

WOMEN IN CHILDCARE (WICC) STUDY

Status of Women-Owned Childcare Enterprises

that Serve Vulnerable and Poor Households in Nairobi, Kisumu & Vihiga Counties, Kenya

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Executive Summary

This report presents findings from a rapid mapping of 32 women-owned childcare enterprises in Nairobi, Kisumu, and Vihiga counties, Kenya. The mapping was conducted as part of the broader Women in Childcare (WiCC) study, which examines the childcare ecosystem serving poor and vulnerable households. The enterprise survey documented provider characteristics, service models, operational conditions, and constraints across three contrasting county contexts — predominantly urban Nairobi, mixed urban-rural Kisumu, and predominantly rural Vihiga.

32 women-owned enterprises surveyed	3 counties: Nairobi, Kisumu, Vihiga	72% serve children aged 0–3 years	71.9% receive no government support
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The findings reveal a childcare landscape anchored in small-scale, women-led micro-enterprises — many of them relatively new, operating with mixed registration status, and providing care for children and infants across long working hours. These centers are not simply businesses: they function as frontline social infrastructure for families in low-income and informal livelihood settings, enabling women to work while their children receive supervised care. Their location in and reach into peri-urban and underserved communities makes them irreplaceable actors in Kenya's childcare ecosystem.

At the same time, the mapping reveals that this sector operates within a fragile and self-reinforcing constraint structure. Centers depend almost exclusively on parent and guardian fees, yet household ability to pay is irregular and shallow. High operational costs, low enrolment, and inadequate external

financing leave providers with no margin for improving staff quality, safety infrastructure, or service comprehensiveness. Compounding this, government engagement is minimal: most providers receive no support, are unaware of existing programmes, and navigate a regulatory environment they experience as opaque, costly, and unsupportive.

The report concludes that women-owned childcare enterprises serving vulnerable households are simultaneously indispensable and structurally unsupported. Closing this gap requires coordinated action on three fronts: stabilizing household affordability, strengthening enterprise viability, and reforming the enabling environment to be legible, supportive, and progressive.

1. Introduction

1.1 Background and Rationale

Childcare is a core pillar of the care economy and a practical enabler of women's economic participation. When families can access affordable, safe, and reliable childcare, women are better positioned to take up and sustain paid work, and children benefit from developmentally supportive early environments. The International Labour Organization (ILO, 2025) estimates that closing the global childcare gap could generate up to 299 million additional jobs and add 2% to global GDP — underscoring that childcare is an economic investment as much as a social one.

Global evidence highlights childcare's *triple dividend* — simultaneous benefits to child development, women's empowerment, and broader economic productivity — an outcome particularly consequential for poor and marginalized households, where family livelihoods frequently depend on women's engagement in informal work outside the home. A landmark World Bank analysis of 95 lower- and middle-income countries found that access to formal or semi-formal childcare significantly increased women's labour force participation, with effect sizes largest among households in the poorest income quintiles.

In sub-Saharan Africa, rapid urbanization has created a dual pressure: growing numbers of women are engaged in informal sector employment, yet formal childcare infrastructure has expanded far more slowly than demand. Research in Nairobi's informal settlements has demonstrated that the absence of accessible, affordable childcare directly constrains women's ability to sustain paid work — with consequences for household income, food security, and child nutrition (Clark, et.al., 2019). Studies from across the region consistently find that when institutional childcare is unavailable or unaffordable, the care burden is absorbed — disproportionately by women — through reduced work hours, reliance on older siblings, or unsafe arrangements that expose children to risk (Halim et., al 2022).

In Kenya, the childcare ecosystem serving vulnerable households is characterized by informal, women-operated provision that is essential to families' daily functioning yet chronically constrained by limited resources, uneven infrastructure, and weak regulatory support (ICRW, 2024). Despite their critical role, these enterprises remain largely invisible in policy, data, and financing systems. County and national actors therefore lack the usable, empirical basis needed to design targeted improvements in quality, affordability, and access.

This invisibility is not unique to Kenya. A systematic review of informal childcare provision in urban sub-Saharan Africa found that women-led home-based and community-based centers constitute the dominant mode of non-parental care for children under five in low-income urban settlements — yet they are rarely counted in national childcare statistics, seldom reached by government training programmes, and almost entirely absent from formal financing systems (ICRW, 2024). The Kenya

Demographic and Health Survey (2022) confirms that only a small fraction of children in the lowest wealth quintiles attend any form of organized early childhood programme, with informal arrangements — formal and informal — filling the gap.

This mapping study was designed to address that evidence gap directly. By documenting the status, characteristics, and operational constraints of women-owned childcare enterprises across three contrasting counties, it aims to generate an evidence base that informs practical, county-appropriate interventions for childcare system strengthening.

1.2 Study Design and Scope

This report draws on the enterprise survey component of the broader Women in Childcare (WiCC) study: "Enhancing Evidence-Informed Decision Making for Improved Childcare Ecosystems in Kenya: A Participatory Research and Policy Engagement Initiative." The enterprise mapping objective was to document the characteristics, service models, and operational constraints of informal women-owned childcare enterprises across Nairobi City County, Kisumu County, and Vihiga County.

The three counties were purposively selected to capture contrasting childcare market contexts: urban/metropolitan (Nairobi), secondary-city, with large semi-urban population (Kisumu), and predominantly rural (Vihiga). These contextual differences shape (i) women's labour participation patterns and time constraints, (ii) the mix between formal and informal childcare supply, and (iii) the feasibility of meeting quality and regulatory expectations. This design reflects broader evidence that childcare access, affordability, and quality are highly sensitive to local settlement patterns, livelihood structures, and the density of informal services.

1.3 Study Population and Sampling

The enterprise mapping targeted women proprietors and owners operating informal childcare services — including both center-based and home-based models — within the three study counties. This focus is consistent with evidence that informal providers, predominantly women, meet a significant share of childcare needs for marginalized households.

County	Centers Surveyed	Share (%)
Kisumu	10	31.25
Nairobi	12	37.50
Vihiga	10	31.25
Total	32	100.00

Table 1: Distribution of enterprises surveyed by county

Identification and selection were conducted through childcare intervention implementers working in the study counties and through referrals from childcare collectives and associations to which some

centers were affiliated. The enterprise survey instrument captured five domains: (i) enterprise characteristics and typology; (ii) services and service packages; (iii) operations and infrastructure; (iv) enterprise economics; and (v) operational and compliance constraints and ecosystem engagement.

1.4 Methodological Limitations

Because centers were identified through implementers and collectives, the sample constitutes a non-probability selection. It may under-represent centers not connected to implementer or collective networks, and may differ systematically by formality status, visibility, or willingness to participate. Results should be treated as indicative patterns to inform policy and programme design rather than generalizable prevalence estimates for each county.

2. Findings

This section presents findings across six domains: enterprise location and maturity, registration status, service profile, operational scale, enterprise economics, and the enabling environment. Together, these domains constitute a detailed profile of the childcare enterprises serving vulnerable households in the three counties.

2.1 Location and Settlement Context

Women-owned childcare centers in the sample were distributed across the three counties: Nairobi (37.5%), Kisumu (31.25%), and Vihiga (31.25%), providing a relatively balanced cross-county picture. Most centers operated in peri-urban areas (62.5%), with smaller shares in urban and rural areas. This concentration at peri-urban and in mixed-density neighborhoods reflects the geography of informal labor markets and the populations these centers primarily serve: working and frequently poor families who live in the under-resourced urban fringe communities, commute into city centers, and have limited access to formal childcare infrastructure.

KEY FINDING

The peri-urban concentration of surveyed centres is not incidental — it mirrors the geography of vulnerable employment. These are precisely the communities where childcare constraints translate most directly into barriers to women's work and household income instability.

2.2 Enterprise Ownership and Operational Duration

The sample includes a diverse mix of enterprise operational durations, reflecting both a growing market and an established layer of longer-standing providers. In Kisumu, 50% of centers have operated for less than one year, suggesting rapid recent expansion, while in Vihiga, 50% have

operated for five or more years, pointing to more entrenched provision in a predominantly rural context. Nairobi shows a more even distribution across maturity categories.

Years of Operation	Kisumu (%)	Nairobi (%)	Vihiga (%)
Less than 1 year	50.0	50.0	0.0
1 to < 3 years	60.0	20.0	20.0
3 to < 5 years	50.0	50.0	0.0
5 years and above	16.7	33.3	50.0

Table 2: Enterprise years of operation by county

Ownership is predominantly individual and small-scale. Sole proprietorship (84.3%) is the dominant model, followed by community-owned enterprises (12.5%) and partnerships (3.1%). This structure implies a sector anchored in micro-enterprises where the owner typically performs both management and direct care work, limiting capacity for delegation, professional development, or scale.

POLICY IMPLICATION

The predominance of sole proprietorship among enterprises serving vulnerable families means that enterprise sustainability and owner well-being are inseparable. Business support interventions must account for this dual burden and avoid approaches designed for enterprises with separate management and operational layers.

2.3 Registration Status and Regulatory Position

A slight majority of centers (51.6%) reported being unregistered, while 48.4% reported some form of registration. This near-even split is significant: it means that approximately half of the childcare provision serving vulnerable households sits outside formal administrative systems — a position that affects not only regulatory oversight but also access to government support, training programmes, and financing instruments.

Registration Status	Frequency	Percentage (%)
Not registered	17	51.6
Registered	15	48.4
Total	32	100.0

Table 3: Registration status of surveyed centers

Critically, among the 15 registered centers, 70% are not registered as Early Childhood Development and Education (ECDE) centers — the category that would provide access to ECDE-specific

government support, quality standards, and teacher training. Instead, they are registered as businesses, companies, or community-based organizations. This "partial formalization" pattern means that even centers that have taken steps toward legitimacy remain outside the specialized oversight and support structures of government childcare policy.

KEY FINDING

The majority of formally registered centres serving poor households are not recognized within the ECDE system. They occupy a regulatory grey zone — formally legitimate as businesses but invisible to childcare-specific governance mechanisms. This misalignment is a structural barrier to quality improvement and public support access.

2.4 Service Profile

The service profile of mapped centres reveals a sector oriented primarily toward the care needs of working families with very young children. Most centres serve children aged 2–3 years (81.3%), with a large share also serving infants aged one year and under (71.9%). Coverage of children aged 4–5 years is lower (40.6%), suggesting that centre-based care for older pre-school-age children may be less consistently available in these communities.

Operating hours are long and calibrated against informal employment patterns: 56.3% of centres operate from 5am to 6pm, and 15.6% from 5am to 9pm. This operating model is responsive to early departures, long commutes, and the irregular shifts characteristic of informal sector employment — particularly for women in market trade, domestic work, and casual labour.

In terms of service packages, full-day care dominates (96.9%). Many centres also provide half-day care (40.6%), feeding programmes (46.9%), and early childhood education (40.6%). Specialized services remain rare: only 6.3% offer care for children with disabilities and 9.4% provide night care.

KEY FINDING

The alignment between operating hours and informal employment schedules is a critical system asset. These enterprises are already functioning as labour-market infrastructure for women in vulnerable employment. Equally important is the gap: fewer than one in ten centres offers care for children with disabilities, and specialized services are almost entirely absent.

2.5 Operational Scale and Infrastructure

Most centres are small: 72% reported enrolment of 1–10 children, 19% had 11–20 children, and only 9% had more than 21. This micro-scale of operation has direct implications for financial viability: with

enrolment below 10, fee-based revenue is insufficient to cover staffing, rent, and basic facility maintenance without supplementary income from the owner's personal savings.

72% fewer than 10 children enrolled	46.9% own the premises they operate from	40.6% rent their premises	12.6% use shared space (such as churches, schools, or other community spaces)
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Premises tenure is mixed. Approximately 46.9% of centres own their space, 40.6% rent, and 12.6% operate from shared spaces (including church compounds and community facilities). This matters directly for centre sustainability: renting providers face exposure to rent increases and eviction risk, while shared-space providers may have limited control over the physical environment, safety standards, and hours of access.

POLICY IMPLICATION

At micro-scale enrolment — which characterizes nearly three-quarters of mapped centres — fee-only revenue models are structurally unviable. Cost recovery becomes possible only when enrolment exceeds a threshold that most centres do not reach. Policy instruments must address this economic reality directly, rather than assuming that quality and sustainability improvements will follow from provider effort alone.

2.6 Enterprise Economics: Revenue, Fees, and Financial Fragility

The economic model of mapped centres is almost entirely dependent on household-sourced revenue. Parent and guardian fees are the primary income source for 93.8% of centres. Many proprietors supplement this with personal savings (46.9%) and loans (28.1%). Access to grants, public subsidies, or affordable structured credit is almost non-existent in this sample.

Payment terms reflect household income irregularity: 34.4% of centres collect fees daily, 28.1% quarterly, 15.6% monthly, and 21.9% have no set payment schedule. Daily and irregular payment patterns suggest that parents smooth childcare payments against unpredictable income flows — a coping strategy that creates corresponding revenue volatility for centre operators.

KEY FINDING

Nearly half of proprietors rely on personal savings to sustain operations, and more than a quarter depend on loans. Enterprise survival is contingent not only on household ability to pay but on the

proprietor's own financial resilience — creating a compounding vulnerability in which the financial fragility of households directly produces the financial fragility of the enterprises serving them.

2.7 Operational Challenges

Operational challenges reported by centre operators are consistent and mutually reinforcing. Financial and demand-side constraints dominate:

Challenge	Share of Centres Reporting (%)
Inadequate funding	68.75
Inability of parents to pay	68.75
High operational costs	65.63
Low enrolment	50.00

Table 4: Most frequently reported operational challenges

These findings reflect a structurally coherent constraint-mix. Centres face rising operating costs — rent, food, staffing, materials — while their primary revenue base (household fees) is fragile, irregular, and limited by poverty. The result is enrolment volatility, insufficient investment in staff, safety, and infrastructure, and a persistent inability to improve service quality.

POLICY IMPLICATION

The constraint architecture — rising costs, fragile revenues, low enrolment, and a punitive regulatory environment — compounds on itself. Interventions that address only one element will not break the cycle. Effective system strengthening requires simultaneous action on multiple constraint dimensions.

2.8 Government Engagement and Collective Organization

Formal network membership among surveyed centres is extremely rare: only 3.1% reported belonging to a childcare provider association or collective. This near-total absence of horizontal organization limits peer learning, collective bargaining for inputs, dissemination of quality standards, and the aggregation of provider voice in policy processes.

Government engagement is correspondingly weak. The overwhelming majority of centres (71.9%) report receiving no government support of any kind. More strikingly, 90.6% are unaware of any government programmes supporting childcare enterprises.

<p>3.1%</p> <p>belong to any provider network</p>	<p>71.9%</p> <p>receive no government support</p>	<p>90.6%</p> <p>unaware of any government programme</p>
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Despite these gaps, centre operators articulated clear and specific demands for support: government financial incentives and subsidies; simplification of registration and licensing processes; access to affordable credit; and practical training in child safety, nutrition, and early childhood development.

KEY FINDING

The near-total absence of collective organization among providers, combined with almost universal exclusion from government support, means that these enterprises — which together constitute the primary childcare system for vulnerable households in these communities — have no effective mechanism for collective voice, peer support, or policy engagement. Strengthening this 'middle layer' of provider organization is a high-leverage system investment.

3. Discussion

The mapping exercise makes visible a childcare delivery system that is simultaneously essential and overlooked — one that is already functioning as the primary care infrastructure for vulnerable households in Nairobi, Kisumu, and Vihiga, but doing so under conditions of financial fragility, regulatory marginalization, and institutional invisibility.

3.1 A Care Economy Under Structural Stress

These findings are best understood through a care economy and social reproduction lens, which recognizes childcare not as a private household matter but as essential social infrastructure that sustains labour, wellbeing, and child development. The ILO() has documented that globally, care work — including childcare — accounts for a substantial share of all productive activity, yet remains systematically underpaid, undervalued, and overlooked in national accounts and policy frameworks. In sub-Saharan African countries, where care work is particularly feminized and informalized, the failure to invest in childcare infrastructure directly undermines gender equality outcomes and macroeconomic productivity alike.

Research in Nairobi's low-income settlements demonstrates concretely that the absence of accessible childcare produces measurable reductions in women's working hours and income — and that women who access centre-based care for their children are significantly more likely to be employed in more remunerative, stable work (). A 2021 systematic review of paid childcare provision

in urbanizing sub-Saharan Africa found that informal women-led centres, despite operating under chronic resource constraints, are often more trusted by caregivers than formal ECDE centres because of their responsiveness to household schedules, their community embeddedness, and the personal accountability of individual providers.

What the mapping reveals is that these enterprises are not supplementary or marginal to the childcare system: they are the childcare system for the communities they serve. Most families using these centres have no viable alternative. The centres' long operating hours, infant and toddler focus, and peri-urban positioning are not incidental features — they are responses to the specific time-use constraints and livelihood realities of women in vulnerable employment.

3.2 Constrained Context

The most consequential structural finding is the constrained context in which these enterprises operate. Centres depend on household fees, but households in vulnerable employment cannot pay consistently. Low payment reliability limits enrolment growth and revenue predictability, which in turn constrains investment in staff quality, safety infrastructure, and service improvement. Quality improvement is thus structurally underfinanced — not because providers lack motivation, but because the financial architecture of the sector makes investment in quality economically inaccessible.

This dynamic mirrors a common dynamic in informal markets for social services: fees stay low to retain enrolment, revenues remain insufficient for investment, quality stays low, and the sector as a whole remains unable to attract the public or private financing needed to break the cycle. Evidence from the wider WiCC study confirms that even modest fee increases would cause many families to withdraw children from centre-based care, forcing a return to less safe informal arrangements. Similar dynamics have been documented in informal childcare markets in Uganda, Ghana, and Tanzania, where the inability to raise fees — despite rising costs — has led to deteriorating quality and provider exit.

UNICEF's global analysis of childcare financing confirms that in lower-income countries, household out-of-pocket spending is the dominant source of childcare finance — yet this mode of financing systematically underinvests in quality and excludes the poorest households from access. The Kenya context reflects this global pattern: without public subsidy on either the demand or supply side, the affordability–quality–sustainability triangle cannot be broken through provider effort alone.

POLICY IMPLICATION

Breaking the affordability–quality–sustainability triangle requires simultaneous action on demand (household affordability) and supply (enterprise financing) sides of the market. Supply-side investments in quality that are not accompanied by demand-side affordability support will reduce enrolment and worsen provider financial viability. Demand-side support that is not paired with

supply-side quality investment may stabilize enterprises without improving outcomes for children. Both levers must be activated together.

3.3 Partial Formalization and the Regulatory Exclusion

A particularly important finding is the pattern of partial formalization among registered centres. The majority of registered enterprises hold business or CBO registration but lack ECDE registration — the specific form of recognition that would connect them to childcare-relevant oversight, support, and quality improvement infrastructure. This creates a paradox: centres that have taken active steps toward legitimacy remain invisible to the very government systems responsible for childcare governance.

Comparative research across East African urban contexts finds that this pattern of "partial formalization" — where providers acquire business legitimacy without sector-specific recognition — is common wherever regulatory frameworks were designed for formal-sector enterprises and then applied, without adaptation, to informal providers. In Kenya specifically, the ECDE regulatory framework was designed primarily with formal, purpose-built preschools in mind, creating structural misalignment with the micro-enterprise, home-based, and community-based models that serve low-income populations.

The consequences for quality are direct. Regulatory requirements are experienced as costly, unclear, and inconsistently enforced. Providers report a compliance environment in which inspection focuses on finding fault rather than supporting improvement — creating defensive informality rather than progressive quality improvement. This is consistent with evidence that punitive, compliance-first regulatory approaches deter formalization among small providers and produce perverse outcomes: higher informality, lower quality, and reduced coverage.

POLICY IMPLICATION

Regulatory reform may need to prioritize the usability of compliance pathways — not just the existence of standards. This means sequenced, achievable milestones for informal providers; supportive inspections focused on coaching and improvement rather than immediate enforcement; clear guidance on what registration categories are available and what each enables; and dedicated public support for providers working toward ECDE recognition.

3.4 The Missing Middle: Provider Organization and Collective Infrastructure

A structurally significant gap in the mapped landscape is the near-total absence of provider collectives or associations. In effective childcare systems globally, middle-level institutions — provider networks,

associations, and county–provider engagement platforms — serve critical functions: they enable peer learning and quality norm diffusion; they aggregate demand for training, credit, and inputs; they provide channels for compliance support; and they give providers a mechanism for collective voice in policy processes.

Research on childcare system development in South Africa, Ethiopia, and Rwanda points to provider associations as a particularly high-leverage investment in contexts where state capacity to directly support informal providers is limited (). By aggregating otherwise isolated providers, associations reduce per-provider transaction costs for training, inspection, and support; enable peer quality monitoring; and create the institutional base for graduated formalization pathways. In the mapped counties, this middle-level is almost entirely absent, leaving providers isolated from one another and from the wider system.

Strengthening the middle layer of the childcare ecosystem is therefore a high-leverage investment — one that can simultaneously address provider isolation, compliance capacity, quality norm transmission, and policy engagement. This does not require building new institutions from scratch: it may be possible to strengthen existing informal networks and relationships, for instance, through the Kidogo Model, between providers that already exist in many communities.

3.5 Serving Vulnerable Households: The Equity Consideration

The enterprises mapped in this study are not generic small businesses: they are providers that disproportionately serve Kenya's most economically vulnerable households. The implications for policy design are significant. Interventions that raise the cost or compliance burden of operating a childcare centre without providing commensurate support will reduce supply in exactly the communities where informal, affordable, and accessible care is most needed.

The mapping reveals that specialized provision for children with particular needs is almost entirely absent in this sector. Fewer than one in ten centres offers care for children with disabilities. Global evidence — including from Kenya's own disability and inclusion research — consistently shows that children with disabilities are among the most excluded from early childhood services, and that their exclusion compounds developmental disadvantage over time (Chabeda-Barthe, et. al, 2019, Enge, et al., 2011). Without deliberate investment in inclusive childcare provision — through adapted facilities, trained caregivers, and additional staffing support — families with disabled children will continue to face a near-total provision gap.

The near-absence of night care (available at only 9.4% of centres) similarly reflects a gap in provision for women in shift-based employment, including the significant share of women in Nairobi and Kisumu working in hospitality, healthcare, and domestic service. Time-use surveys in urban Kenya document that women in these occupations have among the most constrained childcare options, yet are rarely prioritized by childcare policy (KNBS, 2022).

4. Conclusion

The enterprise mapping reveals that the childcare landscape in Nairobi, Kisumu, and Vihiga is not a vacuum awaiting investment: it is a functioning, if fragile, network of women-owned micro-enterprises that already constitute the primary childcare system for vulnerable households in these communities. These enterprises operate across long hours, serve infants and toddlers whom formal systems rarely reach, and embed themselves in peri-urban geographies that align precisely with where informal labour markets concentrate. Their presence is not accidental — it is a market response to a real and pressing social need.

The global evidence base on informal childcare provision offers both cautionary lessons and constructive pathways. Countries that have achieved meaningful expansion of childcare access for vulnerable populations — including Rwanda, Chile, and Indonesia — have done so not by replacing informal provision but by investing in its progressive improvement through graduated formalization pathways, demand-side financing, and mid-level institutional support (Aliga et.al, 2023). The enterprises documented in this study represent a comparable foundation: trusted, embedded, and already responsive to the needs of vulnerable families.

What the mapping also reveals, clearly and consistently, is that this system is operating at the edge of its capacity — not because the women who run these enterprises lack commitment, skill, or effort, but because the structural conditions in which they operate make sustainability, quality improvement, and growth structurally difficult. The convergence of household income fragility, near-total dependence on fee revenue, regulatory exclusion, and the absence of collective organization produces a system that is simultaneously indispensable and chronically underpowered. This is not an accident of individual enterprise failure; it is the predictable outcome of a policy environment that has not been designed with informal providers in mind.

Three conclusions follow this evidence. First, interventions that seek to improve childcare for vulnerable households must begin by strengthening what already exists, not by designing parallel formal systems. The informal providers documented here are already trusted, embedded, and responsive to household needs. The task is to stabilize, support, and progressively improve them — not to replace them.

Second, the affordability–quality–sustainability constraint triangle that characterizes this sector cannot be broken through any single intervention. Household affordability support, enterprise financing, and regulatory reform must be pursued simultaneously and in coordination. Sequential or isolated action on one dimension will be undermined by the persistence of constraints on the others. This lesson is well-established in the broader literature on social service provision in low-income

settings: piecemeal interventions that address supply without demand, or regulation without compliance support, reliably fail to shift systems in any durable way.

Third, the near-total exclusion of these enterprises from government support systems represents both a governance failure and a policy opportunity. These providers are delivering services of clear public value to Kenya's most vulnerable citizens. Recognizing, supporting, and progressively integrating them into formal quality systems is not just a matter of equity — it is the most practical and cost-effective pathway to expanding quality childcare coverage at scale. International evidence consistently shows that supporting informal providers to improve is substantially less costly than constructing and staffing new formal centers — and reaches communities that formal provision rarely penetrates.

Kenya's childcare system for vulnerable households will not be built through public provision alone. It will be built by strengthening the women-owned enterprises that are already there — with the resources, regulatory support, and collective infrastructure they need to sustain and improve what they have already built.

5. Recommendations

The following five recommendations are grounded directly in the mapping evidence. They are organized around the three core action areas identified in the discussion: stabilizing household affordability, strengthening enterprise viability, and reforming the enabling environment.

1 Pilot Demand-Side Affordability Instruments

Lead: County Governments; County Assemblies; National Government social protection programmes

Design and pilot childcare subsidy or voucher schemes targeting low-income households using registered or qualifying informal centers. Test conditional transfer top-ups linked to childcare attendance. Co-finance feeding programmes at centers serving the highest-poverty catchments. Prioritize female-headed households, single mothers, and families with children with disabilities in eligibility criteria. Evaluate payment modality options that accommodate irregular household income flows (e.g., weekly or bi-weekly payment cycles rather than monthly lump sums).

2 Create a Dedicated Financing Pathway for Informal Childcare Enterprises

Lead: County enterprise/SME units; Micro-finance institutions; Development partners

Develop financial products specifically designed for the informal childcare enterprise profile: small-scale, sole-proprietor, fee-dependent, and operating at thin margins. Priority financing should target infrastructure safety upgrades, staffing costs during enrolment growth phases, and working capital to absorb household payment irregularity. Explore

group-lending mechanisms adapted to provider networks. Link financing eligibility to quality improvement milestones rather than requiring full ECDE registration upfront.

3 Introduce a Phased, Supportive Compliance Pathway for Informal Providers

Lead: County licensing offices; Urban planning; Public health inspection units; County Children Services

Develop a "Safe-to-Operate" interim permit category that recognizes centers' current registration while providing a clear, time-bound roadmap toward ECDE accreditation. Publish accessible compliance guidance in plain language. Separate supportive inspections from punitive enforcement. Standardize licensing fees and timelines across counties. Train a cadre of "Childcare Compliance Coaches" to replace traditional inspection-only models with ongoing provider support.

4 Strengthen Provider Organization and Collective Infrastructure

Lead: County Governments; NGOs; Child care program implementers; Development partners

Support the formation or strengthening of provider collectives and associations in each county, using existing informal networks as a foundation. Establish routine county-provider dialogue platforms that give providers a formal voice in childcare policy discussions. Use provider collectives as channels for training delivery, compliance support, peer quality review, and pooled purchasing of supplies. Connect provider associations to county data systems so that public health campaigns and emergency response can reach informal centers as recognized community hubs.

5 Target Upgrading Support to the Dominant Service Model and Priority Gaps

Lead: County Children Services; ECDE departments; NGO partners

Focus quality upgrading support on the full-day, long-hour, infant and toddler service model that characterizes most mapped centers. Provide practical training in caregiver-child ratios, infant sleep and rest safety, feeding hygiene, age-appropriate stimulation, and parent communication. Invest specifically in building the capacity of centers to serve children with disabilities — addressing a near-total gap. Advocate for the designation of childcare spaces in new market constructions, public housing projects, and community facility planning, treating childcare as essential social infrastructure alongside water and sanitation.

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