



COUNTY GOVERNMENT OF SIAYA

Nurturing Care for Early Childhood Development Strategic Plan 2020 – 2024

"If we change the beginning of the story, we change the whole story."

February 2020



SMART
START
SIAYA

Table of Contents

FOREWORD	4
LIST OF TABLES	7
ACRONYMS	7
WHO World Health OrganizationEXECUTIVE SUMMARY	9
GLOSSARY OF TERMS	12
CHAPTER 1: INTRODUCTION	14
Background	14
Rationale and Scope of the NCFECD Strategic Plan	17
CHAPTER 2: SITUATION ANALYSIS	18
<i>WHO, Nurturing care framework, 2018.</i>	18
Maternal Health	18
Breastfeeding and Infant Feeding Practices.....	22
Opportunities for Early Learning	22
Child Protection Safety and Security.....	23
Status of birth Registration in the County.....	23
Sectoral Roles and Responsibilities	26
CHAPTER 3: STRATEGIC FRAMEWORK	30
Vision.....	30
Mission.....	30
Goal	30
Guiding Principles.....	31
Core Values.....	31
Strategic Objectives.....	32
Strategic Interventions.....	32
CHAPTER 4: NCFECD STRATEGY INSTITUTIONAL MANAGEMENT	36
Institutional Arrangements.....	36
County level.....	36
Sub County Level	37

Governance and Coordination.....	37
Funding and Sustainability of the NCfECD Strategy.....	38
CHAPTER 5: MONITORING, EVALUATION & LEARNING (MEL)	39
Performance Monitoring and Review Process.....	39
Evaluation of NCfECD.....	39
Data Management.....	40
Dissemination of M&E findings.....	40
Annexes	41
Annex I: Implementation Matrix	41
Annex II: Monitoring and Evaluation Framework.....	50
REFERENCES	54

FOREWORD

Siaya has made significant progress in improving the health, development and wellbeing of newborns and children, but there is need to address remaining challenges and ensure that all children realize their potential. Globally, regionally and even nationally, there are proven evidence-based interventions for improving early childhood development.



The development of the Nurturing Care for Early Childhood Development Strategic Plan (NCfECD-SP) 2020 – 2024 has been guided by the recommendations in the Lancet ECD Series 2016, the Sustainable Development Goals (SDGs), the Nurturing Care for ECD Framework, the Global Strategy for

Women & Children 2016 – 2030 , the Kenya Vision 2030, Kenya Health Policy (2014 - 2030) and Siaya County Integrated Development Plan (CIDP) 2018-2022.

The Science of ECD has shown that the growing brain of a child in the early years relies on multiple experiences to develop. Nutrition feeds the brain, stimulation sparks the neural connections, positive healthy interactions reduce the impact of illness, and protection buffers the brain from the negative impact of stress. The synergy between adequate nourishment, right kind of positive stimulation and nurturing care, and a sense of safety and security has an effect on the formation and combination of neural pathways – and, as a result, on the brain’s ability to develop properly – and on the ability of children to reach their full potential. This is a window of opportunity to lay a foundation of health and wellbeing whose benefits last a lifetime – and carry into the next generation. Investing in ECD has also been proven to be cost effective: For every \$1 spent on early childhood development interventions, the return on investment can be as high as \$13. Children who do not have the benefit of nurturing care in their earliest years are more likely to encounter learning difficulties in school, in turn reducing their future earnings and impacting the wellbeing and prosperity of their families and societies.

This integrated NCfECD-SP comes at an opportune time when the county, through support from the Conrad N. Hilton Foundation, PATH, KMET, CRS, ChildFund and ADS Nyanza, is fast tracking initiatives to ensure that every child in Siaya County realizes the right to not only survive but also thrive and become transformative agents in their community. The strategy is a demonstration of the County Government of Siaya’s

commitment to the development of her newborns and children and is aligned with the county's goal on attaining universal health coverage (UHC) in the next 5 years.

The Strategic interventions outlined in the strategic plan address the child comprehensively, focusing on the health and development needs during the newborn and early childhood period, and addressing the needs of the primary caregiver beyond his/her health. In parting with the traditional focus, this strategy integrates early child development initiatives into one unified framework, reinforcing the importance of the continuum of care. This strategy was developed over a period of six months through a highly consultative process. The process, guided by the integrated ECD Multi Sectoral Committee involved review of the ongoing interventions by different partners, sectors and community-based initiatives. The process also involved key informant interviews with stakeholders from the various departments of the County Government, development partners, non-governmental institutions, civil society groups including faith based organizations, and county child health focal officers.

The Strategy seeks to provide guidance to all stakeholders on the priority interventions for early childhood development in Siaya County. Furthermore, the strategy will provide direction on the coordination and scale up of Nurturing Care for ECD.

On behalf of the leadership of the County Government of Siaya, we commit to be part of the movement to create an inclusive and sustainable world, starting with investing in the earliest years to realize the right of every child to survive and thrive, to build a more sustainable future for all. It is my hope that we will have a well-coordinated approach in our interventions that translates into better health outcomes and improved health status of the population in Siaya County.

H.E. Cornell Rasanga Amoth
Governor of Siaya

ACKNOWLEDGEMENTS



This Nurturing Care for Early Childhood development strategy has been developed through extensive consultations, which included desk/literature reviews, in-depth interviews with key informants/stakeholders, and several technical consultative and review forums with key stakeholders. The County Government of Siaya acknowledges contributions from its various sectors and partners including both National and County Government Representatives.

The Strategy was developed under the leadership of Siaya County Governor, H.E. Cornell Rasanga, H.E. Rosella Rasanga - First Lady of Siaya County, Ms Dorothy Owino - CEC Health, Ms Mary Olute - CEC Education, and Mr. Joseph Ogutu - Siaya County Secretary. Specifically, the County Government recognizes the contributions to the development of this strategic plan made by the core team led by Dr. Joseph Okwesio -Chair Integrated ECD Multi sectoral Committee, Dr. Elizabeth Omondi - County Reproductive, Maternal, Newborn, Child and Adolescent Health Coordinator, Oscar Kadenge (PATH), Monica Oguttu (KMET), Francis Sewe (County Director Monitoring and Evaluation), Mr. John Omiti (Education Dept), Mr. Jemin Konyango (Children's Dept), Mr Godfrey Juma (Civil Registrar) and Benta Jacob (Education Dept). Other key contributors included: Abella Owuor (KMET), Beatrice Oyugi (PATH), Nancy Juma (Smart Start Siaya) and Peter Obare (Smart Start Siaya).

The County Government also recognizes the efforts of Hellen Sidha (Consultant), Dr. Elizabeth Omondi and Abella Owuor who collated, synthesized, and incorporated stakeholders' views throughout the development process. The County Leadership further acknowledges the contributions from the entire Siaya Community Leadership and most importantly, the valuable contributions made by the various County Directors during the regional county consultations conducted across the county. We are grateful for the administrative and logistics support provided by Smart Start Siaya Team (Hilton Foundation, PATH, KMET, Child Fund, CRS and ADS Nyanza). Finally, we acknowledge the financial support provided by Hilton Foundation.

Hon. Joseph Ogutu
County Secretary
SIAYA COUNTY

IST OF TABLES

Table 1: Essential services Indicators from MICS and KHIS2 data	18
Table 2: Mortality Rates in Siaya County.....	19
Table 3: Immunization Indicators.....	20
Table 4: Early Infant Diagnosis (EID).....	21
Table 5: Children on ART in Siaya County as at December, 2019.....	21
Table 6: Various Nutrition Indicator Values.....	21
Table 7: Trends in ECD learners enrolment progression	22
Table 8: Household receiving support social protection	23
Table 9: SWOT Analysis.....	24
Table 10: Roles and responsibilities	29
Table 11: Strategic Objectives, Intervention and activities.....	33

ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ADS	Anglican Diocesan Services
ANC	Antenatal Care
AWP	Annual Work Plan
CBCPM	Community Based Child Protection Mechanism
CHAs	Community Health Assistants
GAP	Global A
TOT	Training of Trainers
ASRH	Adolescent Sexual and Reproductive Health
BCG	Bacillus Calmette Guerin (Tuberculosis)
CBOs	Community-based organizations
CGS	County Government of Siaya
CHMT	County Health Management Team
CHVs	Community Health Volunteers
CRC	Convention on the rights of the children
CRS	Catholic Relief Services
CRVS	Civil Registration and Vital Statistics
CS	Caesarian Section
CSOs	Civil Society organizations
DPT	Diphtheria Pertussis Tetanus
ECD	Early Childhood Development
EPI	Expanded Programme on Immunization
FBOs	Faith-based organizations

FP	Family Planning
GOK	Government of Kenya
HDI	Human Development Index
HIV	Human Immunodeficiency Virus
ICC	Interagency Coordinating Committee
ICCM	Integrated community case management
IEC	Information Education and communication
IMCI	Integrated Management of Childhood Illnesses
ITN	Insecticide Treated Net
IYCF	Infant and Young Child Feeding Practices
IYC	Infants and Young children
IYCN	Infant and Young Child Nutrition
KAIS	Kenya AIDS Indicator Survey
KDHS	Kenya Demographic Health Survey
KEPH	Kenya Essential package for health
KEPI	Kenya Expanded Programme on Immunization
KNBS	Kenya National Bureau of Statistics
LBW	Low Birth Weight
LLIN	Long Lasting Insecticide Treated Nets
MDGs	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
MNH	Maternal and Neonatal Health
MOH	Ministry of Health
MOMS	Ministry of Medical Services
MOPHS	Ministry of Public Health and Sanitation
NASCOP	National AIDS and STIs Control Program
NCAH	Newborn, Child, and Adolescent Health
NCDs	Non Communicable Diseases
NCfECD	Nurturing Care for Early Childhood Development
NEMA	National Environmental Management Authority
NGOs	Non-governmental organizations
NHIF	National Health Insurance Fund
ORT	Oral Rehydration Therapy
OVC	Orphans and Vulnerable Children
PMTCT	Prevention of Mother to Child Transmission

RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
SBA	Skilled Birth Attendance
SCHMT	Sub-County Health Management Team
SDGs	Sustainable Development Goals
TBA	Traditional Birth Attendant
TFR	Total Fertility Rate
TWGs	Technical Working Groups
U5MR	Under-5 mortality
UHC	Universal Health Coverage
UN	United Nations
WASH	Water, Sanitation and Hygiene
UNAIDS	United Nations Programme on HIV/AIDS
UNCRC	United Nations Convention on the rights of the child
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
WHO	World Health Organization

EXECUTIVE SUMMARY

This Nurturing Care for Early Childhood Development Strategic Plan (NCfECD-SP) constitutes the statement of intentions and actions of the County Government of Siaya (CGS) over the period January 2020 to December 2024 based on its constitutionally assigned functions and responsibilities. The NCfECD-SP development involved in-depth analyses and stakeholder consultations. The NCfECD-SP is an integral component in the overall CGS planning arrangements. It foundationally emanates from the Constitution and the Kenya Vision 2030 through the County Integrated Development Plan and cascaded through the various County Sectoral Strategic Plans. This plan will guide the planning and budgeting for early childhood interventions and will form the basis for annual planning and performance contracting for various sectors in the County.

The CGS is committed to promoting the integrated delivery of nurturing care for early childhood development services through a government-led joint planning, implementation and monitoring model. The Governor is leading the scaling up of NCfECD through the creation of an enabling environment (i.e. laws, policies, institutional frameworks) to ensure that caregivers have the tools, knowledge, and skills needed to adequately provide all the components of nurturing care i.e. good health, adequate nutrition, safety and security, responsive caregiving and opportunities for early learning. This unique model that spearheads nurturing care implementation is dubbed as *Smart Start Siaya (SSS)*.

The CGS began to integrate nurturing care into the county's health system in 2014 in order to improve child development outcomes. In 2018, the leadership of Siaya County reviewed its early years strategy and adopted a new model of integrating nurturing care interventions in all relevant sectoral plans and services (i.e. Health, Education, Agriculture, Civil Registration, Children's Department, and Social Services etc.) The government also sought to use Community Health Volunteer networks to provide nurturing care related counselling and education during home visits. Since then, the leadership of Siaya County, through support from Conrad N. Hilton Foundation, PATH, KMET, Child Fund, CRS and ADS Nyanza, has taken the lead in advocating for nurturing care for all the children of Siaya County.

This strategic plan embraces a human-centered, integrated, and sector wide approach. The emphasis therefore is to ensure that ECD services are delivered to all persons with

quality, equity, and dignity. The strategic plan addresses findings from a desk review, key informant interviews, and a stakeholder prioritization exercise in setting forth strategic objectives that directly align with local and global commitments to the wellbeing of children in the early years of their lives.

The implementation of this strategic plan will require increased investment to achieve broad reaching sustainable impact with a focus on multi sectoral initiatives targeting the communities and families. The County Government through the integrated multi sectoral committee will coordinate the implementation of these interventions and will ensure high performance and financial accountability to achieve the anticipated outcomes. This will be accomplished through strategic and collaborative partnerships with key sectors, civil society, development partners, private sector, and community and also through expanding avenues of resource mobilization.

GLOSSARY OF TERMS

TERM	DEFINITION
Caregiver	A person who is very closely attached to the child and responsible for their daily care and support. Primary caregivers include parents, families and other people who are directly responsible for the child at home.
Child	Any person under 18 years of age
Developmental delay	A condition in which a child is behind schedule in reaching milestones of early childhood development. This could be any significant lag in the development of a child's physical, cognitive, behavioral, emotional, or social development, in comparison with norms.
Developmental difficulty	Any condition that puts a child at risk of suboptimal development, or that causes a child to have a developmental deviance, delay, disorder or disability. The term encompasses all children who have limitations in functioning and developing to their full potential. That includes those living in hunger or social deprivation, those who had a low birth weight, and those with cerebral palsy, autism, sensory problems, cognitive impairments such as Down syndrome, or other physical disabilities, such as spina bifida
Disability	Any difficulty encountered in three interconnected areas: impairments in body functions or alterations in body structure; limitations or difficulties in executing activities; and restrictions in participating in any area of life. Disability arises from the interaction of health conditions with contextual factors, including environmental and personal factors.
Early Childhood Development	This refers to the ordered emergence of interdependent skills of sensory-motor, cognitive-language, and social-emotional functioning starting prenatally through to 8 years
Family Centered Approach	Policies, procedures and practices tailored to focus on children's and families' needs, beliefs, and cultural values. This approach means working in partnership with families, recognizing and building on their strengths
Life cycle approach	The recognition that as people develop through different stages and that these stages are interconnected. Each stage has unique needs and challenges as one stage affects the next period of growth.

Mental health	The state of well-being whereby individuals recognize and realize their abilities, are able to cope with the normal stresses of life, work productively and fruitfully, and make a contribution to their communities.
Nurturing Care	This is the set of conditions that provide for children’s health, nutrition, security and safety, responsive caregiving and opportunities for early learning. Nurturing children means keeping them safe, healthy and well nourished, paying attention and responding to their needs and interests, encouraging them to explore their environment and interact with caregivers and others.
Social determinants of health	The conditions, in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.
Whole-of government approach	Public-service agencies working across portfolio boundaries, formally and informally, to achieve a shared goal. This produces an integrated government response to particular issues. It aims to achieve policy coherence in order to improve the effectiveness and efficiency of policies and programming
Whole-of society approach	It is the economic, social, political, and cultural attributes and opportunities associated with being women and men.

CHAPTER 1: INTRODUCTION

Background

Today, over 200 million children under the age of five are not achieving their developmental potential because of multiple adversities — marked by the lack of adequate nutrition, poor health and stimulating, nurturing, responsive, and safe environments. Research shows that investing in early interventions timed to take advantage of crucial phases of brain development can improve the lives of the most disadvantaged and vulnerable children and their societies, helping to break cycles of poverty, violence and despair (Lancet 2007 & 2016). Early experiences have a profound impact on children’s development. The potential benefits derived from supporting early childhood development range from improved growth and development to better schooling outcomes to increased productivity in life (WB, 2017). The period from pregnancy to age 3 is when children are most susceptible to environmental influences. That period lays the foundation for health, well-being, learning and productivity throughout a person’s whole life, and has an impact on the health and well-being of the next generation. Investing in this period is one of the most efficient and effective ways to help eliminate extreme poverty and inequality, boost shared prosperity, and create the human capital needed for economies to diversify and grow.

Advances in neuroscience are beginning to drive a revolutionary shift in the way we think about child development, as we learn more about the impact of both positive and negative experiences — and the interplay of experience and genetics — on the developing brain. These developments have significant implications for the future of millions of the world’s most disadvantaged children and their societies — and therefore for our work in promoting child development. Scientific findings from neuroscience and developmental psychology show that caregiver-child interactions are highly beneficial for early childhood development, and have long-lasting effects. Early bonding is facilitated by skin-to-skin contact, breastfeeding and the presence of a companion to support the mother. These also build the foundations for optimal nutrition, quality interactions and care. Factors that threaten early childhood development include inadequate maternal nutrition, exposure to environmental pollutants and toxic chemicals, HIV infection, poor mental health in caregivers, sub-optimal breastfeeding, malnutrition, illnesses, injuries, limited stimulation, neglect, maltreatment, disabilities, and violence at home and in the community. In order to develop to their full potential, children need nurturing care – the

conditions that promote health, nutrition, security, safety, responsive caregiving and opportunities for early learning.

The Sustainable Development Goals have embraced young children's development, seeing it as key to the transformation that the world seeks to achieve by 2030. Embedded in the SDGs on hunger, health, education and justice are targets on malnutrition, child mortality, early learning and violence - targets that, together with others, outline an agenda for improving early childhood development. The UN Secretary-General's Global Strategy for Women's, Children's and Adolescents' Health, 2016–2030, synthesized the new vision under the objectives of Survive, Thrive and Transform. Never before has the opportunity for energizing investment in early childhood development been as good as it is now. Global institutions - including UNICEF, the World Bank Group, UNESCO and the World Health Organization have prioritized early childhood development in their programmes of work. It is more urgent than ever that we work together in a unified way towards common goals. This plan will help to guide the actions we must take to achieve results.

The promulgation of the Constitution in 2010 was a major milestone for the children of Kenya, as it recognizes some fundamental human rights, in keeping with the UN Convention on the Rights of the Child (UNCRC) and the African Charter on Rights and Welfare of Children (ACRWC) and other international and regional treaties. Implementing the global SDG agenda requires a shift from a focus on reducing mortality to ensuring that women, newborns, children and adolescents not only survive, but also thrive and realize their full potential. As the Government aligns with this new agenda, sustained, quality integrated effective interventions implemented at every level of care for the women, newborns and children are necessary for success. Kenya has made strides in developing a comprehensive Newborn, Child and Adolescent health strategy which has enshrined NCfECD as one of the high impact interventions. Although all counties in Kenya acknowledge and appreciate the importance of nurturing care for ECD, most of them struggle with the "how" to scale up the initiative. So far, Siaya County is privileged to be the first County in Kenya to initiate the scaling up of Nurturing Care for ECD, thereby taking the role of a model county and a living university.

In line with the recommendations in Lancet 2016 Series and the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030), the County Government of Siaya through support from partners, began integrating nurturing care into the health

system in the year 2014. Although several gains were realized, the county identified several gaps in the strategies that were being used and decided to review and adopt a more inclusive, evidence based approach. The review led to the adoption of the Government led model that is currently being implemented in Siaya County. The new approach led to establishment of a project to spearhead scaling up Nurturing care for ECD in Siaya County dubbed as "Smart Start Siaya project". which has brought together all the ECD stakeholders together to galvanize resources towards a common vision. The central feature of the model is government leadership evidenced by the Governor's personal engagement, the commitment of the County Assembly and that of the First Lady as the County NCfECD Champion – a model mother, caregiver and opinion shaper. The high-level formal coordination has been achieved through a Multi-Sectoral Team (MST) that was created to coordinate resource mobilization, utilization and service delivery thus facilitating the integration of NCfECD into existing systems at the county level. The MST comprises technical officers from both national and county line ministries (Health, Agriculture, Education, Finance, Water, Social and Child Protection, Governance And Administration, Public Works), Civil Society Organizations and Community Representatives. This set-up enables government decision-makers to integrate public health information from the field into building better strategies for supporting ECD, both within the MST and in each of their own ministries.

To date, there are ongoing in-service trainings, mentorship and supportive supervision to all early childhood practitioners in order to expand their knowledge and skills, and improve the quality of nurturing care services provided in the county. Smart start has generated an ECD-oriented workforce that is trained and knowledgeable about responsive caregiving and early learning. Three-quarters of all health facilities in the county are now equipped with at least one health provider (e.g. Doctor, nurse, technician) who has received training on the care for child development package that prepares them to train additional staff at their facility. These health facilities now offer services to support nurturing care for ECD, and the CHVs linked to the facilities have been trained to offer counselling services to households. Through these activities, the trained workforce continues to support growth in knowledge and awareness among caregivers. Currently, about 50% of eligible families receive nurturing care services in the County (*Siaya RRI.2019*).

Rationale and Scope of the NCfECD Strategic Plan

The time has come to redefine early childhood development — linking separate fields of study, translating scientific evidence into practical, integrated interventions across health, nutrition, education and protection, and taking a more holistic approach to drive results for children. The purpose of the Nurturing Care for ECD Strategic Plan is thus to provide a detailed roadmap of action and framework for multisectoral engagement to support the effective implementation of the ECD interventions in Siaya County. The strategic plan seeks to ensure implementation of quality integrated services for all children of Siaya County. The Lancet Series (2016) on early childhood development stress the need for holistic programs and the need for urgent increase in multi-sectoral coverage.

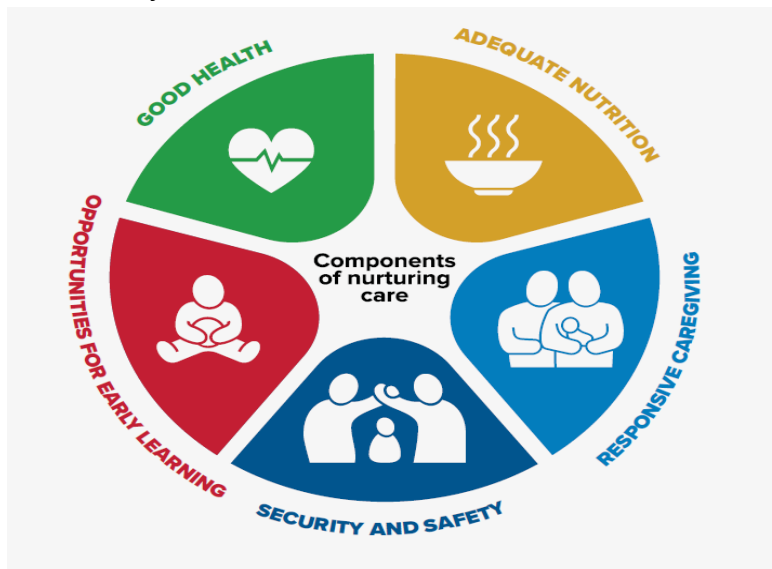
This strategic plan provides the Smart Start Siaya Program with a proactive frame of reference to operationalize its mandate and guides the organization in achieving the envisaged vision of a county in which every child is able to develop their full potential and no child is left behind.

Process of developing the strategic plan

The development process of this document is a result of consultative meetings with County health leadership, the office of the First Lady, the multi-sectoral team partners, and community representatives. An in-depth literature review of relevant international, national and county government policy documents, guidelines, strategies and reports was conducted to inform the process. A consultant was brought on board to consolidate the views of the stakeholders and put the documentation together.

CHAPTER 2: SITUATION ANALYSIS

The data of the key ECD indicators highlighted in the tables in the subsections below is generated from the KDHS2014, MICS4, 2011 and Kenya Health Information Software (KHIS2, 2020) for situational context. The situation analysis was done with a bias on those indicators aligned to the 5 major components of the nurturing care as outlines in the nurturing care framework. These are Health, Nutrition, Responsive care giving, early learning, safety and security.



WHO, Nurturing care framework., 2018.

Maternal Health

The health of a mother is the backbone of the family and the community. The antenatal period presents important opportunities for reaching pregnant women with a number of interventions that may be vital to their health and well-being and that of their infants. Although utilization of maternal and child health services has improved significantly in Siaya County, the county is still faced with the burden of high maternal mortality which surpasses the national ratio as shown below.

Table 1: Essential services Indicators from MICS and KHIS2 data

Performance Indicators	Siaya 2011& 2014%	Siaya 2019%	National KDHS 2014%	WHO targets %
Utilization of Essential Services				
Women receiving 1 st ANC services	80.8 (DHIS 2, 2014)	78 (KHIS 2,2019)	90	100
Antenatal care visits four times or more (%)	39.5 (DHIS 2, 2014)	53 (KHIS 2,2019)	58	100
Skilled birth attendance (%)	59.3(DHIS 2, 2014)	66 (KHIS 2,2019)	61	80
Postnatal care (PNC) in 2 days (%)	ND	50 (KHIS 2,2019)	53	100
Uptake of modern Contraceptives Methods (mCPR)	45(DHIS 2, 2014)	59 (KHIS 2,2019)	58	80

New Born and Child Health

Nurturing care for ECD programmes by promoting responsive caregiving have the potential to reduce childhood morbidity and mortality. Although Siaya County has made significant improvements in early childhood development (ECD) indicators, childhood mortality is still much higher compared to other counties in Kenya

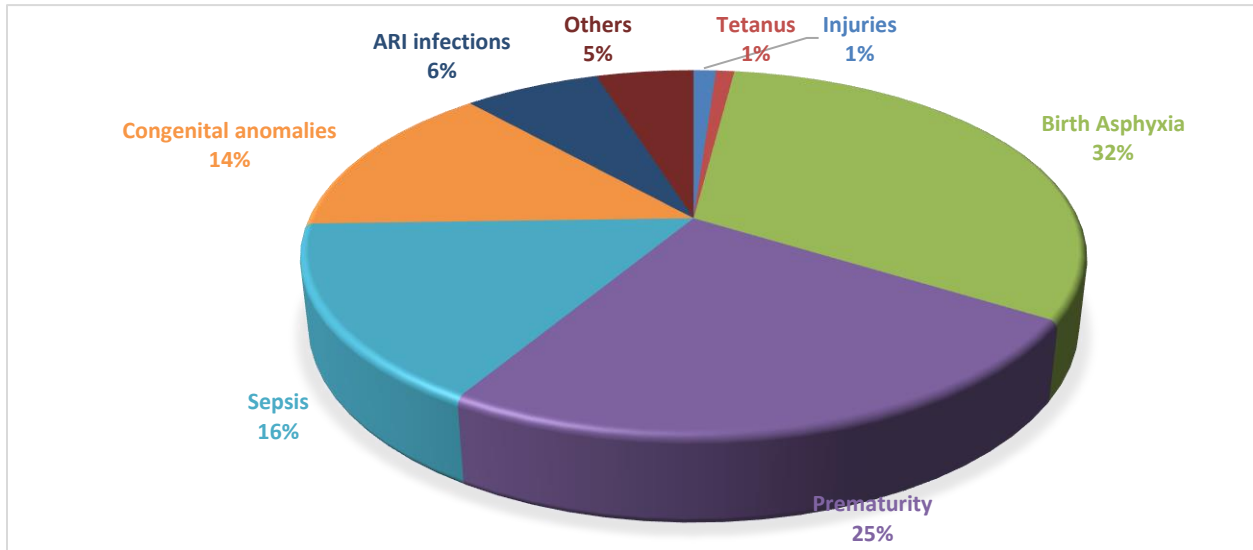
Table 2:. Mortality Rates in Siaya County

Performance Indicators	Siaya 2011& 2014	Siaya 2018	National (Kenya) KDHS 2014	WHO targets
Health status				
Neonatal Mortality (per 1,000 live births)	39 (MICS4 2011)	??(No survey)	22	16
Infant Mortality (per 1,000 live births)	111(MICS4 2011)	??(No survey)	39	20
Under 5 Mortality (per 1,000 live births)	159(MICS4 2011)	99 (KEMRI HDSS,2018)	52	Below 25

Causes on newborn and child deaths in Siaya County

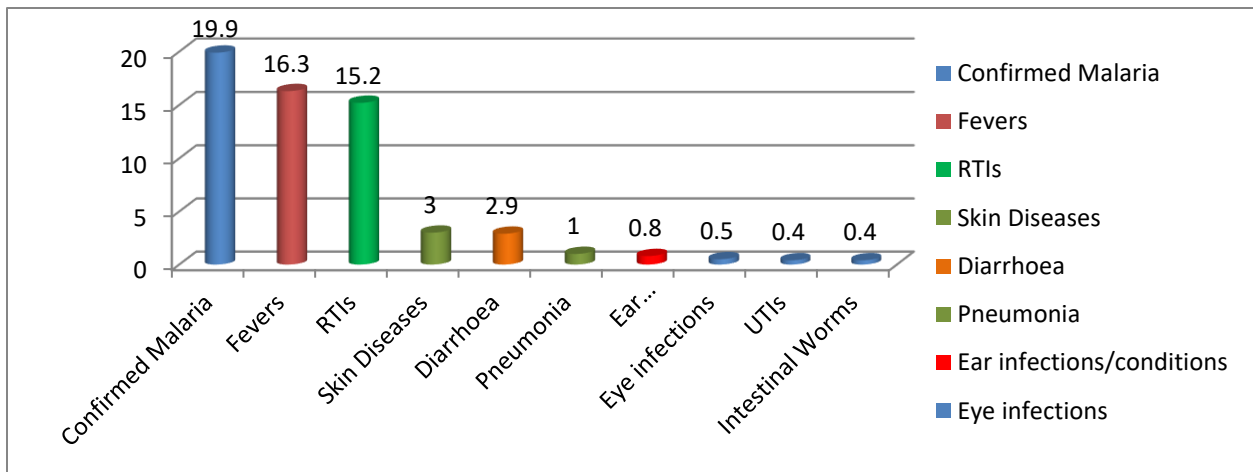
Understanding the causes newborn and child deaths is important in ensuring prioritization of high impact interventions that address causes of high morbidity and mortality of newborns and children. The leading causes of newborn and child deaths in Kenya are preventable through implementation of well-known cost-effective evidence based integrated interventions. In Kenya, leading causes of newborns death are documented as: birth asphyxia and birth trauma (32%), prematurity (25%), and sepsis (16%).

Figure 1: Cases of New-Born Deaths in Siaya County-KHIS2,2019



All the above causes of death can be prevented with the proven cost effective high impact interventions.

Figure 2: Leading causes of under-five morbidity in Siaya County



The above morbidity and mortality numbers can be prevented or managed effectively when identified early and managed effectively. To reduce childhood morbidity and mortality, the caregivers need to provide responsive caregiving,

Access to Immunization Services

Immunization is key to reducing morbidity, mortality and disability from the vaccine preventable diseases among children below five years. Currently 74% of health facilities

in Siaya County are offering immunization services. Although the Coverage of fully immunized children has improved over time, the performance is still below the required national target of 95 percent.

Table 3: Immunization Indicators

Indicator	2017	2018	2019
BCG Coverage	64.9	73.4	74.3
DPT/Hep+HiB3(DPT 3 Coverage)	62.7	79.6	75.8
Percentage of Pregnant women given Tetanus Toxoid 3+	30.2	39.9	41.7
Proportion of children under one year who are fully immunized	66.5	82.3	72.7

Integrating Nurturing Care in HIV setting

The number of women of child-bearing age, living with HIV is increasing in numbers because of expanded access to life-saving treatment. Unfortunately, the levels of infection among young women have persisted despite availability of programmes aimed at preventing further transmission. Recent Kenya HIV Estimates Report (2018) revealed that Siaya County has increased number of new HIV infections amongst adolescents. The county is also experiencing high increase of teenage pregnancy and teen mothers. The need to scale up nurturing care for ECD can therefore not be underestimated if the children born of the teen mums are to survive and thrive. Remarkable progress has been made with regard to Early Infant Diagnosis (EID). However, more needs to be done to ensure no child born by HIV positive mothers turn positive. Responsive care giving would ensure that HIV positive mother take necessary measures to safeguard the child.

Table 4: Early Infant Diagnosis (EID)

	2015	2016	2017	2018	2019
	6.8%	5.4%	3.7%	2.3%	1.5%

Table 5: Children on ART in Siaya County as at December, 2019

Below 1 year	45
1 to 3 years	3135
Below 1 year	45
1 to 3 years	3135

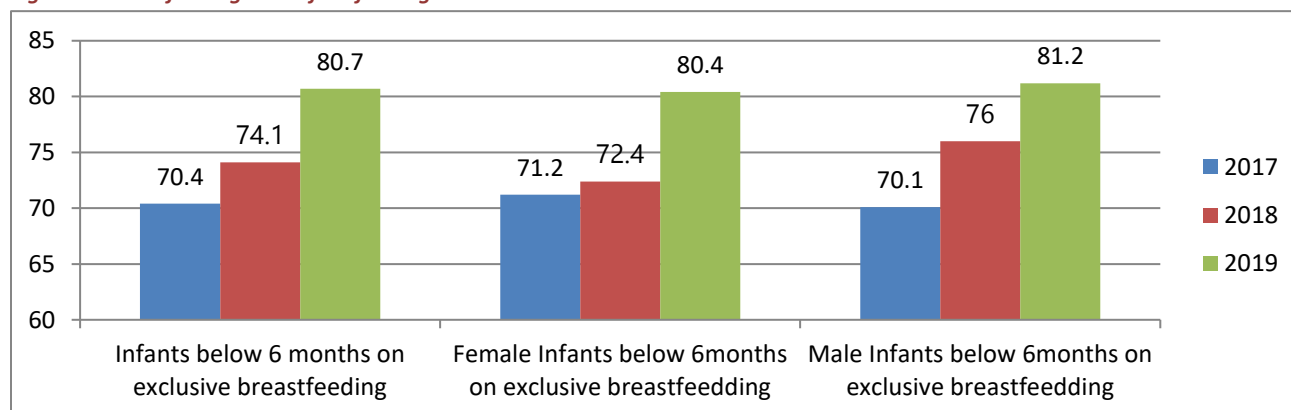
Table 6: Various Nutrition Indicator Values

No.	Nutritional Indicators in Summary	Current status – Siaya County	National
1	Underweight among Children under 5years old	7.8% (KDHS, 2014)	11% (KDHS, 2014)
2	Stunting among Children under 5years old	24.7% (KDHS, 2014)	26% (KDHS, 2014)
3	Wasting Children under 5years old	4.7% (KDHS, 2014)	4% (KDHS, 2014)
4	Vitamin A Supplementation of Children 6-59months	81% (MOH,DHIS2, 2017)	46% (MOH,DHIS2, 2017)
5	Infants below 6Months on Exclusive Breastfeeding	65.5 (MOH,DHIS2, 2017)	61% (KDHS, 2014)
6	Proportion of Children 12-59Months De-wormed	26.6% (MOH,DHIS2, 2017)	29.3% (MOH,DHIS2, 2017)
7	Pregnant women supplemented with IFAS	56.8% (MOH,DHIS2, 2017)	38.9% (MOH,DHIS2, 2017)
8	Prevalence of Moderate Malnutrition among HIV/TB Clients	30% (MOH,DHIS2, 2017)	33.1% (MOH,DHIS2, 2017)
9	Children 36 to 59 months developmentally on track	22% (MOH,DHIS2, 2017)	

Breastfeeding and Infant Feeding Practices

Breastfeeding for the first few years of life protects children from infection, provides an ideal source of nutrients, and is economical and safe. A breastfed baby enjoys not only the comfort of the warm breast and with all her senses; she drinks in her mother's love.

Figure 3: Breastfeeding and Infant feeding indicators



Opportunities for Early Learning

Siaya County has made good strides in respect to early childhood development and is cognizant of the importance of composite provision of ECD services that embrace all components including health, nutrition, responsive care giving, security and safety and opportunities for early learning. The County has established 1083 ECD centers comprising of 700 public and 383 private ones, with an enrolment of 80,672 (40,462 boys and 40,210 girls). The teacher - child ratio currently stands at about 1: 43 against the international

standard of 1:25/30.

Table 7: Trends in ECD learners enrolment progression

SUBCOUNTY	2013	2014	2015	2016	2017	2018	2019
	BOYS GIRLS	BOYS GIRLS	BOYS GIRLS	BOYS GIRLS	BOYS GIRLS	BOYS GIRLS	BOYS GIRLS
ALEGO	5428	6031	6701	7371	7738	8125	7571
USONGA	5382	5979	6643	7317	7704	8089	7507
GEM	5931	6590	7322	8054	8456	8679	7550
	5946	6606	7339	8037	8439	8561	7572
UGENYA	3600	4000	4444	4888	5138	5395	5887
	3427	3807	4229	4651	4884	5129	5651
UGUNJA	2204	2448	2719	2996	3146	3403	4190
	2243	2492	2768	3051	3303	3468	4212
BONDO	5456	6062	6735	7418	7789	8178	7504
	5415	6016	6684	7356	7724	8110	7452
RARIEDA	5792	6435	7149	7863	8261	8474	7760
	5764	6404	7863	7830	8222	8333	7816
TOTAL	28411	31566	35070	38590	40528	42255	40462
	28177	31304	35526	38242	40276	41690	40210
GRAND TOTAL	56588	62870	70596	76832	80804	83945	80672

Child Protection Safety and Security

Siaya County has invested in Social protection and social insurance (Safety Net programs) whereby they are supporting households living with and taking care of orphans with the aim of promoting household food consumption and food security.

Table 8: Household receiving support social protection

Indicator	2017	2018	2019
Households receiving cash transfer support	-	-	7970
Orphans receiving support from the Government	-	-	23910
Children receiving Hospital Insurance Subsidy	-	-	1500

Status of birth Registration in the County

Every child has the right to a name and a nationality and the right to protection from being deprived of his or her identity. Birth registration is a fundamental means of securing these rights for children. Although birth registration coverage stands at 78%, birth certificates issuance is still very low due to factors such as low human resource, caregiver's inability to pay the requisite fee for processing of birth certificates, weak monitoring systems and low level of public sensitization on the importance of birth

registration, especially among parents, is also very low. The situation in the County Department of Children Services revealed lack of data to inform major decision making in children issues and little investment in case management approach in child protection and nurturing care for early childhood development.

Analysis of Strengths, Weaknesses Opportunities and Threats

An analysis of Strengths, Weakness, Opportunities and threats was conducted to qualitatively assess the existing, policy, programmatic and resource environment for integrating NC approaches into the existing services as shown in table below

Table 9: SWOT Analysis

Strengths	Weaknesses
<ul style="list-style-type: none"> ▪ Political will to scale up nurturing care for Early Childhood Development; Support by both executive leaders and legislators ▪ Existence of coordination mechanism for scaling up integrated nurturing care approaches at county level ▪ Community willingness to participate and support scale up of NCFECD in the county. ▪ Availability of strong policies (Health Act, ECD Policy) and sectoral plans with NCFECD activities enshrined. ▪ Availability of policies advocating for improved Hygiene, water and waste management. Policy calls for integrated school nutrition and health Services. ▪ Increasing demand and interest in early years care ▪ Centers and Pre-school Education. ▪ Ongoing recruitment of Pre-school and day care Teachers. ▪ Availability of functional health facilities for service delivery. ▪ Existence of Conditional Grants and Cash transfer mechanisms for vulnerable children ▪ Existence of a vibrant institutional set-up favourable for program work, such as ECD Stakeholders Forum ▪ Government Sectors commitment to support NCFECD ▪ Strong intergovernmental collaboration mechanisms ▪ Availability of Prevention of Mother to child HIV Transmission (PMTCT) program ▪ Availability of a model Parenting programmes* • Psychosocial stimulation • Positive parenting and responsivity ▪ Availability of a model mother- baby THRIVE model ▪ Structured support for young children affected with HIV&AIDS, ▪ Presence of a robust Community Health Services program 	<ul style="list-style-type: none"> ▪ Donor dependency and limited resourcing for implementation of integrated nurturing care programmes and interventions. ▪ Preference for sectoral approaches in implementing development activities thus hampering the use of multi sectoral integrated approaches ▪ Insufficient allocation and mobilization of resources from the public, private and multilateral sectors. ▪ Inadequate and at times conflicting sectoral policies, laws and standards that may prevent scaling up of nurturing care approaches at all levels ▪ Inadequate enforcement and implementation of existing policies and guidelines to inform scaling up of nurturing care approaches at all levels ▪ Lack of ECD integrated Policy ▪ Lack of a Nurturing Care Strategic Plan ▪ No Clear policies for ECD coordination and service integration. ▪ Lack of clearly defined roles and responsibilities for early childhood workforce ▪ Lack of effective data gathering, ECD indicator analysis and monitoring mechanisms ▪ Lack of Mechanisms to monitor quality of performance of early childhood workforce (Mentors, CHVs and CHAs) -No tool. ▪ Lack of a tool for standard supervision of CHVs

<ul style="list-style-type: none"> ▪ Presence of CHVs covering all the households in Siaya County ▪ Highly motivated early childhood initiative workforce ▪ Committed Nurturing care implementing partners (PATH, CRS, KMET, Child fund, ADS Nyanza, Plan Int.) ▪ Presence of health leadership structures in the county, i.e. SCHMTs and CHMT ▪ Government's commitment to provide incentives to CHVs ▪ Integration of nurturing care into the health system and riding on available platforms – for sustainability 	<ul style="list-style-type: none"> ▪ Lack of mechanisms for ascertaining quality of nurturing care messaging at household levels. ▪ Lack of a digitized system to propagate Nurturing care messages to caregivers ▪ Lack of a system to update home visiting workforce knowledge and skills ▪ Lack of protective gears for home visiting workforce ▪ Inadequate health care workers and preschool teachers. ▪ Low utilization of maternal and child health care services (Antenatal care, skilled delivery, immunizations, postnatal care). ▪ Inadequate awareness on importance of early birth registration ▪ Farmers do not prioritize child healthy feeds ▪ No child playing spaces
Opportunities	Challenges
<ul style="list-style-type: none"> ▪ Presence of active leadership, governance structures at all level of implementation of nurturing care approaches ▪ Investing in ECD = High Return on Investment. ▪ Presence of active leadership/governance structures at health facilities (committees and boards) ▪ Political goodwill as a driver in health interventions ▪ Existing funding opportunities by; National government County government and Implementing partners ▪ Existing supportive community health structure ▪ Increasing interest in investing in ECD on the part of international donor partners. ▪ Devolution of resources and responsibilities at the County ▪ Good relationship between National and County Government ▪ The opportunity to lead the LREB in scaling NCFECD. ▪ Presence of county legislature, to facilitate domestication of health-related laws/regulations and drafting of new laws, if necessary ▪ Existing laws on child protection ▪ Existence of large number of unemployed but qualified HCWs and ECDE teachers ▪ Presence of NGOs, CSOs, CBOs, FBOs in the community participating in various social issues affecting ECD either directly or indirectly. ▪ Existing legal and administrative framework like the Constitution and other legislations ▪ Enabling policies and other international documents like Vision 2030 and SDGs ▪ Increase in emphasis on research and development 	<ul style="list-style-type: none"> ▪ Inadequate information and lack of awareness about nurturing care and early learning ▪ High rates of teen pregnancy. ▪ Mental health issues and psychological distress caused by environmental conditions can render caregivers incapable of responsive care ▪ Minimal participation of males in Nurturing care: Cultural norms surrounding Male involvement with their young children can prevent them from establishing nurturing, responsive relationships. ▪ Little access to specialist support e.g. Pediatricians, Physiotherapists, Occupational therapists ▪ Inadequate data and information on nurturing care scale up best practices ▪ High poverty levels leading to inadequate nutrition, shelter, education, water and sanitation. ▪ Unregistered children ▪ High number of unregistered children ▪ Minimal resources to support all vulnerable children- Social Protection, Hospital insurance subsidy ▪ Inadequate supplementary feeds to give to malnourished children

Sectoral Roles and Responsibilities

The development and delivery of this strategic plan is the responsibility of the Siaya County ECD multi sectoral team. The table below seeks to identify some of the key players in ECD in Siaya County and their current contribution scaling up nurturing care approaches. These include partners in various sectors in the County Government, development partners, implementing partners Social franchise/private sector, faith-based organizations, and CBOs.

Table 10: Roles and responsibilities

Stakeholders	Role in Scaling Up Nurturing care Approaches
Leadership Roles & Responsibilities	
Legislatures – County Assembly	<ul style="list-style-type: none"> • Support nurturing care by coordinating policies, budgets and resource mobilization • Enforce the implementation of policies that support and sustain nurturing care interventions in the county • Provide oversight and mobilize communities to practice nurturing care and take up nurturing care services in the county
County Executives	<ul style="list-style-type: none"> • Lead the scale up of NCfECD in the County • Ring-fence funding for Nurturing Care activities • Enhance sectoral participation in Multi sectoral committee and coordination of ECD activities • Ensure sectoral policies, budgets, operational plans have components of NCfECD • Avail human, technical and financial resources to strengthen policies, information and services at subnational and local levels; • Enhance quality assurance and Monitoring and evaluating nurturing care program
Departmental Roles	
Health Department	<ul style="list-style-type: none"> • Ensure women and young children have access to good-quality health and nutrition services • Make health and nutrition services more supportive of nurturing care • Increase outreach to families and children with the greatest risk of sub-optimal development • Establish specialized services for families and children with developmental difficulties and disabilities • Collaborate with other sectors to ensure a continuum of nurturing care throughout life course
Education Department	<ul style="list-style-type: none"> • Integrate nurturing care practices, hygiene and nutrition in early childhood programmes • Engage families in early childhood programmes • Integrate children who have additional needs and reach out to the most vulnerable • Supports all ECD programs and services within their jurisdiction. • Supports the inclusion of all children, including those with special needs in their ECDE programmes and services within their jurisdiction. • Sponsors pre-school teachers for training, including on special needs • Pays pre-school teachers within their jurisdiction, including special needs education pre-school teachers. • Supports barrier free infrastructure for ECD and ECDE.
The social- and child protection departments	<ul style="list-style-type: none"> • Guarantee identity citizenship for every child • Shield families and children from poverty • Link benefits to services that support nurturing care • Protect children from maltreatment and family dissolution • Provide and support legal services. • Creates awareness on children’s rights and their welfare. • Promotes protection and care of disadvantaged and disabled children. • Documents and maintains data on disadvantaged and disabled children Provides alternative care approaches.

	<ul style="list-style-type: none"> • Facilitates networking and forming linkages.
Water Department	<ul style="list-style-type: none"> • Provision of clean and safe drinking water and water for sanitation. • Builds capacity in water management/conservation at community level. • Promote uptake of safe water and sanitation
Monitoring and Planning Department	<ul style="list-style-type: none"> • Ensure transparency and Accountability in use of resources for ECD • Organize regular performance review meetings • Maintains the necessary data on ECD for planning purposes • Develop and maintain inventory of vulnerable children in the county • Harmonize indicators and reporting on NCfECD
Department of Finance	<ul style="list-style-type: none"> • Allocates funds for ECD activities. • Provides funds across the ministries for ECD programs. • Provides guidance in the creation of alternative funding strategies.
Department of Agriculture	<ul style="list-style-type: none"> • Ensures food security and utilization of appropriate feeds • Provides technical advice to communities on proper crops and animal husbandry. • Promote good agronomic practices in the County • Link support with conditions promoting Nurturing Care for ECD
Department of Roads and Public Works	<ul style="list-style-type: none"> • Provide proper housing and infrastructure for ECD • Create access to ECD centers and health facilities. • Provide construction plans and supervises construction of ECD and ECDE centers. • Help in the design of appropriate and affordable equipment for young children. • Ensure there is access to quality of ECD and ECDE physical facilities.
Department of Gender, Culture, and Social Services	<ul style="list-style-type: none"> • Promotes traditional cultural values and practices that promote healthy growth and development of all children, including those with special needs. • Registers ECD & ECDE centers for development purposes.
Universities and research institutions	<ul style="list-style-type: none"> • Promote and undertake research on the dynamics in children and in ECD and ECDE. • Offer higher training for ECD and ECDE including personnel for special needs education for ECDE. Provide consultancy and advisory services to stakeholders.
Department of Lands	<ul style="list-style-type: none"> • Provides/secures public play spaces for children within each sub county • Provides land for recreation and ECD and ECDE centers.
Faith Based Organizations	<ul style="list-style-type: none"> • Provide moral and spiritual guidance, and nurture good values • Support capacity building for ECD and ECDE programs. • Provide support to children with special needs (disabled, orphans etc.).
NGOs, private sector and CBOs	<ul style="list-style-type: none"> • Provide services for ECD (e.g. health/education, habilitation and rehabilitation services). • Provide finances and technical support. • Carry out research on issues of importance to implementation of policy and share findings with the Government and other stakeholders. • Participate in strengthening quality assurance. • Enhance capacity of ECD and ECDE teachers in special needs education. • Complement Government efforts in mobilizing resources.
Civil Society	<ul style="list-style-type: none"> • Advocate for increased attention to nurturing care, and more investment in it • Strengthen communities' ability to support nurturing care; • Increase families' and local stakeholders' knowledge of young children's rights; and track progress, and hold itself and other stakeholders – to account for commitments • Support in capacity building for ECD • Support in creating evidence through documentation and Research

Development Partners	<ul style="list-style-type: none"> • Provide technical and financial assistance to counties and implementing partners; • Monitor progress in coverage, quality and outcomes of policies and interventions; and • Advocacy for resource allocation to support nurturing care interventions.
Media	<ul style="list-style-type: none"> • Create awareness and promote best practices in nurturing care • Help change social norms about early childhood, by using current scientific knowledge to inform its messages.
Academic and Research	<ul style="list-style-type: none"> • Generate new evidence about nurturing care's benefits, its impact on current and future generations, and effective approaches to implementing it as well as costs and cost-effectiveness; • Generate evidence about how to adapt proven interventions and programmes, so they serve specific groups of families and children including those in indigenous and hard-to-reach communities; • Integrate nurturing care into training for professionals who work with young children and families

CHAPTER 3: STRATEGIC FRAMEWORK

Introduction

The Nurturing Care in ECD Strategic Plan 2020-2024 seeks to provide a road map for involving decision-makers to support resource allocation, utilization and policy action for integrating nurturing care approaches in Siaya County. It consists of the following sections; vision, mission, goal, guiding principles, strategic objectives, interventions and activities.

Vision

A County in which every child is able to develop full potential and no child is left behind

Mission

Promote, protect and safeguard the rights of young children through provision of integrated services that promote adequate nutrition, good health, responsive caregiving, safety, security and provide opportunities for early learning.

Goal

Enable all the children in Siaya County, up to 5 years of age, grow and develop to their full potential

Guiding Principles

The principles guiding the promotion and implementation of this Strategic Plan are based on the UNCRC and the Nurturing Care framework.

Leaving no child behind - but with special attention for those children and families most at risk for exclusion, to reduce social inequalities and promote inclusion. Ensure inclusion of all vulnerable and marginalized children, especially children with special needs including young children affected by HIV and AIDS.

All stages of the early childhood life cycle - Recognizing that life begins at conception and continues throughout life. Targeting the prenatal period up to age 5, with priority on children 0-3 years of age, a critical period for survival, growth and development.

Devotion to the best Interest of the Child - all policies and programs for families and young children must aim to serve the child's best interest.

Non-discrimination - Appreciating that all children have equal rights and that there is no justification for discrimination that negatively affects their survival, ability to thrive and development.

Family-centered care - The preservation of the family as a basic unit of society, the first and primary institution for supporting the child survival, growth and early development, along with constructing the foundation for life-long learning; Recognize and appreciate parents and families as the primary caregivers and health providers of their children, and hence they need to be empowered and supported to ensure they are effective in their roles.

Integrated Nurturing Care for ECD service system - covering both universal and targeted supports and services, across the key sectors and levels of government, including non-government agencies.

Multi-sectoral Approach - recognizing that the provision of Nurturing Care for ECD services is a multi-sectoral responsibility involving all relevant government sectors/departments, the private sector, civil society organizations, and other key stakeholders.

Government Led approach- Recognizing the crucial role of the government of ensuring that all children survive, thrive to transform health and human potential. Government also ensures sustainability by investing in interventions that support child development.

Core Values

The core values constitute shared beliefs and principles that guide the work of Siaya County Nurturing Care for ECD program. These beliefs and values are essential and must be upheld because they define the culture of Siaya County. They include: Care,

Responsiveness, Team work, Morality, collaboration, Child friendliness, Honesty, Integrity, Professionalism, Confidentiality, Fairness, Inclusiveness, Transparency, Accountability,

Strategic Objectives

The following are the strategic objectives that this plan is expected to achieve over the 2020 – 2024 period;

- 1) To improve policy and programme environment for implementation of NCfECD integrated approaches at all levels
- 2) To strengthen multi-sectoral collaboration, coordination and partnerships for NCfECD integration at all levels
- 3) To develop appropriate Communication, Advocacy and Resource Mobilization strategies for implementation of integrated NCfECD activities at all levels in the county.
- 4) To improve the institutional capacity to implement integrated NCfECD activities at all levels
- 5) To document best practices of all NCfECD /initiatives undertaken at all levels of implementation
- 6) To increase use of data for evidence based decisions to scale up interventions for nurturing care

Strategic Interventions

The table below presents the strategic interventions and corresponding activities that will be implemented during the plan period to achieve the objectives of this strategic plan. It is important to note that the County has already made several strides in scaling up nurturing care as outlined in the Situation analysis and SWOT above. The ongoing Nurturing Care interventions in the County will be strengthened to ensure the gains are sustained alongside other interventions prioritized in this strategic plan.

Table 11: Strategic Objectives, Intervention and activities

Strategic Objectives	Strategic Actions	Activities
To improve policy and programme environment for implementation of NCfECD integrated approaches at all levels	<ul style="list-style-type: none"> • Lead and Invest 	<ul style="list-style-type: none"> • Review all policies with child and development initiatives and incorporate components of nurturing care for ECD • Integration nurturing care-relevant content in the existing County sectoral AWP's and Budgets • Dissemination of available ECD policies and guidelines • Annual allocation of domestic resources for scaling-up interventions which support nurturing care, including the private sector • Map and involvement of all NCfECD stakeholders • Fast track the completion of pending policies that have incorporated Nurturing Care initiatives
To strengthen multi-sectoral collaboration, coordination and partnerships for NCfECD integrated approaches at all levels		<ul style="list-style-type: none"> • Hold quarterly multi sectoral meetings at all levels to enable integrated care and across sector coordination. • Hold quarterly NCfECD stakeholders meeting • Develop and implement a joint costed work plan • Review performance on quarterly basis
To develop appropriate Communication, Advocacy and Resource Mobilization strategies for implementation of integrated NCfECD activities at all levels in the county.	<ul style="list-style-type: none"> • Focus on families and their communities 	<ul style="list-style-type: none"> • Undertake mapping for sources of funds for NCfECD • Hold advocacy forums for domestic financing at the county level • Develop a digital mechanism for sharing nurturing care messages with caregivers including significant males • Develop and disseminate advocacy tool kit on NCfECD approaches • Develop various information, communication and education materials to facilitate ECD integration into health system touchpoints. • Hold advocacy forums on NCfECD approaches at all levels • Train champions to drive change in integrating of NC approaches • Mobilize and form Faith Leaders Consortium to support ECD activism in the County • Orient Faith leaders' consortium members on Moments That Matter and Concepts of Nurturing Care spelling out the role of Faith leaders. • Work with faith leaders to develop Biblical/Islamic messages on ECD e.g. Male involvement, role of caregivers among others. • Mobilize and share ECD IEC materials with faith leaders • Regular dialogues with faith leaders' consortiums and other TWG's • Support integrated outreach and faith leaders' pulpit exchange

Strategic Objectives	Strategic Actions	Activities
		<ul style="list-style-type: none"> • Strengthen community actions on nurturing care • Engagement meetings for involvement of community groups and leaders involved in planning, budgeting, implementing and monitoring activities • Identify and link vulnerable and stressed caregivers with a number of community support services and structures including professional counselling services, CHVs, Community-based peer counsellors, health facilities, respite care support services, support groups, and bereavement counselling • Mapping of community-based Child protection mechanisms • Capacity building of existing/ new community-based child protection structures • Promote linkage of the CBCPM with the formal child protection systems and supporting multi-sectoral collaboration for child protection • Build skills and capacities of children protection centres for them to actively participate and engage with decision makers. • Train community child protection champions in to influence quality of service delivery through effective advocacy • Commemoration of international events World Orphans Day, International Day of the Girl Child and Day of the African Child also The Kenya Children Assembly all to promote Child Rights and Child protection awareness. • Empower vulnerable households targeting HIV AIDS, OVCs and Ageing caregivers on parent and caregiver support, and children with disabilities for intervention • Map out/ Conduct a survey to establish the current child protection status by Wards. • Map out and Develop an inventory of all children below 5 years with special needs by Wards
<p>To improve the institutional capacity to implement integrated NCFECD activities at all levels</p>	<ul style="list-style-type: none"> • Strengthen Services 	<ul style="list-style-type: none"> • Institutional capacity assessment for NCFECD implementers/actors including the private sectors • Update existing service delivery guidelines and SOPs • Capacity building of all early childhood providers within different sectors on NCFECD • Capacity building of community health volunteers on provision of NC at household, and referral of children with developmental delay • Facilitation of Play Box sessions at health facility • Provide mentorship to early childhood initiatives practitioners (Nurses, Clinical officers, Community Health Volunteers, CHAs etc.)

Strategic Objectives	Strategic Actions	Activities
		<ul style="list-style-type: none"> • Hold meetings to share best practices on NCFECD Provision of ECD interventions to adolescent girls and young women • Train GAP and Replicator TOT's for Household Livelihoods improvement • Train TOT's on Good Agronomic Practices to support Agri-nutrition interventions among caregivers • Systems strengthening of the existing structures in childcare case management and referrals • Promote integration of nurturing care in preschools and existing community platforms where caregivers meet regularly. • Build capacity of caregivers in all available platforms(home visits, existing group activities and preschools activities) • Integrate Nurturing care activities during the annual international health celebrations (Breastfeeding Week, World Immunization Week, Malezi Bora Campaign, World Brain Day). • Include activities that target caregivers and children in every available touchpoint • Organize fora's for sensitization of male caregivers in responsive caregiving to enhance male engagement in nurturing care • Organize tournaments to empower men with nurturing care practices • Advocate for birth registration at zero costs to promote universal birth registration • Develop a standard training manual for training the various cadre of persons • Develop a standard package of care for children in various categorize including the period for graduation. • Adopt and Adapt available tools for assessment of children needing targeted care to enhance evidence based nurturing care interventions. • Train TOTs and Mentors for each Ward on psychological care and support for caregivers
To document best practices of all NCFECD /initiatives undertaken at all levels of implementation through research	<ul style="list-style-type: none"> • Use data and Innovate 	<ul style="list-style-type: none"> • Develop a research agenda to prioritize research topics for integrating NC • Map out resources for carrying out research on key priority areas for integrating NC • Conduct Baseline Survey to assess emerging issues on children of Siaya and implications • Carryout operational research

Strategic Objectives	Strategic Actions	Activities
		<ul style="list-style-type: none"> • Conduct research in Bondo Sub county on Evaluation of the feasibility and effectiveness of a health facility-based combined with home-based early childhood development (ECD) intervention • Disseminate research findings to all key stakeholders • Publish research findings and lessons learnt on Nurturing Care • Build the capacity of M & E team and support to develop a framework for monitoring NC indicators at all levels • Develop a functional M & E systems and MIS that link all the different departments

Implementation Matrix

A detailed implementation matrix was created for each activity in line with the strategic objectives. The implementation matrix also called an action plan illustrates in detail how each item in the strategy will be implemented in practice. The Implementation matrix is hereto attached and is available as Annex 1

CHAPTER 4: NCfECD STRATEGY INSTITUTIONAL MANAGEMENT

Introduction

This chapter highlights the institutional arrangements for the successful implementation of the NCfECD Strategic plan 2020 – 2024. The development of this Plan was identified as a need by the County Department of Health to ensure that all the components for scaling up NCfECD was budgeted for. Implementation of this plan will require a coordinated and integrated approach by various stakeholders at different levels including the communities. It gives the institutional framework; stakeholders roles and responsibilities; governance and coordination; funding and sustainability; dissemination and communication of the strategy.

Institutional Arrangements

County level

The responsibility of the County Department is to develop guidelines for the implementation of national policies, planning and resource mobilization for the roll out

of these guidelines at all levels. The NCfECD will be implemented under the leadership and management of Department of Health, Siaya. Given the NCfECD partnership and multisectoral nature, the Department will coordinate and mobilize resources from a wide range of partners and stakeholders at all levels.

The NCfECD strategy will be implemented in collaboration with relevant stakeholders, which include related county ministries and agencies, development partners, the civil society, community-based organizations (CBOs), Faith based organizations (FBOs), professional associations, champions, voluntary agencies and the private sector. To support its implementation, the County Government and development partners' representatives will continue to monitor its implementation, lobby for financial and technical support and advice on various courses of action.

Sub County Level

The sub county should be facilitated to ensure that the NCfECD activities is part of their key agendas and included in the Annual Work plans. The support is by the County of Government and partners.

Facility Level

The responsibility of the facilities is to develop a work plan for the facility and implement the NCfECD. This forms the bulk of the users of the ECD programme including the community health Units.

Governance and Coordination

The county government will oversee/provide guidance in the implementation of the NCfECD strategy with the assistance of the Smart Start Siaya Multi sectoral Team.

The MST at the County level will:

- Develop annual work plans and budgets from the NCfECD
- Implement NCfECD annual work plans and budgets
- Provide technical guidance to the overall NCfECD approaches implementation recommend strategies for integrating these approaches in the existing county level policies and institutional frameworks;

- Participate in national and county policy and advocacy forums for NCfECD
- Participate in resource mobilization ventures to support NCfECD Programs;
- Implement lobbying and advocacy for NCfECD programs among policy and decision maker stakeholders;
- Share best practices and lessons learned at county, sub county and facility levels.

Funding and Sustainability of the NCfECD Strategy

The NCfECD strategy will be funded largely by the county government and Private Sector. As a mitigation measure, the county Smart Start Siaya Team will mobilize resources from other sources including development partners to supplement the internal efforts. The Team will organize round table discussions with development partners to mobilize support and buy-in and receive necessary support for the implementation of the strategy.

Dissemination and Communication of the NCfECD Strategic Plan

Dissemination and communication of the NCfECD strategy is essential for increased access, awareness and ownership of the document. Most importantly, effective communication of the strategy through web-based tools, mass media and inter-personal communication channels will enable exchanges among key FP stakeholders.

The County department will update its database and create a link on their website using existing Communication, Advocacy and Public Education Strategies to specify the strategic objectives, expected results, targeted audiences, key messages, channels and feedback mechanism to communicate this strategy. This will ensure that the NCfECD (2020-2024) is better accessed, understood and owned by stakeholders.

CHAPTER 5: MONITORING, EVALUATION & LEARNING (MEL)

Introduction

This chapter highlights the key components of Monitoring, Evaluation and Learning Framework of the NCfECD strategic plan (2020-2024). It aims to meet the information needs of different NCfECD programme implementers and stakeholders and to promote evidence based decision making and learning at all levels.

Performance Monitoring and Review Process

Performance monitoring and review of the NCfECD implementation will be undertaken on a monthly, quarterly, biannually, and annually, See Table 5. Assessing progress towards the NCfECD strategy results will entail both quantitative and qualitative analysis using specific outcome measures. This will be complemented with a brief analysis of policies, strategies or programs already in place for implementation.

Process/Report	Frequency	Responsible	Time Frame
Monthly submission of reports	Monthly	Facilities, CUs	5 th of every month
Monthly performance Review Meetings	Monthly	Facilities, CUs	End of every month
Quarterly Performance Review Meetings	Quarterly	Sub county, County	End of every quarter
Quarterly Reports	Quarterly	Sub county, County	End of every quarter
Bi annual Performance Review meetings	Bi annual	Sub county, County	End of January and end of July
Annual Performance Review Meetings and reports	Annual	County, OH national Government	Begins in July and ends in November

Evaluation of NCfECD

Evaluation of the NCfECD strategy will take place at two levels to generate relevant and timely data to meet information needs of different stakeholders as described below:

- i. **Mid-Term Evaluation** will be conducted half way in the life cycle of the strategic plan. It will inform whether or not the implementation of the strategy is on course or not and recommend corrective action to improve implementation;

- ii. ***End term Evaluation*** will be conducted at the end of the five – year period to take stock of the NCfECD strategy. It will inform stakeholders on whether there was value for money in the implementation of the plan and specifically establish the success rate of the plan in achieving its strategic objectives.

Data Management

The County Health Department through the Smart Start Siaya will collaborate with Partners to monitor and supervise the analysis and packaging of data for tracking the implementation of the NCfECD strategy. Key components include review of support supervision tools, support to Sub counties to conduct quality assurance activities in facilities, implementation of social accountability mechanisms to provide feedback on the quality of Nurturing care services and collection of routine data on NCfECD indicators. The NCfECD strategy indicators will also be tracked and utilized to enhance NC approaches implementation at both county and facility levels. Research findings on innovative approaches and technologies will be conducted by the county and other stakeholders.

Dissemination of M&E findings

Monitoring and Evaluation results of progress and performance reports including challenges and lessons learnt from implementation of NCfECD strategy will be shared at county and sub county levels. Monitoring and Evaluation results shall be disseminated to key stakeholders through annual reports, mid-term and impact evaluation review workshops/seminars.

Annexes

Annex I: Implementation Matrix

Strategic Actions	Expected Outcome	Activities	Expected Output	Output Indicators	Target for 5 years	Target					Budget (Mn)					Responsible
						Y1	Y2	Y3	Y4	Y5	Y1	Y2	Y3	Y4	Y5	
Lead and Invest	Improved Policy and programme environment for implementation of NCFECD approaches at all levels	Review all policies with child and development initiatives and incorporate components of nurturing care for ECD	NC approaches integrated into existing policies and guidelines for Siaya county	No. of policies with integrated NC approaches	4	1	1		1	1	2	2		2	2	County government
		Integrate nurturing care-relevant content in, county and sub county sector plans	nurturing care-relevant content integrated in, county and sub county sector plans	sub county sector plans with NC activities	30	6	6	6	6	6	4	4	4	4	4	County government
		Dissemination of available ECD policies and guidelines	Available ECD policies and guidelines disseminated	NO. of dissemination meetings	10	2	2	2	2	2	1	1	1	1	1	County government
		Annual allocation of domestic resources for scaling-up interventions which support nurturing care, including the private sector	Allocation of domestic resources for scaling-up interventions which support nurturing care, including the private sector annually	Annual budgets expenditures for NC	5	1	1	1	1	1	0.5	0.5	0.5	0.5	0.5	County government
	Multi-sectoral collaboration, coordination and	Map and define roles for NCFECD stakeholders	Stakeholders mapping conducted	NCFECD stakeholders	1	1				1	2					County government

Strategic Actions	Expected Outcome	Activities	Expected Output	Output Indicators	Target for 5 years	Target					Budget (Mn)					Responsible
						Y1	Y2	Y3	Y4	Y5	Y1	Y2	Y3	Y4	Y5	
	partnerships for NCFECD integration at all levels strengthened	Hold quarterly multisectoral meetings at all levels to enable integrated care and across sector coordination.	Quarterly multisectoral meetings conducted	No. of quarterly multisectoral meetings	20	4	4	4	4	4	0.5	0.5	0.5	0.5	0.5	MST
		Hold quarterly NCFECD stakeholders meeting	Quarterly Stakeholders meetings conducted	No. of quarterly stakeholders meetings	20	4	4	4	4	4	1	1	1	1	1	MST
		Develop and implement a joint costed work plan	A joint costed work plan developed	joint costed work plan for NCFECD	5	1	1	1	1	1	0.3	0.3	0.3	0.3	0.3	MST
		Review Work plan performance on quarterly basis	Quarterly Work plan performance review	No. Work plan performance review meetings held	20	4	4	4	4	4	0.3	0.3	0.3	0.3	0.3	MST
	To develop appropriate Communication,	Undertake resource mapping for sources of NCFECD funding	Resource Mapping of NC sources conducted	Resource Mapping report	1	1				1	2					MST

Strategic Actions	Expected Outcome	Activities	Expected Output	Output Indicators	Target for 5 years	Target					Budget (Mn)					Responsible
						Y1	Y2	Y3	Y4	Y5	Y1	Y2	Y3	Y4	Y5	
	Advocacy and Resource Mobilization strategies for implementation of integrated NCFECD activities at all levels in the county	Develop a digital mechanism for sharing nurturing care messages with caregivers including significant males	A digital mechanism for sharing nurturing care messages with caregivers including significant males developed	A digital mechanism for sharing nurturing care messages with caregivers	1		1				2					MST
		Develop an advocacy tool kit for NC	An advocacy tool kit for NC developed	An advocacy tool kit for NC	1	1					2					MST
		Disseminate NCFECD tool kit	NCFECD tool kit disseminated	No. of dissemination meetings	20	4	4	4	4	4	5	5	5	5	5	MST
		Train champions to drive change in integrating of NC approaches	Champions to drive change in integrating of NC approaches trained	No. of Champions to drive change in integrating of NC approaches trained	300	60	60	60	60	60	3	3	3	3	3	MST
		Hold advocacy forums for domestic financing at the county level	Advocacy forums for domestic financing at the county conducted	No. of advocacy forums	20	4	4	4	4	4	5	5	5	5	5	MST
		Mobilize and form Faith Leaders Consortium to support ECD activism in the County	Faith Leaders Consortium to support ECD activism in the County established	Faith Leaders Consortium to support ECD activism in the County	1	1					1					MST

Strategic Actions	Expected Outcome	Activities	Expected Output	Output Indicators	Target for 5 years	Target					Budget (Mn)					Responsible
						Y1	Y2	Y3	Y4	Y5	Y1	Y2	Y3	Y4	Y5	
		Orient Faith leaders' consortium members on Moments That Matter and Concepts of Nurturing Care	Faith leaders' consortium-oriented members on Moments That Matter	No. of Faith leaders' consortium members oriented on Moments That Matter	100	20	20	20	20	20	1.5	1.5	1.5	1.5	1.5	MST
		Identify and link vulnerable and stressed caregivers with a number of community support services and structures	vulnerable and stressed caregivers identified and linked with a number of community support services and structures	No. of community-based referrals by CHVs	2000	400	400	400	400	400						County government
		Mapping of community-based Child protection mechanisms	community based Child protection mechanisms mapped	No. of community-based Child protection mechanism identified	100	20	20	20	20	20	2	2	2	2	2	County government
		Capacity building of existing/new community-based child protection structures on NC	existing/new community-based child protection structures capacity built on NC	No. of existing/new community-based child protection structures capacity built	500	100	100	100	100	100	2	2	2	2	2	MST
		Commemoration of international events World Orphans Day	Commemoration of international events	No. of Commemoration for international events	20	4	4	4	4	4	5	5	5	5	5	MST

Strategic Actions	Expected Outcome	Activities	Expected Output	Output Indicators	Target for 5 years	Target					Budget (Mn)					Responsible
						Y1	Y2	Y3	Y4	Y5	Y1	Y2	Y3	Y4	Y5	
Strengthen services	Strengthened institutional capacity to implement integrated NCFECD activities at all levels	Institutional capacity assessment for NCFECD implementers/actors including the private sectors	Institutional capacity assessment for NCFECD implementers/actors conducted	Capacity assessment report	2	1	1				2	2				MST
		Update existing service delivery guidelines and SOPs	Existing service delivery guidelines and SOPs updated	No. of guidelines with NC approaches	10	2	2	2	2	2	3	3	3	3	3	MST
		Capacity building of community health volunteers on provision of NC at household, and referral of children with developmental delay	community health volunteer capacity built on provision of NC at household, and referral of children with developmental delay	NO. of community health volunteer capacity built on provision of NC at household, and referral of children with developmental delay	1500	300	300	300	300	300	5	5	5	5	5	MST
		Facilitation of Play Box sessions at health facility	Play Box sessions at health facility facilitated	No. of Play Box sessions at health facility	200	50	50	50	50	50	5	5	5	5	5	MST
		Provide mentorship to early childhood initiatives practitioners	Mentorship to early childhood initiatives practitioners provided	No. of early childhood initiatives practitioners mentored	1500	300	300	300	300	300	5	5	5	5	5	MST
		Train GAP and Replicator TOT's for Household Livelihoods improvement	GAP and Replicator TOT's trained on Household Livelihoods improvement	No. of Replicator TOT's trained on Household Livelihoods improvement	250	50	50	50	50	50	2	2	2	2	2	MST

Strategic Actions	Expected Outcome	Activities	Expected Output	Output Indicators	Target for 5 years	Target					Budget (Mn)					Responsible
						Y1	Y2	Y3	Y4	Y5	Y1	Y2	Y3	Y4	Y5	
		Mobilize Caregivers to initiate kitchen gardens	Caregivers mobilized to initiate kitchen gardens	No. of kitchen gardens initiated by caregivers	250	50	50	50	50	50	1	1	1	1	1	MST
		Systems strengthening of the existing structures in childcare case management and referrals	Increased referrals of child case care management	No. of referrals of child case care management	300	60	60	60	60	60	1	1	1	1	1	MST
		Document best practices	Best practices documented	Annual report on NC	1	1	1	1	1	1	4	4	4	4	4	MST
		Hold meetings to share best practices on NCfECD	Meetings to share best practices on NCfECD conducted	No. of meetings	4	1	1	1	1	1	1	1	1	1	1	MST
Monitoring progress	To increase use of data for evidence-based decisions to scale up interventions for nurturing care	Develop a functional M&E system and MIS that links all the different departments	A functional M&E system and MIS that links all the different departments	Functional M&E system	1	1					3					MST
		Develop an M&E plan to provide regular quarterly updates on progress	An M&E plan to provide regular quarterly updates on progress developed	No. of M&E quarterly progress reports	1	4	4	4	4	4	1	1	1	1	1	MST

Strategic Actions	Expected Outcome	Activities	Expected Output	Output Indicators	Target for 5 years	Target					Budget (Mn)					Responsible
						Y1	Y2	Y3	Y4	Y5	Y1	Y2	Y3	Y4	Y5	
		Reach consensus on NC indicators for tracking quality and coverage of services	Consensus meeting to agree on indicators for monitoring	List of NC indicators	1	1					0.5					MST
		Capacity building of health providers on generating quality data and information for use in decision making	Health providers capacity built on generating quality data and information for use in decision making	No. of Health providers capacity built on generating quality data and information for use in decision making	500	100	100	100	100	100	2	2	2	2	2	MST
		Conduct routine monitoring of quality and coverage of services, as well as social and behavioural data.	Routine monitoring of quality and coverage of NC services conducted	Field visit reports	20	4	4	4	4	4	1	1	1	1	1	MST
		Conduct regular joint monitoring visits with other sectors and ensure shared access to and reduced duplication of data.	Joint sectoral monitoring visits of NC data conducted	Joint sectoral visits reports	20	4	4	4	4	4	1	1	1	1	1	MST
		Conduct regular programme reviews and make use of data for advocacy, accountability and increasing investment.	Programme review meetings for NC conducted	Programme review meetings	20	4	4	4	4	4	1	1	1	1	1	MST
		Conduct RDQA to Strengthen health information and other administrative data systems to assess	RDQA	RDQA reports	20	4	4	4	4	4	2	2	2	2	2	MST

Strategic Actions	Expected Outcome	Activities	Expected Output	Output Indicators	Target for 5 years	Target					Budget (Mn)					Responsible
						Y1	Y2	Y3	Y4	Y5	Y1	Y2	Y3	Y4	Y5	
		dimensions of all five domains of nurturing care														
		Data collection and packaging for advocacy, accountability and increasing investment	collection and packaging for advocacy, accountability and increasing investment conducted	Policy briefs on NC	4	1	1	1	1	2	2	2	2	2	2	MST
		Conduct Mid-term evaluation for NCFECD SP	Mid-term evaluation for NCFECD SP conducted	Mid-term evaluation report				1					4			MST
		Conduct End-term evaluation for NCFECD SP	End-term evaluation for NCFECD SP	End-term evaluation report	1					1					5	
	To document best practices of all NCFECD /initiatives undertaken at all levels of implementation through research	Develop a research agenda to prioritize research topics for integrating NC	A research agenda to prioritize research topics for integrating NC developed	Research Agenda for NC	1		1					3				
		Map out resources for carrying out research on key priority areas for integrating NC	Resource Mapping of NC research conducted	Mapping report	1	1				1	2					MST
		Conduct Baseline Survey to assess emerging issues on	Baseline Survey to assess emerging issues on children of Siaya and	Baseline report	1	1					3					MST

Strategic Actions	Expected Outcome	Activities	Expected Output	Output Indicators	Target for 5 years	Target					Budget (Mn)					Responsible
						Y1	Y2	Y3	Y4	Y5	Y1	Y2	Y3	Y4	Y5	
		children of Siaya and implications	implications conducted													
		Conduct research in Bondo Sub county on Evaluation of the feasibility and effectiveness of a health facility-based combined with home-based early childhood development (ECD) intervention	Research on feasibility and effectiveness of a health facility-based combined with home-based early childhood development (ECD) intervention conducted	Feasibility study report	1		1					3				MST
		Conduct operational research on NC	Operational research on NC conducted	2				1		1			2		2	MST
		Disseminate research findings to all key stakeholders	Research findings to all key stakeholders disseminated	No. of dissemination meetings	4	1	1	1	1	1	1	1	1	1	1	MST
		Publish research findings and lessons learnt on NC	Research findings to all key stakeholders disseminated	No. of dissemination meetings	4	1	1	1	1	1	1	1	1	1	1	County government

Annex II: Monitoring and Evaluation Framework

Strategic Action	Outcome	Output	Key Performance Indicator	Baseline	Target	
					Mid-Term Period Target	
Lead and Invest	Improved Policy and programme environment for implementation of NCFECD approaches at all levels	NC approaches integrated into existing policies and guidelines for Siaya county	No. of policies with integrated NC approaches	0	2	Lead and Invest
		NC relevant content integrated in, county and sub county sector plans	sub county sector plans with NC activities	0	10	
		Available ECD policies and guidelines disseminated	No. of dissemination meetings	0	15	
		Allocation of domestic resources for scaling-up interventions which support nurturing care, including the private sector annually	Budget expenditures for NC	0	2.5	
	Multi-sectoral collaboration, coordination and partnerships for NCFECD integration at all levels strengthened	Stakeholders mapping conducted	NC stakeholders database	0	1	
		Quarterly multisectoral meetings conducted	No. of multisectoral meetings	0	10	
		Quarterly Stakeholders meetings conducted	No. of stakeholders meetings	0	10	
		A joint costed work plan developed	joint costed work plan for NCFECD	0	3	
	Quarterly Work plan performance review	No. Work plan performance review meetings held	0	10		
Focus on families and communities	To develop appropriate Communication, Advocacy and Resource Mobilization strategies for implementation of integrated NCFECD activities at all levels in	Resource Mapping of NC sources conducted	Resource mapping report	0	1	Focus on families and communities
		A digital mechanism for sharing nurturing care messages with caregivers including significant males developed	A digital mechanism for sharing nurturing care messages with caregivers	0	1	
		An advocacy tool kit for NC developed	An advocacy tool kit for NC	0	1	
		NCFECD tool kit disseminated	No. of dissemination meetings	0	10	

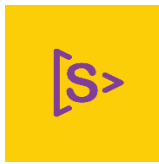
Strategic Action	Outcome	Output	Key Performance Indicator	Baseline	Target	
					Mid-Term Period Target	
		Champions to drive change in integrating of NC approaches trained	No. of Champions to drive change in integrating of NC approaches trained	0	150	
		Advocacy forums for domestic financing at the county conducted	No. of advocacy forums	20	10	
		Faith Leaders Consortium to support ECD activism in the County established	Faith Leaders Consortium to support ECD activism in the County	0	1	
		Faith leaders' consortium-oriented members on Moments That Matter	No. of Faith leaders' consortium members oriented on Moments That Matter	0	50	
		vulnerable and stressed caregivers identified and linked with a number of community support services and structures	No. of community-based referrals by CHVs	0	1000	
		community based Child protection mechanisms mapped	No. of community-based Child protection mechanism identified	0	50	
		existing/ new community-based child protection structures capacity built on NC	No. of existing/ new community-based child protection structures capacity built	0	250	
		Commemoration of international events	No. of Commemoration for international events	0	10	
Strengthen services	Strengthened institutional capacity to implement integrated NCFECD activities at all levels	Institutional capacity assessment for NCFECD implementers/actors conducted	Capacity assessment report	0	1	Strengthen services
		Existing service delivery guidelines and SOPs updated	No. of guidelines with NC approaches	0	5	

Strategic Action	Outcome	Output	Key Performance Indicator	Baseline	Target	
					Mid-Term Period Target	
		community health volunteer capacity built on provision of NC at household, and referral of children with developmental delays	NO. of community health volunteer capacity built on provision of NC at household, and referral of children with developmental delays	0	750	
		Play Box sessions at health facility facilitated	No. of Play Box sessions at health facility	0	100	
		Mentorship to early childhood initiatives practitioners provided	No. of early childhood initiatives practitioner mentored	0	750	
		GAP and Replicator TOT's trained on Household Livelihoods improvement	No. of Replicator TOT's trained on Household Livelihoods improvement	0	125	
		Caregivers mobilized to initiate kitchen gardens	No. of kitchen gardens initiated by caregivers	0	125	
		Increased referrals of child case care management	No. of referrals of child case care management	0	150	
		Best practices documented	Annual report on NC	0	1	
		Meetings to share best practices on NCFECD conducted	No. of meetings	0	1	
Monitoring progress	To increase use of data for evidence-based decisions to scale up interventions for nurturing care	A functional M&E system and MIS that links all the different departments	Functional M&E system	0	1	Monitoring progress
		An M&E plan to provide regular quarterly updates on progress developed	No. of M&E quarterly progress reports	0	1	
		Consensus meeting to agree on indicators for monitoring	List of NC indicators	0	1	

Strategic Action	Outcome	Output	Key Performance Indicator	Baseline	Target	
					Mid-Term Period Target	
		Health providers capacity built on generating quality data and information for use in decision making	No. of Health providers capacity built on generating quality data and information for use in decision making	0	250	
		Routine monitoring of quality and coverage of NC services conducted	Field visit reports	0	10	
		Joint sectoral monitoring visits of NC data conducted	Joint sectoral visits reports	0	10	
		Programme review meetings for NC conducted	Programme review meetings	0	10	
		RDQA	RDQA reports	0	10	
		collection and packaging for advocacy, accountability and increasing investment conducted	Policy briefs on NC	0	2	
		Mid-term evaluation for NCFECD SP conducted	Mid-term evaluation report	0	1	
		End-term evaluation for NCFECD SP	End-term evaluation report	0		
Use Data and Innovate	To document best practices of all NCFECD /initiatives undertaken at all levels of implementation through research	A research agenda to prioritize research topics for integrating NC developed	Research Agenda for NC	0	1	Use Data and Innovate
		Resource Mapping of NC research conducted	Mapping report	0	1	
		Baseline Survey to asses emerging issues on children of Siaya and implications conducted	Baseline report	0	1	
		Research on feasibility and effectiveness of a health facility-based combined with home-based early childhood development (ECD) intervention conducted	Feasibility study report	0	1	
		Operational research on NC conducted	2	0	1	
		Research findings to all key stakeholders disseminated	No. of dissemination meetings	4	2	2
		Research findings to all key stakeholders disseminated	No. of dissemination meetings	4	2	2

REFERENCES

1. Advancing Early Childhood Development: from Science to Scale: An Executive Summary for The Lancet's, 2016.
2. Alan Pence, 2009, *Brief Overview of Key ECD Events in Africa*
3. Bartlett, K. (2003). *The Madrasa Early Childhood Programme in East Africa*. Aga Khan
4. Black MM, Walker SP, Fernald LCH, et al. Early childhood development coming of age: science through the life course. *Lancet*. 2017;389(10064):77–90. 7. Richter LM, Daelmans B, Lombardi J, et al. Investing in the foundation of sustainable development: pathways to scale up for early childhood development. *Lancet*. 2017;389(10064):103–18.
5. Campbell F, Conti G, Heckman JJ, et al. Early childhood investments substantially boost adult health. *Science*. 2014;343(6178):1478–85.
6. CNLS/NACC, (2002), *Strategic framework for HIV/AIDS control 2009–2012* Black RE, Allen LH, Bhutta ZA, et al. Maternal and child undernutrition: global and regional exposures and health consequences. *Lancet*. 2008;371(9608):243–60 *Survive, Thrive, Transform – The Global Strategy for Women's, Children's and Adolescents' Health (2016 – 2030)*. New York: United Nations; 2015.
7. Joan Lombardi, Ph.D. (2007) *Securing the Foundation: Policy and Financing Considerations for Early Childhood Development- Prenatal to Three*.
8. Judith L. Evans, with Roberts G. Myers and Ellen M. Ilfed, D.A. (2000), *Early Childhood Counts, A programming Guide on Early Childhood Care for Development*, World Bank, Washington Khan Foundation, Geneva, Switzerland.
9. Kenya National Bureau of Statistics (KNBS) et al. Kenya Demographic and Health Survey (KDHS) 2014.
10. Kenya National Bureau of Statistics (KNBS) et al. Multiple indicator Survey (MICs) 4, 2016
11. Leon Charles (2007), CHILD FOCUS III PROJECT *ECD Costs, Financing and Sustainability, Child Focus Project, Final Report*, Anguilla and Belize
12. Linda (2009), *Programming: ECD Framework for Development and Evaluation*
13. Ministry of Health (MOH) et al. (2019). Kenya Health Information Systems (KHIS)2
14. *Survive, Thrive, Transform – The Global Strategy for Women's, Children's and Adolescents' Health (2016 – 2030)*. New York: United Nations; 2015.
15. The Lancet Early Childhood Development Series Steering Committee (2016). Investing in the foundation of sustainable development: *Pathways to scale for early child development*. *Lancet*. In Press.
16. The State of the World's Children 2017: *Children in a digital world*. New York: UNICEF; 2017.
17. Tomlinson M, Cooper P, Murray L. *The mother-infant relationship and infant attachment in a South African peri-urban settlement*. *Child Dev*. 2005;76(5):1044–54.
18. *Transforming our World: The 2030 Agenda for Sustainable Development*. New York: United Nations; 2015. 4. The United Nations Convention of the Rights of the Child. New York: United Nations; 1989.
19. World Health Organization, United Nations Children's Fund, World Bank Group. *Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential*. Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO.



**SMART
START
SIAYA**



WE ARE ALL INSIDE ONE BUS TOWARDS THE SAME DESTINATION

