

Childcare Challenges of Low-Income Households in Nairobi, Kisumu and Vihiga: Unmet Need, Coping Strategies, and Priority Solutions

Executive Summary

Kenya has a childcare crisis — and it is hiding in plain sight. Across Nairobi, Kisumu, and Vihiga, 565 poor and marginalized households were surveyed about their childcare realities. What they revealed is not simply a shortage of crèches or nurseries. It is a system in which the families who need childcare most are the least able to access it — and who pay the heaviest price when they cannot.

THE NUMBERS THAT MATTER

69%

of households do not use formal childcare

71.9%

cite prohibitive cost as the #1 barrier

49.6%

bring children to work — unable to leave them safely

37%

of women exited the workforce due to care needs

THE PROBLEM

This is not a story about parents who do not value childcare. It is a story about a market that has failed them on every dimension at once — cost, quality, location, and trust.

01

Childcare is simply unaffordable.

Nearly half of all households surveyed (49.3%) survive on less than KES 5,000 per month — yet they are expected to finance their own childcare entirely. In Nairobi, 89% of households say fees are the primary deterrent. In Vihiga, two-thirds of families live below the KES 5,000 income threshold. When childcare fees compete with food and rent, care loses every time.

02

Cost alone does not explain low uptake — trust and safety do, too.

Even households that could stretch their budgets hold back because they do not trust what they would be buying. Over 43% cite poor safety and hygiene in childcare centers. More than a third flag untrained caregivers. These are not fussy preferences — they are rational risk judgements in contexts where quality assurance is weak and the stakes are a child's safety.

03

Formal services simply do not exist in many areas — and where they do, they do not fit.

In Vihiga, 44% of households report there are no facilities in their area. Across all three counties, centers are often full (23.6%), closed when needed (22%), or simply too far away. Rural households are not choosing informal care over formal care. They have no choice at all.

04

Children are being left in situations that carry real developmental and safety risk.

Nearly one in five children across the three counties (19.3%) is left at home without supervision. In Vihiga, it is more than one in four. A further 44.7% are cared for by older siblings under the age of 18 — children who are themselves forgoing education to fill a gap that public systems should be filling.

THE HUMAN COST

Unmet childcare need does not disappear — it gets absorbed by women and by children.

When formal care is out of reach, households adapt — but adaptation has a price. Nearly half of caregivers bring their children with them to work (49.6%), disrupting productivity and exposing young children to hazardous environments. More than a third reduce their working hours (38.2%), directly cutting household income. And 37% of households report that a caregiver has stopped working entirely because of care needs — an involuntary withdrawal from the labour force driven not by choice, but by the absence of any safe alternative.

The informal economy absorbs what the formal system fails to provide — but it is neither safe nor sustainable.

The informal care that fills the gap — grandparents, neighbours, older siblings, children left alone — is **not a solution. It is a symptom.** It is uneven, unreliable, and increasingly strained as urbanisation and poverty erode the kinship networks families once depended on. It transfers care burdens onto other vulnerable members of the household, most often onto older girl children. And it provides no nutritional support, no developmental stimulation, no safeguarding — the very things households say they need most.

WHAT HOUSEHOLDS ARE ASKING FOR

Households are not asking for the impossible. Their expectations are coherent, consistent, and eminently actionable. The top asks — affordability (44.8%), safety and hygiene (45.1%), meals and nutrition (68.1%), proximity (38.4%), and trusted caregiver relationships (28.1%), form a clear brief for what a good childcare service looks like in these communities.

The prominence of nutritious meals (68.1%) as the single most cited amenity expectation is striking and important. In food-insecure households where time poverty is acute, childcare and feeding are inseparable. Any service that provides only supervision but not nutrition will struggle to win the trust and sustained use of the families it is meant to serve.

THE POLICY GAP

90% of households have never received any form of government childcare support. Not a voucher. Not a subsidy. Not a training programme for the woman running a crèche out of her living room. Nothing. This is not only a resource gap — it is a design and visibility gap. The leading barrier to accessing government support is lack of awareness: households do not know what exists, who qualifies, or how to apply. The support that does exist is fragmented — linkages to welfare programmes, occasional health outreach — and almost none of it directly addresses the recurring cost or quality gap that households face every single week. Kenya's public spending on early childhood services sits below 0.2% of GDP, against a globally recommended benchmark of 1%. The gap is not marginal. It is structural.

THE PATH FORWARD

The good news is that the solutions are well-understood, contextually grounded, and ready to act on.

Make it affordable

Childcare vouchers, fee subsidies, and predictable payment mechanisms for low-income and female-headed households are the single highest-leverage intervention. No quality improvement will matter if families cannot afford to walk through the door.

Set a quality floor that households can see and trust.

A practical minimum package — hygiene and safety standards, caregiver competence requirements, reliable feeding, and visible safeguarding — should be the entry ticket for any supported provider. Quality assurance must be observable by families, not just auditors.

Bring services to where people are.

In Vihiga, 44% of households are out of reach of any facility. Expanding provision into underserved areas, incentivising flexible hours that match informal livelihoods, and reducing distance barriers are non-negotiable for equitable coverage.

Invest in the women already doing this work.

The informal, women-led micro-enterprises already embedded in these communities are the childcare system. Supporting them to meet quality standards — with financing, training, and regulatory pathways that are genuinely achievable — is faster, cheaper, and more sustainable than building from scratch.

Close awareness and access gap.

Clear eligibility criteria, community-level information pathways, and active outreach are needed to turn existing programmes into actual coverage. A programme that households cannot find does not exist.

Introduction

Childcare is a fundamental social service that enables households to sustain economic participation while ensuring the safety and developmental wellbeing of young children. Access to affordable, reliable childcare is increasingly recognized as a prerequisite for women's economic empowerment and as a lever for poverty reduction, especially in low- and middle-income countries where women bear disproportionate responsibility for unpaid care work (ILO, 2018; Moussie, 2021). For poor and marginalized households, childcare constraints are especially binding: livelihoods are time-sensitive, incomes are unstable, and alternatives such as paid caregivers or dependable kin support are often absent or unreliable.

When childcare needs go unmet, households absorb the deficit through a range of costly adjustments — reducing work hours, exiting the labour force, or relying on informal and sometimes unsafe arrangements — each with significant implications for household welfare, children's development, and gender equity. A randomized controlled trial in Nairobi's informal settlements demonstrated that women offered subsidized childcare vouchers were, on average, 8.5 percentage points more likely to be employed than those without access, illustrating the direct causal link between childcare access and women's economic participation (Clark et al., 2019).

KEY EVIDENCE

Global evidence shows that expanding access to affordable, quality childcare *improves household economic outcomes and children's early development*. Reviews of childcare interventions in LMICs find that the vast majority produce positive child development outcomes, with girls often benefiting more than boys (Evans et al., 2021).

This report contributes to the broader childcare ecosystem project led by the International Center for Research on Women (ICRW) Africa in Kenya — "Enhancing Evidence-Informed Decision-Making for Improved Childcare Ecosystem in Kenya: A Participatory Research and Policy Engagement Initiative". It documents the unmet childcare needs of poor and marginalised households in Nairobi City County, Kisumu County, and Vihiga County, using household survey evidence to clarify where and why childcare needs remain unmet.

Design and Scope

This report draws on the structured household survey dataset, collected from 565 households with at least one child under five years, sampled from low-income and marginalised communities in Nairobi City County (n=214), Kisumu County (n=168), and Vihiga County (n=183). The sample size and county distribution were calculated using a sampling frame and formula provided by the Kenya National Bureau of Statistics (KNBS), consistent with minimum standards for household survey sampling.

The analysis applies descriptive statistics (frequencies and percentages) to document unmet childcare needs by profiling: (i) household characteristics and composition; (ii) childcare service use and reported challenges; (iii) proximity to childcare services and typical household payments; (iv) barriers to childcare use across affordability, availability/accessibility, quality and standards, and acceptability/preferences; (v) household coping strategies when childcare needs are not met; and (vi) household priorities for improvements and preferred forms of public support.

Results

Household Profile

A sample of 565 households were surveyed (Kisumu=168, Nairobi=214, Vihiga=183) using an approved sampling frame provided by KNBS. Caregivers were almost evenly split by sex overall, but patterns differed sharply by county. In Kisumu, most household heads (HHHs) were male (78.7%), while in Nairobi and Vihiga most were female (64.2% and 55.7% respectively). Most HHHs worked in informal jobs (52%) or were self-employed (28.4%), with very few in formal employment, especially in Vihiga (2%). Nearly a third of Vihiga households had no income at all (30.1%).

Table 1: Household Profile

| | Overall % | Kisumu % | Nairobi % | Vihiga % |
|-----------------------|--------------|----------|--------------|--------------|
| Household Head | | | | |
| Male | 50.9% | 77.4% | 35.8% | 44.3% |
| Female | 49.1% | 22.6% | 64.2% | 55.7% |
| EMPLOYMENT | | | | |
| Self-Employment | 28.6% | 49.4% | 11.6% | 29.5% |
| Informal Employment | 52.8% | 39.9% | 75.3% | 38.3% |
| No Income | 12.5% | 0.0% | 7.0% | 30.6% |
| Formal Employment | 6.0% | 10.7% | 6.0% | 1.6% |
| HOUSEHOLD INCOME | | | | |
| Low (<KES 5,000) | 49.3% | 27.4% | 51.6% | 66.7% |
| Medium (5,001–10,000) | 30.6% | 35.7% | 32.6% | 23.5% |
| High (>10,000) | 20.1% | 36.9% | 15.8% | 9.8% |
| MARITAL STATUS | | | | |
| Single | 20.0% | 9.5% | 32.6% | 14.8% |
| Married | 65.2% | 81.5% | 49.8% | 68.3% |
| Widowed | 5.8% | 4.2% | 6.0% | 7.1% |
| Divorced/Separated | 9.0% | 4.8% | 11.6% | 9.8% |

Childcare Arrangements & Use

Childcare across the three counties is characterized by heavy reliance on informal social networks and immediate family support. As shown in Table 2, the most prevalent forms of support are neighbors and friends (54.2%) and older siblings under 18 (44.7%), indicating that childcare is frequently managed through community-based and intergenerational arrangements.

COUNTY SNAPSHOT

Nairobi: Highest use of childcare centers (84.5%), yet 61.7% still rely on neighbors/friends — showing widespread 'mixed care'.

Kisumu: Care anchored in community; only 22.8% use centers. Dominated by neighbors (68.6%), older siblings (60.3%) and spouses (55.7%).

Vihiga: Grandparents are primary caregivers (59.9%). Formal center use is lowest (14.1%). Critically, 27.3% of children are left home alone without supervision.

Table 2: Childcare Arrangements (% of households using each)

| Forms of Childcare Support | Nairobi % | Kisumu % | Vihiga % | Total % |
|---------------------------------------|--------------|--------------|--------------|--------------|
| Family & Unpaid Caregivers | | | | |
| Spouse/Partner | 22.3 | 55.7 | 38.5 | 37.9 |
| Older siblings (<18) | 33.3 | 60.3 | 44.2 | 44.7% |
| Grandparents | 14.7 | 35.3 | 59.9% | 36.1 |
| Extended family | 17.8 | 36.5 | 24.7 | 25.8 |
| Formal / Hired Care | | | | |
| Childcare center | 84.5% | 22.8 | 14.1 | 44.9 |
| House help/domestic | 0.5 | 4.4 | 0.0 | 1.3 |
| Nanny/babysitter | 0.5 | 1.5 | 4.5 | 2.1 |
| Community Support | | | | |
| Neighbours/friends | 61.7 | 68.6% | 33.0 | 54.2% |
| Church/faith-based | 3.6 | 12.6 | 5.1 | 6.8 |
| Workplace | 3.1 | 2.5 | 10.8 | 5.5 |
| Self-Care (Unsupervised) | | | | |
| Home alone — no supervision | 21.7 | 5.9 | 27.3% | 19.3% |

Childcare Barriers

Financial barriers emerge as the most significant hurdle for households in the three counties, with the high cost of childcare cited by 71.9% of respondents and 42.2% noting a general lack of affordable options. This challenge is most acute in Nairobi, where nearly 9 in 10 households (89.3%) report that fees are a primary deterrent.

| | | | |
|---|---|--|--|
| 71.9% Cite high childcare costs | 43.7% Poor safety & hygiene standards | 44.8% Prefer family-based care | 34.7% Lack of trained caregivers |
|---|---|--|--|

Table 3: Challenges preventing households from using hired caregivers or childcare centers (%)

| Challenge | Nairobi % | Kisumu % | Vihiga % | Total % |
|-------------------------------|-------------|----------|----------|-------------|
| High cost of childcare | 89.3 | 68.9 | 55.0 | 71.9 |

| Challenge | Nairobi % | Kisumu % | Vihiga % | Total % |
|--|-------------|----------|-------------|-------------|
| Lack of affordable options | 40.3 | 49.1 | 37.9 | 42.2 |
| Preference for family-based care | 23.2 | 60.9 | 52.3 | 44.8 |
| Child's emotional wellbeing concerns | 44.2 | 35.4 | 31.4 | 37.2 |
| No childcare facilities in area | 6.7 | 29.8 | 44.3 | 26.7 |
| Limited spaces in existing centres | 28.7 | 29.1 | 14.2 | 23.6 |
| Centres not operating during needed hours | 17.4 | 24.1 | 25.0 | 22.0 |
| Lack of well-trained caregivers | 36.4 | 42.2 | 26.2 | 34.7 |
| Poor safety & hygiene standards | 56.5 | 37.0 | 36.0 | 43.7 |
| Inconsistent service quality | 27.2 | 34.4 | 36.6 | 32.6 |

Affordability Burden

The results show that most households surveyed fall within the lowest income bracket, with 49.3% earning less than KES 5,000 per month. This pattern was especially pronounced in Vihiga, where 66.7% of households fall in this category, indicating widespread low-income vulnerability.

63.6% of all households spend below KES 1,000/month on childcare — while the same households cite affordability as the single biggest barrier to formal service use.

Table 4: Affordability Burden

| Category | Overall % | Kisumu % | Nairobi % | Vihiga % |
|------------------------------|--------------|--------------|--------------|--------------|
| HOUSEHOLD INCOME (KES/month) | | | | |
| Less than 5,000 | 49.3% | 27.4% | 51.6% | 66.7% |
| 5,000 – 10,000 | 30.6% | 35.7% | 32.6% | 23.5% |
| 10,001 – 20,000 | 20.1% | 36.9% | 15.8% | 9.8% |
| CHILDCARE SPEND (KES/month) | | | | |
| Below 1,000 | 63.6% | 75.0% | 57.7% | 60.1% |
| 1,000 – 3,000 | 28.3% | 17.3% | 38.1% | 26.8% |
| 3,001 – 5,000 | 5.7% | 6.0% | 3.7% | 7.7% |
| More than 5,000 | 2.5% | 1.8% | 0.5% | 5.5% |

Perceptions and Expectations

In this sample, only 30.97% (n=175) report using childcare services, while 69.03% (n=390) do not. This indicates that formal or paid childcare is not the dominant care solution for most households. Among both users and non-users, households share clear expectations of what good childcare must provide:

Table 5: Household Perceptions and Expectations

| Domain | Specific Expectation / Factor | % Households |
|-------------------|---|--------------|
| Cost | Affordability (fees and additional costs) | 44.8% |
| | Other (cost-related) | 6.4% |
| Accessibility | Proximity (convenient location) | 38.4% |
| | Flexible hours (early morning/late evening) | 23.0% |
| Quality & Safety | Safety and hygiene standards | 45.1% |
| | Child-to-caregiver ratio | 15.6% |
| | Quality of educational/developmental activities | 8.9% |
| Facilities | Nutritious meals and snacks | 68.1% |
| | Outdoor/indoor play areas | 26.4% |
| Caregiver Quality | Experience handling children | 28.1% |
| | Staff qualifications and training | 19.8% |
| Trust | Relationship with provider (trust) | 28.1% |
| | Facility reputation | 21.6% |
| | Recommendations from community | 19.7% |
| Regulation | Official registration / licensing | 12.7% |
| | Regular government inspections | 7.1% |

Nutritious meals (68.1%) top all facility expectations — signaling that households view childcare as a bundled food-security and child welfare service, not just supervision.

Household Coping Strategies

When childcare needs are not adequately met, households do not simply go without care — they actively adopt coping strategies to keep daily life and livelihoods functioning. Two dominant pathways emerge: adjustments to work and income-generating activities, and reliance on family or community networks.

Table 6: Work Adjustments — How Households Change Livelihoods to Cope

| Coping Strategy | % Households Affected |
|---|-----------------------|
| Child accompanies caregiver to income activity | 49.6% |
| Work fewer hours to supervise children | 38.2% |
| Exit work temporarily/fully due to care needs | 37.0% |
| Combine care with home-based work | 17.0% |
| Shift to lower-barrier work compatible with care | 8.9% |

LABOUR COST OF UNMET CHILDCARE NEED

Nearly half of households bring children to work (49.6%). Over a third stop working entirely (37.0%). These are direct, measurable costs of the childcare gap on women's labour force participation and household income.

Table 7: Reliance on Family and Community Networks

| Coping Strategy — Social Networks | % Households |
|---|--------------|
| Kin-based childcare substitution | 47.6% |
| Informal community-based support (neighbours/friends) | 39.5% |
| Care shifted to older children in household | 34.5% |
| Shared care rotations with other parents | 2.5% |
| Other network-based arrangements | 12.0% |

Government Support Awareness and Access

Only a small minority of households (10%) report that they or their childcare provider have ever received government support related to childcare. This implies that government childcare support is not yet functioning as a coverage mechanism at scale.

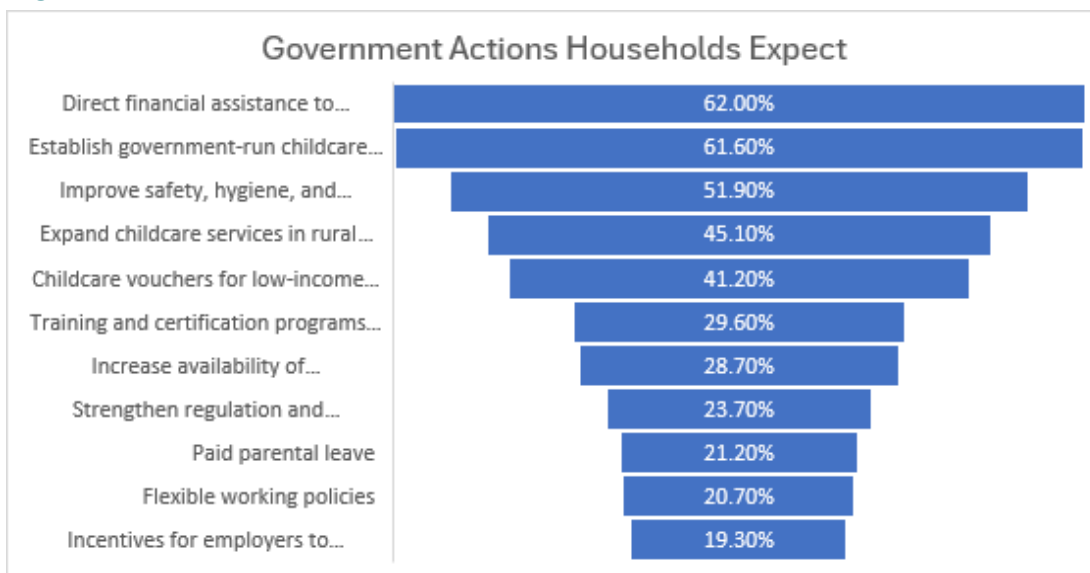
| | |
|---|--|
| 90% Never received any government childcare support | 10% Received some form of government support |
|---|--|

Table 8: Type of Government Childcare Support Ever Received

| Type of Government Support Received | % of Households |
|--|-----------------|
| Linkage to social protection / welfare programs | 15.9% |
| Health services for children (immunization/outreach) | 8.0% |
| Provision of food / nutrition support | 2.7% |
| Cash transfers or subsidies for childcare costs | 2.5% |
| Infrastructure support (classroom construction) | 1.2% |
| Provision of learning / play materials | 1.2% |

| Type of Government Support Received | % of Households |
|---|-----------------|
| Training/capacity building for caregivers | 0.2% |
| Monitoring and supervision visits | 0.2% |
| Awareness/sensitization campaigns | 0.2% |

Figure 2: Household Expectations on Government



Discussion

The findings from this household survey portray unmet childcare need as a multi-constraint problem in which affordability, quality, trust, and service fit (spaces and hours) interact to keep service uptake low while imposing substantial coping costs on households. In the survey sample (n=565), fewer than one-third of households report using childcare services (30.97%, n=175), indicating that paid or centre-based childcare is not the dominant solution for most poor and marginalized households in these settings. This is consistent with the broader global literature that childcare only translates into improved household welfare and labour outcomes when it is not merely available, but also affordable and credible in quality (World Bank, 2022; UNICEF, 2019). Evidence from comparable low-income urban settings in sub-Saharan Africa similarly finds that formal childcare uptake remains limited not simply because services are absent, but because existing services fail to meet the cost, quality, and reliability thresholds that households regard as acceptable (Hughes et al., 2021; Moussie, 2021).

Affordability emerges as the primary binding constraint and helps explain both low uptake and fragile use. Nearly half of household heads report monthly household income below KES 5,000 (49.3%), rising to 66.7% in Vihiga and remaining above half in Nairobi (51.6%), reflecting deep income vulnerability even in urban settings. These patterns align with care-economy evidence that where care is financed predominantly by households, low-income families ration formal care and absorb the deficit through time poverty and livelihood adjustments (ILO, 2018). Independent investment analyses estimate that Kenya spends less than 0.2 percent of GDP on pre-primary and early childhood services — well below the internationally recommended 1 percent threshold — leaving most of the care financing burden on already strained household budgets (Harris et. al., 2024).

POLICY INSIGHT

Cost reduction alone will not unlock adequate childcare use. Households also demand credible safety, hygiene, caregiver competence, and nutrition — reflecting a rational risk calculus in contexts where quality assurance mechanisms are weak and developmental stakes are high.

The heavy reliance on older siblings as caregivers — present in over a third of sampled households — raises important equity concerns. Cross-country evidence shows that child-to-child supervision is associated with interrupted schooling for the supervising child and inconsistent safety outcomes for younger children in their care (Ruiz-Casares, 2006, Van Breda, 2010). While informal kinship care is a culturally embedded tradition in sub-Saharan Africa, it has become increasingly strained by poverty, urbanization, and changing household structures, making it a fragile long-term substitute for adequate formal provision (Rusera et al., 2025).

Finally, the public support environment is currently too thin to function as a meaningful coverage mechanism. Only about one in ten households report ever receiving childcare-related government support (10%). The dominant barrier to accessing government support is lack of awareness, signalling failures in information dissemination rather than simply resource scarcity, compounded by corruption and unclear eligibility criteria that suppress uptake even where programmes exist. As Moussie (2018) observes for urban informal workers across the global South, childcare programme design frequently fails to account for the specific needs of women in informal employment, resulting in services that are nominally available but practically inaccessible to those who need them most

Conclusion

This report demonstrates that unmet childcare need in Nairobi, Kisumu, and Vihiga is not a simple gap in provision, but a systemic market failure in which affordability, trust, and service fit interact to create a cycle of low uptake, strained informal coping, and constrained livelihoods. With fewer than one-third of households utilizing formal services, childcare remains a largely private burden — managed through significant income sacrifice and reliance on informal networks that are themselves unequal and precarious.

The near-total absence of government support — experienced by 90% of surveyed households — represents the most critical policy opportunity. Closing this gap requires a bundled approach: affordability instruments, credible quality standards, expanded provision, and information pathways that translate programme availability into actual household access.

Any effective policy response must treat childcare not merely as a supervision service but as a bundled social infrastructure that simultaneously supports children's early development and mothers' economic agency (UNICEF Nurturing Care Framework, 2018, O'Donnell et al. 2021). The global evidence base is clear that quality — defined in ways that are contextually meaningful and verifiable by households — is as important a determinant of childcare uptake and child outcomes as physical access (Evans et al., 2021; Leroy et al., 2011).

Strategies must be designed with the informal, women-led micro-enterprises already embedded in these communities at their centre — providing them with pathways to meet credible quality standards alongside financial support mechanisms that reduce revenue volatility for providers and the cost burden for vulnerable families (Moussie, 2021; Hughes et al., 2021). The household voices documented in this survey offer a clear mandate: improve affordability, make services safe and trustworthy, bring them closer

to where people live and work, and ensure that government support reaches the families who need it most.

Recommendations

1. Establish affordability instruments targeted to poor households. Prioritize childcare vouchers/fee subsidies and predictable payment mechanisms for low-income and female-headed households, especially in high-unmet-need settings, to address the dominant cost barrier.
2. Develop and implement a practical minimum quality package focused on hygiene/safety, caregiver competence, reliable routines, and visible safeguarding measures, since quality and safety concerns are major deterrents and key household expectations.
3. Support feeding standards and feasible feeding partnerships, because meals/snacks are the strongest stated expectation and likely a major driver of acceptability and child welfare benefits.
4. Address 'no facility/limited spaces' and hours mismatch through expanded provision in underserved areas and guidance/incentives for services that match livelihood schedules.
5. Integrate childcare support with livelihoods programming (market-based outreach, TVET-linked childcare options, social protection linkages) to reduce work reductions, work exit, and bringing children to work.
6. Consolidate and communicate childcare-related supports through clear access pathways — eligibility clarity, information dissemination, referral points — because the dominant household experience is no support and current supports are fragmented.

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