within county governments and teacher professional development systems.
Objectives:	Results
Explore AI tools applicable to ECE in Kenya.	A. Opportunities for AI in Kenyan ECE: Personalized Learning Support – AI-powered apps can tailor learning paths to individual children's pace and needs—aligned to CBC learning outcomes. Enhancement of Language Development: – Tools like speech recognition and AI storybooks support vocabulary, fluency, and multilingual development. Teacher Empowerment & Professional Development: – AI-based platforms offer instant feedback, micro learning, and access to digital coaching (e.g., Rwanda's Tab Lab). Inclusive Education: – AI can support learners with disabilities via text-to-speech, captioning, and multimodal tools. 8. Risks and Concerns Identified Digital Inequality: – Risk of deepening disparities between urban and rural ECE centers due to limited access to devices and internet. Data Privacy and Child Protection: – Weak safeguards for child data under current ECE policies. – Kenya's Data Protection Act (2019) is yet to be operationalized fully in ECE contexts. Reduced Human Interaction: – Concerns that overreliance on AI may reduce emotional connection, socialization, and play—core to ECE philosophy. Ethical Mismatch in Commercial Tools: – Many AI EdTech solutions lack grounding in play-based or child-centered pedagogy.
Assess global practices and their relevance to Kenya.	C. Global Case Insights (Practice-Policy Lessons) Singapore's structured pilot funding (USD 4M). Rwanda's mobile AI mentoring for teachers. India's cost-effective AI voice tools (~USD 250/school). China's performance gains via AI personalization models.
Address ethical concerns including data privacy and digital equity.	What We Can Conclude: AI has transformative potential for early childhood education in Kenya—especially in areas of personalized learning, inclusion, and teacher support. However, ethical, infrastructural, and pedagogical safeguards must be established before large-scale implementation. Kenya's current policy landscape does not sufficiently address AI in the ECE context , creating risks related to digital equity and data protection. Global models show that affordable and localized AI tools can work—but they must be anchored in child-centered approaches and local realities. Recommendations: Develop a national roadmap for AI integration in ECE, aligned with CBC and child rights principles. Pilot AI tools in digitally-ready pre-primary centers with strong monitoring. Train teachers on responsible AI use, ethics, and child engagement. Strengthen policy links between AI regulation (Data Protection Act), ECE curriculum (KICD), and infrastructure (MOE and ICTI Authority). Promote multi-stakeholder partnerships for innovation funding and research—governments, academia, EdTech, and NGOs.
Offer policy recommendations for sustainable AI integration.	References UNESCO (2023) Global Education Monitoring Report 2023: Technology in education. https://unesco.org/en/publications-and-communications/global-education-monitoring-report-2023-technology-in-education . Central Square Foundation. (2022) AI in education: Indian context and opportunities. https://www.centalsquarefoundation.org/ . Squirrel AI. (2022) Personalized adaptive learning powered by AI. https://www.squirrelai.com/ . Mastercard Foundation & Tablab. (2021) Empowering Rwandan educators through mobile AI mentoring. https://mastercardfoundation.org/ . Kenya Institute of Curriculum Development (KICD). (2023) Revisiting the CBC for foundational learning. Government of Kenya. Republic of Kenya. (2019) The Data Protection (Act) No. 24 of 2019. Kenya Gazette Supplement No. 181 (Acts No. 24). http://kenyalaw.org/ol/ . UNESCO & OECD. (2023) Guidelines for the ethical use of artificial intelligence in education. https://unesco.org/en/publications-and-communications/guidelines-for-the-ethical-use-of-artificial-intelligence-in-education . https://www.oecd.org/en/publications/2023/06/guidelines-for-the-ethical-use-of-artificial-intelligence-in-education
	Acknowledgements & Contact: This study was supported through academic collaboration, from multidisciplinary contributions. Contact: Prof. Catherine Muringi muringi.catherine@ku.ac.ke

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Strengthening Post-Natal Care (PNC) for Improved Maternal Child health Outcomes

Ms. Brenda Otieno, Prof. Shane Doyle, Mr. Fredrick Oloo

KMET and Leeds University

ABSTRACT

Post-natal care (PNC) is critical for maternal and child health, but remains underutilized in Kenya. This study assessed PNC uptake in Nyakach and Nyando sub-counties, Kisumu, identifying factors affecting utilization and proposing interventions to enhance PNC delivery.

A cross-sectional survey and focus group discussions with 196 post-natal mothers revealed high engagement (86.7% community, 77% facility) but poor quality, with gaps in mental health support, complication detection, and postpartum family planning (PPFP).

Barriers include lack of information, financial constraints, and cultural discouragement. Recommendations focus on community education and enhanced training to improve PNC quality and early childhood development outcomes.



BARRIERS

OBJECTIVES

This study purposed to assess the level of PNC utilization among mothers in Nyakach and Nyando sub-counties, highlight factors associated with PNC uptake at community level, and to explore possible interventions to improve PNC attendance and service delivery for improved outcomes in early childhood development.

METHODOLOGY

Conducted by KMET, Leeds University, and Kisumu Department of Health (Feb 2024 – May 2025):

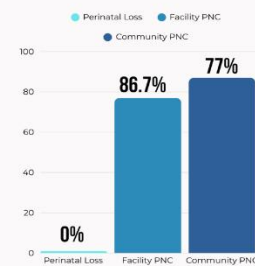
- Cross-sectional survey with 196 mothers (Nyando: 100, Nyakach: 96).
- Structured interviews using random selection from facility delivery registers.
- Focus group discussions with purposively selected mothers via Community Health Assistants.



- **Inclusion:** Mothers who delivered 6 months prior, residents of target areas, consenting.

RESULTS

- **Demographics:** Most mothers aged 20-24, married, self-employed.
- **PNC uptake:** 86.7% at community level, 77% at facility level; none for mothers with perinatal loss.
- **Services received:** FP counseling, immunization, growth monitoring; weak detection of danger signs, mental health issues (11% reported stress/depression, only 4% received mental health info).
- **Complications:** 52% reported post-natal issues, 59% within first week; 36% delayed PNC >4 weeks.
- **Barriers to PNC & PPFP:** Lack of information, financial constraints, fear of harsh treatment, distance, cultural discouragement from family, and negative prior experiences.
- **PPFP awareness** low, especially among single mothers; inconsistent PNC information delivery.



CONCLUSIONS

- PNC engagement is high but lacks quality, missing key interventions (e.g., danger signs, PPFP).
- Knowledge and engagement vary by area, facility, and age; younger mothers are particularly vulnerable.
- Community-based PNC is cost-effective but requires better training and tools.
- Low family awareness delays complication detection, impacting maternal and child health.

Among the families, there is little appreciation for value of PNC and how it can benefit them. Leading to delayed identification of complications in mother and child

RECOMMENDATIONS

- Strengthen PNC quality with focus on maternal risk factors, mental health, and PPFP education.
- Disseminate best practices and target younger mothers to address disparities.
- Enhance community-based PNC through training and dedicated tools.
- Invest in public health campaigns to raise awareness of PNC's value for healthier families.

CONTACTS

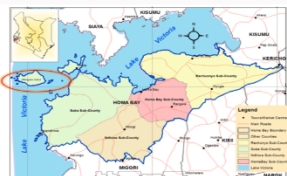
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Improving access to quality early childhood development services through Primary Care Networks multidisciplinary team establishment in Suba West, Homa-Bay County

Author: Robert Bonyo¹, Richard Mruko², Emmaculate A.³, Elvis Otimba⁴

1. Homa-Bay County Government (HBCG), 2. Program for Appropriate Technology in Health (PATH), 3. Kisumu Medical and Education Trust (KMET)

Introduction



Referral facilities see many patients for basic services, while remote facilities only see a few. Patients often seek care at higher-quality facilities rather than lower-level facilities, mainly due to lack of manpower and stock-out of essential medicines. These inefficiencies in health system leads to supply and demand imbalances, making access to early childhood development services like immunizations among others challenging.

Primary health care networks can deliver quality services by establishing referral and counter referral systems, using a multidisciplinary team approach to promote access to basic services closer to home, and managing stock-outs by allocating resources to regions needing greater support.

Objectives

1. To identify strengths and deficiencies in the health system that promotes nurturing care services in Suba-West Sub-County
2. To assess governance capacity of the health system including referral and counter referral systems to provide quality nurturing care services in Suba-West Sub-County
3. To establish insurance coverage among the community for evidence-based decision-making in Suba West Sub-County.

Methodology

We conducted a cross-sectional survey to evaluate the health system's strengths and gaps. We collected data by administering face-to-face interviews using three tier questionnaires—a facility key informant evaluation tool, a community unit assessment tool, and a client interview form—digitized under the Kobo collect Toolbox.

The Sub-County Health Management Team were trained to carry out the assessment, focusing on 14 health facilities and 11 community health units. Health facility managers, community health assistants, and patients were interviewed during data collection. All health facility managers, community health unit managers and sampled clients who visited the facilities during the survey were interviewed using different questionnaires digitalized into kobo collect tool kit.

The data was exported from kobo collect to SPSS for analysis.

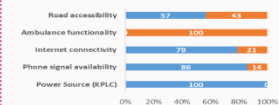
The survey's objectives were established, and the data was cleaned to remove irrelevant responses. Descriptive and inferential statistics were used to summarize and analyze quantitative data, while content analysis investigated open-ended responses. The findings were interpreted to evaluate Primary Health Care services for a functional Primary Care Network at the Sub-County focusing on health systems strengths and weakness including governance capacity, referral and critical care and accessibility to services that can promote or hinder nurturing care services.



Results

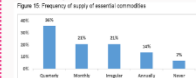
Ownership	Level 1	Level 2	Level 3	TOTAL	% of Ownership
GOVC	1	0	0	1	40%
TRAD	0	2	0	2	25%
Private	0	1	3	4	40%
TOTAL	1	2	3	6	100%
%	16%	33%	50%		

Analysis revealed existing strengths and weaknesses with one established level 4 referral facility and at least 1 health facility in each sub-location with a linked community health unit.



There also exist sub-county health management team and facility/hospital committee/board which manages the subcounty and health facilities that supported easy creation of a primary care network multidisciplinary team in Suba West

Sub-County



Most of the Sub-County essential commodities are at 80%, 20% weekly, 20% monthly, 10% annually and 7% have never received commodities

The findings revealed that 90% of facilities lacked adequate equipment and medical supplies, staff lacked training and motivation for quality service delivery, and half of the health facilities were difficult to accessible during rainy seasons. Waste management was not fully implemented, and most facilities lacked medicines and therapeutic committees. Services were charged, and there was no ambulance in the whole sub-county.

Conclusions

The Survey revealed a number of strength and weaknesses in the health system in Suba-West Sub-County including established lower-level facilities and one referral hospital well distributed geographically.

The study also revealed inadequacy in the quality of services offered both at the lower level facilities and the referral facility due to lack of human resources capacity in terms of numbers and training but also inadequate essential commodities.

Recommendations

1. The study recommends coordinating resources, establishing referral systems, and a functional multidisciplinary team that can assist lower-level facilities during outreaches to improve quality and access to nurturing care services .
2. Tax shifting through paid community health promoters can provide a large share of preventive and promotive services.
3. Increasing access to health insurance by registering community members will increase affordability to services

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ACKNOWLEDGEMENT



A Nutrition-sensitive Multi-sector Community-based Approach for Under-5 Nutrition in Kericho County



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Background

The county of Kericho is known for its fertile soil and adequate rainfall, and enjoys under-5 health and nutrition indicators that are above the national average.

Indicator	(KDHS Facts Sheet 2022)	Kericho	Kenya
Wasting (under-5)		3%	5%
Underweight (under-5)		9%	10%
Basic Antigen Vaccination (12-23 mo)		85%	80%

However, many young children, especially 18 months and older, are not regularly monitored and still at risk of undernutrition due to missed opportunities which include better land use at the individual household level and practical health and nutrition knowledge and information.

Two ECDE centers from each of Soloi/Sigowet and Kipkallon West sub-counties were selected primarily based on the health status and accessibility to health facilities.

5 intervention programmes

Photos on the right

- ECDE Feeding Program** - 10 am snack fully supported by ECDE Parents: Menu is enriched by crops from model kitchen garden.
- ECDE School Model Kitchen Garden** - Maintained by Community Health Promoters (CHPs), parents and 4-K club: assisting the feeding program and serving as a model to the communities by growing a variety of crops.
- Meal Monitoring Household Visits**: CHPs assess each child's diet, and advise on diet quality; Promote Home kitchen garden and Hygiene practices.
- "Play-circle"** - 2- and 3-year-old children and caregivers' monthly program by CHA (Community Health Assistant) and CHPs: Growth monitoring, Play-time, Education/info for caregivers, and Snack-time.
- ECDE Growth Monitoring by ECDE and Health Teachers**: Nutrition status (Wasting) assessed and Referrals to nearest health facility initiated; once a term.

"ECDE Centres Open to Their Communities: For Better Under-five Nutrition in Kericho County Kenya"

(JICA Partnership Program 2022-2026)

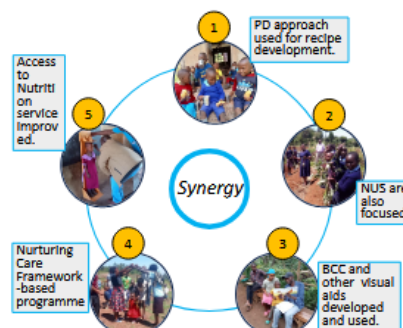


Objectives

The nutrition status of pre-ECDE (2-3 years old) and ECDE children (4-5 years old) of participating ECDE centres will improve through **balanced diet, better hygiene environment and practices at ECDE centres and at home.**

Beneficiaries

Apprx. 600 pre-ECDE and ECDE children and apprx. 900 primary caregivers and school fraternity.



Acknowledgements

HANDS is a registered NGO based in Kericho since 2006. We thank the county multi-sector team, Dept of Education, Dept of Health Services and Dept of Agriculture, for the partnership, with a special thanks to the 4 schools, and community health promoters and community volunteers in Soloi and Chichile Wards.

Achievements and impact

- The average **wasting** rate reduced by 14 points from 45% in Mar. 2023 to 31% in Feb. 2025. The highest reduction was recorded by Kapkures 'A' ECDE centre from 81% to 19%.
- ECDE enrolment increased and absenteeism reduced.
- The average **IDDs (Individual Dietary Diversity Scores)** increased from 5.0 to 5.9 (Nov. 2023 to Nov. 2024). The table below shows the most common diet patterns.

IDDs Food Groups	1	2	3	4	5	6	7	8
	Grains Roots Tuber	Vit-A Rich Plant foods	Other F&V	Meat, Poultry, Fish	Eggs	Legu. mac. Pulses Nuts	Milk, Milk products	Foods cooked with oil/fat
5-food-group diet		Nov. 2023 (n=52)						
6-food-group diet		Nov. 2024 (n=109)						
			Kapla	Kapla	Kapla			
			res	res	res			

- The number of 'substantial' **snack eaten per day** increased from 1.4 (Apr. 2024) to 2.3 (Nov. 2024).
- Approximately **300 ECDE children**, and **30% of an estimated population of 2- to 3-year-old children** in the catchment areas were reached since early 2023.

Challenges and lessons learnt

In the past, maintenance of the model kitchen garden by community proved unsustainable. The collaboration with the 4-K club creates a win-win scenario, providing crucial support for its maintenance and ensuring the continuous transfer of knowledge to the community.

Sustainable model

A once-a-term educational and entertaining school event, a sustainable model "ECDE Nutrition Day", can help school continue being the model and leader for the community. It maintains all the essential activities of the programmes.

4.0 CONFERENCE PROCEEDINGS - DAY 3

4.1 KEYNOTE ADDRESS - III

Safeguarding the rights and wellbeing of young children, Ms. Pornpun Jib Rabiltossuporn, Country Director, Save the Children International

Ms. Rabiltossuporn emphasized that the gathering provided a critical platform for reflection, learning, and collective action to advance ECD initiatives across Kenya. The speaker highlighted Kenya's youthful demographic, noting that children comprised 42.3% of the population. This statistic underscored the urgent need to protect children's well-being and enforce their rights through responsive and sustained measures. She commended the country's progress in strengthening legislative and institutional frameworks, including the enactment of the Children's Act (2022), which was designed to address online abuse, radicalisation, and trafficking, while establishing a Child Welfare Fund. She cited the creation of the State Department for Children's Welfare Services, under the leadership of PS Carren Ageng'o, as a further sign of the government's commitment.

The representative of Save the Children cautioned that serious challenges continued to threaten child well-being (KDHS, 2022). Data revealed that 18% of children under five were stunted due to malnutrition; and statistics indicated widespread exposure to violence, harmful practices, and sexual exploitation, including alarming rates of child marriage and FGM. Such vulnerabilities were exacerbated during emergencies such as floods, droughts, and conflict, and extended into new threats like online exploitation. On education matters, the speaker pointed out that only 30% of children aged three to five were enrolled in early learning programs (UNICEF, 2024), and 57% of 10-year-olds could not read and understand a simple sentence.

She explained that safeguarding children requires a multifaceted approach focused on protecting their well-being and ensuring their rights were upheld. She noted that Save the Children had responded to the realities in Kenya through its Country Strategic Plan. In 2024, the organisation had reached over 695,830 children and families directly across Kenya and Madagascar with integrated programs in health, nutrition, education, child protection, WASH and livelihoods. She also highlighted the organisation's innovations in child protection like *Maoni Mtaani*, a community-based reporting platform, and the rollout of the Positive Discipline Manual for Basic Learning Institutions in partnership with government stakeholders. She underlined that Save the Children remained committed to working with children, their communities, and our partners to discover new solutions to ensure that the world's most vulnerable children realize their full potential.

4.2 PANEL SESSIONS - V

Panel Session One

Session Chair: Dr. Anil Khamis

Panelists: Amina Mwitw, Janet Mwitiki, Josephine Odhiambo and Harrison Kamau

Enhancing Inclusive and Equitable ECD Systems

A representative from the AKF shared insights on long-term efforts to strengthen inclusive and equitable ECD systems across East Africa. The speaker noted that while global progress in ECD services had accelerated, many young children continued to lack access to quality opportunities due to limited system capacity, fragmented coordination, and difficulties in identifying scalable, inclusive entry points for service delivery.

The presentation highlighted AKF's work in partnership with the Madrasa Early Childhood Programme (MECP), aligning with the vision of His Highness the Aga Khan IV, whose leadership through the Aga Khan Development Network (AKDN) had catalysed over 40 years of investment in the Early Years as a foundation for human development. AKDN has played a pivotal role in establishing and supporting key institutions such as MECP in Kenya, Uganda, and Zanzibar; Aga Khan Schools; and the Aga Khan University's Institutes for Educational and Human Development. They explained that, under AKF's leadership, these institutions had collaborated closely with National Governments to strengthen public systems and improve outcomes for young children and families. The presentation outlined AKDN's ECD strategic pillars, which included enhancing family and community support for nurturing care, improving the quality of health and pre-primary services, and institutional strengthening through resource provision, capacity building, and evidence generation. AKDN's commitment to inclusion, innovation, and contextual relevance, and noted the network's expanding focus on emerging priorities such as caregiver mental health, the effects of climate change on child development, and the integration of technology into parenting and early learning support. Special attention was given to MECP's unique positioning as a community-rooted organization that leveraged local structures and cultural dynamics to develop a pre-primary model grounded in global science and evidence. The presentation concluded by sharing insights and research findings that identified key drivers of success in achieving quality and impact at scale, while reinforcing the importance of multisectoral collaboration in strengthening National ECD systems.

Strengthening ECD Systems

Reflecting upon shifting strategies for strengthening ECE systems in humanitarian contexts across Africa, the speaker noted that there was growing recognition of the limitations of strictly top-down approaches, which had historically dominated efforts to improve ECE. In response, an increasing number of development partner-led interventions were adopting comprehensive models that blended top-down policy frameworks with bottom-up, community-driven engagement. Drawing on lessons from the INSPIRED Programme implemented in Wajir and Mandera Counties, the speaker explored how community action and community-government collaboration were helping to address structural gaps in ECE service delivery - particularly in Kenya's ASALs. They highlighted that these efforts were especially significant in contexts shaped by religious norms and cultural attitudes toward children with special needs.

Funded by the United Kingdom's FCDO, the INSPIRED programme was described as a locally grounded initiative led by two community-based NGOs operating in close consultation with county governments, alongside technical support from Education Development Trust and the Ministry of Education. Early findings from the programme's first phase - covering over 500 schools across Wajir and Mandera indicated that local knowledge and cultural capital held by community-based organizations, ECE champions, and county-level leadership were pivotal in tackling: gaps in teacher capacity to implement CBC in the ASAL context; low enrolment rates due to prioritization of Madrasa/Duksi over formal ECE; barriers to registration for children with special needs and policy and resource gaps affecting county-level investment in ECE services. The speaker concluded by reinforcing the need for adaptive ECE strategies informed by both community insight and structural support, emphasizing that collaborative action between communities and government actors was essential to building inclusive and sustainable ECE systems in marginalized regions.

Designing Sustainable ECD Programs in Kenya

A representative from the Global Schools Forum (GSF) shared insights from the *Impact at Scale Labs - Early Years in Kenya* initiative. They reported that while demand for early childcare - especially for children aged zero to three years was rising, systemic issues such as fragmented service delivery, limited financing, and dependence on informal caregiving continued to exclude the most vulnerable. Drawing on research conducted between June and December 2024 by four Kenyan organizations - TotoCare Hub, EERUI, Jackfruit Finance, and the Lake Region Development Programme (LRDP) - the speaker outlined findings

based on engagement with over 600 caregivers, children, ECD providers, and local leaders across seven counties.

Four key lessons were emphasized. First, start with community since EERUI's experience showed that community-based caregiving models better served informal caregivers, and reached younger children. Community leaders were effective in promoting responsive caregiving and nutrition practices. Second, iterate with evidence as demonstrated by TotoCare who adapted its childcare social franchise based on early pilot data. By shifting focus to existing providers and simplifying delivery, they improved caregiver engagement and empowered women economically. Third, build economic resilience as demonstrated by Jackfruit Finance's financing model which showed that economic empowerment is central to sustaining quality childcare. Their AI-driven credit scoring enabled early-stage providers to access funding and scale services. Four, partner for scale - LRDP demonstrated how co-developing programs with Government enhanced trust, efficiency, and scalability. Formal partnerships facilitated resource sharing and laid the foundation for systems-level change.

The speaker concluded by noting that sustainable impact in ECD depended on empowering caregivers, tailoring interventions to local contexts, and integrating programs into economic and governance frameworks.

Gender Transformative Skilful Parenting Support for Vulnerable Adolescent Parents

A representative from ICS SP shared findings from the GTSP intervention, conducted in collaboration with Kakamega County's Departments of Health, Social Services, Child Protection, and Education. Referencing KNBS, 2022, the speaker noted that while all children deserve nurturing environments, 22% of Kenyan children under five face developmental delays. Children of adolescent mothers (15–19 years) are particularly vulnerable, often due to poverty, limited parenting knowledge, and the burden of caregiving. These factors were linked to increased risks of poor cognitive, language, and socio-emotional development (Jeong et al., 2021; Black et al., 2017; Brown et al., 2022). To bridge these gaps, the GTSP initiative applied behavioural science within early childhood development by equipping adolescent parents with co-designed baby bibs and buckets embedded with play messaging. These tools encouraged responsive caregiving through routine activities. The speaker emphasized that multi-sectoral collaboration and adolescent-led development of information, education, and communication (IEC) materials enhanced engagement and ownership. Government facilitators led peer-group sessions, supported by regular monitoring and supervision. As a result, 86% of adolescent parents actively played and communicated with their children. Moreover, 84% created play materials using household items, while parent-child interaction during chores and feeding rose from 32% at baseline to 76% and 59%, respectively. Observed child responses - including smiling, laughing (82%), and communication (86%) - were consistently positive. The speaker concluded by affirming that, despite substantial caregiving burdens, the GTSP intervention yielded promising improvements in parenting behaviour and early learning outcomes. Sustained, tailored, and multi-sectoral support was deemed critical to advancing child development among adolescent parents.

Lessons from The Madrasa Early Childhood's Play and Learn Initiative

A representative MECP, affiliated with the Aga Khan Foundation, presented evaluation findings from a one-year pilot of the *Tucheze, Tujifunze, Tuenjoy (Play, Learn and Enjoy)* initiative. MECP, active across Kenya, Uganda, and Zanzibar for over four decades, collaborates with underserved communities, civil society organizations, and Government partners to deliver inclusive, equitable, and gender-responsive holistic ECD services targeting children aged 0-8. The speaker outlined MECP's strategic approach to strengthening caregiver and frontline worker capacity to support children's health and development. With support from *Theirworld UK*, the pilot distributed over 500 Home-Play and Learning Kits, reaching more than 950 girls and boys aged two to five years. According to the speaker, external evaluation findings indicated that supported caregiver-led initiatives significantly enriched the caregiving environment. Caregiver-child playful interaction - defined as occurring at least four times a week - increased from 36%

at baseline to 70% at endline. Moreover, the proportion of caregivers using storytelling, singing, and real-life objects and routines to engage children rose from 48% to 81%. Caregivers reported feeling more confident and empowered, identifying themselves as their child's first educator and advocate. The evaluation recommended policy-level integration and sustained support through localized grassroots structures to scale and sustain impact.

INSPIRED – EDUCATION DEVELOPMENT TRUST

The *INSPIRED* project, underway in Wajir and Mandera Counties is led by the Ministry of Education and County Governments in partnership with a consortium of organizations - including the Aga Khan Foundation and Sightsavers - the initiative aims to strengthen policy implementation and reduce educational disparities. According to the speaker, the project is anchored around three core components: (i) technical assistance, focusing on policy review and foundational learning; (ii) improved access to quality education for children aged four to five; and (iii) evidence generation to support decision-making and policy advocacy. The speaker underscored the urgency of the initiative, citing that 33% of Kenyan children currently lack access to education.

It promotes teacher mentorship, the creation of culturally grounded play and learning materials, and the adoption of design thinking approaches by caregivers; and uses low-cost teaching resources, supported by continuous monitoring and mentorship from caregivers and CHPs. Additional efforts include behaviour change facilitation, structured supervision, and contextualized tool development. Central to the model is the strategic positioning of government institutions as lead entry points and monitoring authorities for interventions.

REFLECTIONS

Aga Khan Foundation

Aga Khan Foundation's approach to measuring systemic impact in ECD, emphasizes the use of both qualitative and quantitative indicators; contextualizes global measurement tools to reflect local realities, while ensuring that selected indicators are culturally responsive and aligned with actual community needs. AKF works in close partnership with local communities, civil society organizations, and various levels of government to reach all children through inclusive and evidence-informed programming. The speaker highlighted that this collaboration includes consultative sessions with national and county governments to identify priority child-related issues, as well as joint planning and implementation efforts aimed at complementing government resources. AKF tailors its interventions for contextual relevance, cost-effectiveness and sustainability. As part of its accountability and learning processes, the organization conducts joint monitoring to identify effective practices and areas requiring adjustment. Capacity building for relevant stakeholders was also described as a central component of AKF's systemic strengthening model.

MECP - Madrassa Early Childhood Program

The program utilized a Play and Learn model to influence early learning practices within the home environment. The Play and Learning Kit consists of a variety of age-appropriate materials designed to stimulate interaction, play, and learning between children and their caregivers. To enhance the effectiveness and sustainability of the intervention, CHPs were engaged to provide ongoing household mentorship and supervision. Their involvement ensures consistent follow-up, reinforces positive parenting practices, and supports caregivers in creating nurturing and developmentally appropriate environments for young children at home.

INSPIRED

A key innovation highlighted was the integration of *Duksi* and *Madrassa* into formal ECD programs, with two pilot areas in progress. The *INSPIRED* model draws on existing community structures and encourages

consultative engagement between state and non-state actors. Recommendations included reprioritization of resource allocation amidst diminishing external aid and the government to clearly define the role of CSOs in ECD service delivery and policy implementation.

4.3 PANEL SESSIONS - VI

Panel Session Two

Session Chair: Dr. Silas Onyango

Panelists: Dr. Cherui Rodgers, Allan Akwanalo, Dr. Samson Oteyo and Linda Odero

Evaluating Healthcare Workers' Capacity to Offer Psychosocial Support to Child Sexual Abuse Survivors

Childhood sexual abuse is a widespread and severe offense characterized by "sexual acts involving an adult and a child, where the child is exploited for the perpetrator's sexual gratification." This study aimed to evaluate the capacity of healthcare workers in offering psychosocial support to Child Sexual Abuse Survivors in Lodwar County Referral Hospital. The study was guided by two theories, which are ecological system theory and the health belief model. A mixed method research approach was used, combining qualitative and quantitative research techniques. The target population of the study included caregivers, health care providers, Childhood Sexual Abuse survivors, and hospital staff who are: the hospital Chief Executive Officer, administrator, human resource officers, and matron. The study sampled 120 participants. Stratified Random sampling was used to select the sample from the population. Data was collected using close-ended questionnaires and key informants' interviews, Focus group discussions and the Child Depression Inventory Questionnaire. The Quantitative data collected was analyzed descriptively and inferentially and presented in frequencies and percentages, while qualitative data was analyzed thematically. The study reveals critical gaps in the availability, accessibility, and effectiveness of psychosocial support services for child sexual abuse survivors at Lodwar County and Referral Hospital. This indicated the need to increase engagement in continuous professional development for healthcare staff. This should include regular training sessions, workshops, and seminars to ensure that staff are updated on the latest practices and techniques in psychosocial support.

Promoting Mental Health and Well-Being in Caregiving Environments

The Moments That Matter Project, led by Anglican Development Services Western (ADS-W), transforms vulnerable caregiving environments into valuable, nurturing spaces by prioritizing mental health and well-being in ECD in Vihiga County, Luanda Sub-County, Mwibona Ward, Esiandumba, and Ebutanyi sub-locations. Aligned with the sub-theme "*Vulnerable to Valuable: Sustaining Early Childhood Development Initiatives*" and the sub-topic "*Promoting Mental Health and Well-Being in Caregiving Environments*," this initiative empowers over 780 caregivers across 60 Caregiver Support and Learning Groups (CSLGs) to foster resilient ecosystems for young children. Grounded in trauma-informed care, positive psychological support, and community-driven approaches, MTM addresses chronic stressors through trauma-informed training by ECD Promoters, monthly CSLGs, and mindfulness-based, play-based activities integrated into caregiving routines. Implemented over 18 months, a mixed-methods evaluation revealed a 35% reduction in caregiver stress, enhanced self-efficacy, and improved child-caregiver interactions, corroborated by endline data showing significant reductions in parenting stress ($\beta = -0.38$, $p = .002$) and depressive symptoms ($\beta = -0.54$, $p = .034$), and increased social support ($\beta = 0.49$, $p < .001$). Despite challenges like poverty and mental health stigma, community partnerships the six line ministries like the MoH, Ministry of Agriculture, Livestock and Fisheries, Ministry of Social Services, Children's office, Gender office, and National Government Administration Officers (NGAO), ensured sustainability.

The paper highlighted MTM's conceptual and practical framework, offering scalable strategies and policy recommendations, including integrating mental health support into ECD frameworks, to advance practice and resilience.

Food Insecurity and Risk of Depressive and Anxiety Symptoms Among Caregivers of Young Children in ASAL Regions

The study filled a critical research gap by examining the prevalence and relationship between food insecurity and depressive and anxiety symptoms among caregivers of young children residing in Kenya's ASAL regions. A cross-sectional design was used to collect data from caregivers of children aged zero to three years from Lamu, Isiolo and Turkana Counties (N =446). PHQ-9 and GAD-7 scales were used to assess depressive and anxiety symptoms. Food insecurity was measured using the Household Food Insecurity Access Scale, alongside sociodemographic and health-related questionnaires. The average age was 29.37 years (SD = 6.56). Most participants lacked improved sanitation (73.09%), and 33.86% had their first pregnancy before the age of 18. High levels of depressive (22.42%) and anxiety symptoms (11.21%) were observed. Household food insecurity was associated with both depressive ($\beta = 0.23$, 95% CI [0.17 to 0.30], $p < 0.001$) and anxiety ($\beta = 0.15$, 95% CI [0.10 to 0.21], $p < 0.001$) symptoms. Increased maternal age, higher education level, and having a child with chronic illness were significant risk factors for depressive and anxiety symptoms. Depressive and anxiety symptoms are highly prevalent among caregivers in Kenya's ASAL regions and strongly linked to food insecurity. Findings underscored the need for integrating mental health screening and support services into maternal and child health programs and addressing food insecurity through multi-sectoral interventions. Further research is needed to explore the nexus between food insecurity, mental health, and other contextual factors affecting caregivers and child well-being in ASAL regions.

The Intersection of Programmatic Interventions and Community Involvement and Ownership

The study highlighted Mary's Meals' transformative impact in delivering daily school meals to children in some of the world's most vulnerable communities. The organization envisions a world where every child receives one daily meal in their place of education - a mission rooted in addressing hunger-related barriers to learning. Through long-term partnerships with schools, communities, and volunteers, Mary's Meals supports the implementation of community-driven feeding programmes that enhance school attendance, educational performance, and local ownership. This approach not only elevates the perceived value of education but also fosters grassroots leadership and replication of the model in other contexts.

A mixed-methods, quasi-experimental design was used to examine changes attributed to the programme, incorporating a control group to measure outcomes beyond natural variation. Data and insights - drawn from Turkana County, Kenya, and other implementation sites - demonstrate that the programme significantly boosts food security, community cohesion, and parental engagement within the education ecosystem. Findings revealed that regular school meals serve as a vital social safety net and a catalyst for deeper community involvement. Caregivers reported feeling more invested in school affairs, and children show improved learning outcomes and attendance. These results affirm Mary's Meals' theory of change, emphasizing the power of community voice in shaping sustainable, scalable school feeding solutions that extend far beyond the meal itself.

Nexus Effect of Maternal Empowerment, Nutrition Status and School Readiness

Disparities in maternal empowerment, nutrition and school readiness continue to affect young children and their mothers particularly in low-income and marginalized communities. Provision education and child care intervention not only address disparities in school readiness but also boost maternal economic empowerment through availability of time for mothers to participate in labour supply which subsequently influence their nutrition and health decisions that affect their children. The aim of this article is provide preliminary baseline evidence on nexus interplay of maternal empowerment, nutrition status of children and their school readiness in RCT study in Tharaka Nithi County Kenya. Results indicated that 16.7% (215) children (n=1284) were malnourished with 53.5% (115) being girls (n=215). Majority of malnourished children were from mothers with primary education (51.6%:111; n=111), those aged 26 to 34 (43.3%:93; n=215), casual workers (38.1%:82; n=215) and mothers from the lowest wealth quantile (31.5%: 81;

n=215). The three-year-old had higher mean % scores in concepts of school readiness exposed at home (follow instructions: 61%; body parts: 48%); color: 41%; general knowledge: 39%, preposition: 36%) than concepts than school-taught. The four-year-old had above average mean % in all home exposed concepts (follow instructions: 73%; body parts: 76%); colors: 60%); general knowledge: 64%; and preposition: 61%) than school taught concepts. There was a moderate predictive strength ($\beta=.245$) of nutrition status on school readiness. Interventions focusing on maternal empowerment, children's nutrition and school readiness nexus are synergistic and create positive feedback loop that benefits both children and their mothers.

Promoting School Readiness and Women Economic Engagement

The intervention sought to enhance early childhood learning outcomes, improve women's time use, and promote holistic well-being in Tharaka Nithi, a uniquely diverse Kenyan county spanning six major agricultural zones. These agro-ecological conditions shape women's caregiving roles, income pathways, and time constraints -making the region ideal for testing scalable, integrated solutions. The program deployed a locally adapted curriculum across 64 treatment schools and 58 control schools, progressing learners from pre-primary to Grade 1. Core components included: (i)Activity guides and learning resources contextualized with local materials, (ii)Teacher recruitment and training in local languages, with ongoing coaching, (iii) Structured assessments using child development indices, caregiver surveys, and observational tools.

Driven by a community-identified challenge - women forced to choose between caregiving and income generation - the County Governor spearheaded a groundbreaking idea: adapt informal market-based childcare systems into formal, school-based environments. This innovation positioned schools as dual-purpose spaces - supporting both child development and women's economic agency. Implementation was highly participatory, blending technical guidance from researchers with insights from grassroots organizations, local government, and community elders. Cultural relevance was prioritized through locally sourced materials, mother-tongue instruction and community consultation and co-design.

Challenges were (i) low female participation in formal employment due to caregiving responsibilities and limited access to early learning services (ii) environmental and economic diversity in the county created varied needs and outcomes across different zones (iii) baseline data showed that women spent significant time on childcare tasks, limiting their ability to engage in income-generating activities (iv) limited decision-making power among women in households, especially regarding finances and child-related matters.

The recommendations were (i) scale-up the preschool curriculum intervention to more counties, especially those with similar socio-economic and environmental profiles (ii) invest in localized teacher training and mentorship programs to ensure quality delivery and cultural relevance (iii) support women's economic empowerment by reducing unpaid care burdens through accessible early learning services (iv) strengthen data systems to track child development outcomes and women's well-being over time and (v) promote shared caregiving responsibilities within households to enhance gender equity in decision-making and income generation.

REFLECTIONS

Challenges were that mothers often face conflicting demands between caregiving and earning a livelihood. Secondly, there was a need to adapt academic frameworks to local realities, ensuring that interventions were not only effective but also embraced by the community. Thirdly, existing community structures were diverse and fragmented, requiring thoughtful integration.

The recommendations were to (i) scale-up school-based childcare models that support both early learning and women's economic participation (ii) continue leveraging local structures—both formal and informal—to ensure sustainability and community ownership (iii) invest in localized curriculum development, using local languages and materials to enhance relevance and accessibility and (iv) strengthened partnerships

between academic institutions, local governments, and communities to co-create solutions that are both evidence-based and grounded in lived experience.

4.4 COMMITMENT WALL AND ACTION PLANNING TO ADVANCE ECD

#	Response	Specific Action
1	Advocacy	Continued advocacy on multisectoral coordination and cooperation
		Conducting continuous advocacy through a multi-sectoral approach and off course leveraging on technology. Policy advocacy and implementation
		Center for adolescent girls and youth health program CBO is striving to strengthen oversight system that will also support Advocacy for stronger policy's improvement and institutional development.
		Centre for adolescent girls and youth health program CBO, is working in partnership with KMET and county government of Siaya to strengthen oversight system that support advocacy
		Using multi sectoral and inter agency approach in leveraging on the existing structures in advocating for Early Childhood
2	Capacity building	Building capacity of the local implementing partner at the grassroots and strengthening their institution for sustainability of the gain in ECD
		Capacity building for parents, caregivers and teachers. Research for evidence-based data collaboration with community stakeholders and county and national governments
		Teacher training, Inclusive education Women empowerment, capacity building and economics, Resources mobilization from different stakeholders, Use locally available material for learning immunization
3	Community-centred intervention	Utilizing the existing community Structures
		We are ensuring that the community remains at the centre, not just as recipients but as drivers of change by strengthening local structures closest to the community throughout community based MSTs.
		I can support parents and caregivers directly by answering questions about child nutrition, immunization, and early stimulation. Generating home-based learning activities for children.
		As Compassion International Kenya we shall continue promoting ECD while using homebased approaches to promote child survival in the homes and at the church centres.
		We have included ECD activities as part of our Key Focus Areas in our 2025-2059 strategic plan. It will aid in the expansion of our ECD initiatives across our areas of coverage at ADS-Western Region.
4	Empowerment	At Msichana Empowerment Kuria (MEK), we aim to advance Early Childhood Development (ECD) through a holistic, girl-centred model focused on safety, care, and early learning.
5	Evidence generation	Providing evidence for policy and systems strengthening
		The Institute for Human Development generates contextualize informative knowledge on Human Development from early years; advancing policy development & policy practices and training of research practitioner.
		Our commitment is to strengthen evidence generation and documentation of learnings to challenge practice and behavior at community level; and influence policy especially at regional level –KMET

#	Response	Specific Action
		Improve knowledge building, management and use of evidence to strengthen performance information (priorities, action plan and targets) around NCfECD interventions in Siaya county, by CAGYHP. We have started a department of ECD, which is vibrant and ensuring that all stakeholders are enlightened and fully participate in ensuring proper socialization of the young ones.
6	Inclusion	The organization is working round the clock for inclusivity putting into consideration learners with special needs under all categories right from Foundation level. Focus ECD on both humanitarian and development contexts including refugees –no child should be left behind. I am committed to ensure that no child is out of school as a result of attending Dukxi by advocating for the integration of Dukxi into the school system.
7	Mental health	To work on the mental awareness of caregivers to ensure good nurturing care for the children for holistic development, this shall be done using the multisectoral based approach system in my county
8	Multisectoral coordination	Coordination and identify champions Taking a multi-sectoral approach
9	Policy and strategy	Through championing a multi-tiered strategy that encompasses policy advocacy, community programming, training and capacity building, and integrated child-well-being initiatives. Advancing political will from policy commitments to implementation. Adopting child-centred, whole government and whole community approach AKF through for programme strategic priorities 1.Family&com'ty support, 2Quality of childcare, health & preprimary services, 3.strengthening local institutions & HR 4.Evidence generation for policy influence
10	Resource mobilization and accountability	From the low-performing Frontier Countries, we initiated coordination, conducted a survey and developed a strategic plan to mobilise resources and address priority ECDE needs Influence financing at both national and county level influence data systems and use of data Working on measures to hold government accountable on ECD expenditure. Having itemized budget on ECD. Involving and Engaging men in Child care. Promoting accountability in ECD in Kenya by ensuring effective use of public resources. We will use evidence-based audits to support a transparent and inclusive system that puts children first. I am committed to ensure that my county invests in ECD. Commitment to provide better ECD services and ensure there's 100% school attendance and retention.
11	Safeguarding	Our focus is on ensuring secure, nurturing environments in which children, especially girls, are shielded from practices such as child marriage and FGM that disrupt normal development. Safeguarding the rights and wellbeing of children through multisectoral and inclusive approaches to early childhood development that focus on both prevention and response
12	School feeding	By ensuring provision of the break-time snack for PP1&2 learners with the maize, cassava and millet sourced from local farmers and milled locally in Bungoma

4.5 VOTING FOR THE HOST COUNTY FOR THE 7TH NATIONAL ECD STAKEHOLDERS' CONFERENCE

Delegates, at plenary made proposals on which county would host the Seventh National ECD Stakeholders Conference. Two counties duly nominated and voting conducted. The voting tally was as follows:

- | | |
|------------------|--|
| 1. Embu | 70 votes comprised of 65 votes (Plenary Hall) and 5 votes (Online) |
| 2. Tharaka Nithi | 59 votes comprised of 58 votes (Plenary Hall) and 1 vote (Online) |

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

4.6 CLOSING PLENARY

Vote of Thanks – Immaculate Salaon

Vote of thanks was given by Immaculate Salaon the founder and the CEO of Community Initiatives Agenda, Board member at the Kajiado County Assembly Service Board and the Chair Planning Committee of the Sixth ECD Conference.

She thanked all delegates for their active participation and meaningful contribution towards ensuring that the Conference was a success. She noted that she was deeply honored by the presence of key national and county leaders. She appreciated the children that did not just participate but gave a powerful message as to why they should be put first. She extended her deepest appreciation to the partners, organizations, Universities, institutions and individual members who invested cash and time to make the conference possible. She also thanked all the exhibitors, the senior abstract reviewers, junior abstract reviewers, session video session chairs. She commended Dencast Global for a well-done job.

She thanked Garissa County and commended them for offering a venue to connect and plan for our children's bright future; and for their tireless support in making the conference a success.

County Executive Committee Member, Education, Information & ICT, County Government of Garissa - Ebla Minhaj

Ebla Minhaj thanked the ECD Network for Kenya for convening the sixth national conference bringing together a strong and passionate team of stakeholders from across the country and beyond. She noted that the conference was a landmark event for all the policy outcomes. She commended both the national and county governments and all dignitaries who participated in the conference including the CEO of the Tanzania ECD Network.

CEO of NCCS – Abdinoor Mohamed

Abdinoor Mohamed was grateful to the leadership of FCDO and ECD network led by the Chief Executive Officer and the National Coordinator respectively for their tireless efforts. The results, he noted, were evident in the rich conference discussions and outcomes. He reaffirmed the unity of purpose evident in the presentations by keynote speakers and panelists who took time to share their experience evidence. He noted that the thought leadership manifested in the conference was not just informative but transformative with insights, innovations and ideas shared that would shape the future of ECD work in Kenya.

UNICEF Garissa Office - Dr. Mohamed Abdullahi Mohamed, Chief of the Garissa Zonal Office

Dr. Mohamed thanked the Garissa County administration for the energy, partnership and initiatives to ensure the well-being of children and to address related challenges.

The ECDNeK Board Chair - Oscar Kadenge

He thanked everyone who had participated in preparing for the conference making it a success.

National Coordinator of the ECD Network for Kenya - Professor Teresa Mwoma

Professor Mwoma, elaborated on the 10-year journey since the network started. Professor Mwoma appreciated AOSK, ACWECA, ADS Nyanza, Build Africa Kenya, ChildFund Kenya, CRS, Nurture First, The Action Foundation, Safe Water and AIDs Project (SWAP-Kenya), Kidogo, PATH, Worldreader, Community Initiatives Agenda, Inter-Religious Council of Kenya (IRC-K), We World and FCDC. Additionally, she informed members that the membership was still open to individuals and to organizations and in case any additional information was required, the secretariat would be of assistance.

She concluded by saying that a child was not a vessel to be filled but a seed to be nurtured and that if we took care of our children today we would be building the strength of our nations tomorrow. She welcomed the Deputy Governor to give closing remarks.

4.7 CLOSING REMARKS

His Excellency Abdi Dagane Muhumed, Deputy Governor of Garissa County, appreciated the network for the three-day event. He requested all the participants to be good ambassadors for ECD matters and of Garissa County. He thanked the ECD Network for choosing Garissa County and wished everyone safe travel back home. He also officially closed the Sixth National Stakeholders Conference.

Click [here](https://ecdnetworkforkenya.org/abstracts), to access all the abstracts: <https://ecdnetworkforkenya.org/abstracts>

ACKNOWLEDGEMENTS

The convening of this conference was made possible through generous **financial and technical support** from the Government of Kenya, various actors, and institutions in the ECD space and all who registered to participate. Without your support, the 6th National ECD Stakeholders' Conference would not have been possible. Thank you all for finding time to participate in the conference.

Asanteni Sana!

Host: County Government of Garissa

Governments: Ministry of Health - Neonatal and Child Health Division, Ministry of Education - Early Childhood Education, Ministry of Labour and Social Protection - Directorate of Social Development (DSD), National Industrial Training Authority (NITA), Ministry of Gender, Culture and Children Services - Directorate of Children Services (DCS), National Council for Children Services (NCCS), Council of Governors, Frontier Counties Development Council, Lake Region Economic Bloc and all the 25 County Governments represented

ECD Network for Kenya Board Members: Mr. Oscar Kadenge, Damaris Wambua, Caroline Awuor, Prof. Teresa Mwoma, Sr. Teresa Yator, Dickens Omedo, Elaine Wacuka, Munaweza Muleji and Regina Mwasambo.

ECD Network for Kenya Secretariat: Prof. Teresa Mwoma, Racheal Makena, Sally Moraa, King Maina, Judith Mueni, Nelias Gitahi, Fred Okeyo and Faith Ocharo

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Thank you very much!

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