

POLICY BRIEF

One Country, Three Childcare Realities:

Policy Lessons from Nairobi,
Kisumu, and Vihiga for Building
Context-Responsive Childcare
Systems in Kenya



KEY MESSAGES

1

Kenya's childcare demand is structurally large and structurally unmet: approximately 2.82 million children aged 0–3 require center- or home-based care, yet public provision covers only a fraction of this need.

2

Childcare systems differ significantly across counties — effective policy must be context-specific, not uniform. A single national model may not serve Nairobi, Kisumu, and Vihiga equally.

3

Home-based childcare is the dominant form of care in informal settings across Kenya and deserves formal recognition, regulation, and support as a legitimate care model.

4

Childcare access is inseparable from poverty and gender inequality: 55% of Kenyan children experience multidimensional deprivation, and women spend more than four times longer on unpaid care than men.

5

Nairobi, Kisumu, and Vihiga each demonstrate a distinct childcare pathway — center-based urban scale, community-embedded home care, and rural formalization — that together can anchor Kenya's national care policy implementation.

WHY COUNTY-SPECIFIC CONTEXT MATTERS

31%

Percentage of childcare accounted for by family members



Kenya's childcare needs are shaped by intersecting demographic, economic, and social forces. Approximately 1.5 million infants are born each year, and children under five constitute around 13% of the total population — generating sustained and growing demand for childcare services (UN DESA, 2024). Yet public provision has not kept pace. Early childhood education programs largely serve children aged four and above, leaving a substantial and largely unaddressed gap for the 0–3 age group (Dina et al., 2025).

Families fill this gap through diverse informal arrangements. ICRW's recent household survey data shows that family members account for approximately 31% of childcare, neighbors 16%, home-based caregivers 12%, and daycare centers 17%. Viewing Kenya's childcare landscape as an ecosystem of interdependent arrangements — rather than a collection of discrete formal services — is essential for effective policy design (Samman et al., 2016).

Underlying these arrangements are structural constraints that policy must address directly: severe limits on formal childcare supply; high costs relative to household income; near-absent public financing; and deeply gendered norms that assign unpaid care work almost entirely to women. Women in Kenya spend an average of 4.5 hours per day on unpaid domestic and care work, compared with less than one hour for men (KNBS, 2023) — a disparity that directly suppresses women's participation in paid employment.

Critically, childcare systems are not uniform across Kenya. Local economic structures, urbanization patterns, governance capacity, and social networks all shape how childcare emerges and functions. Evidence from the WiC Project in Nairobi, Kisumu, and Vihiga demonstrates that each county has distinct strengths — and that responding to these differences, rather than imposing a single national model, is the key to building childcare systems that work.



4.7M

children aged
0-3 in Kenya



2.82M

require center- or
home-based care



55%

of children experience
multidimensional
deprivation

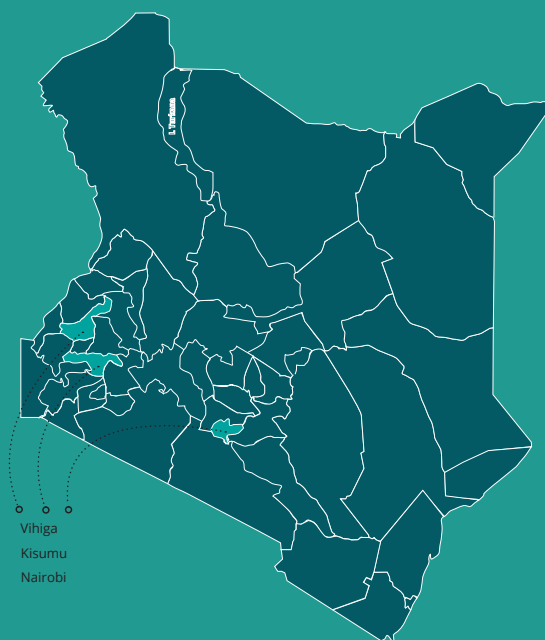


4.5 hrs.

women's daily unpaid care
vs <1 hr. for men

THREE COUNTIES, THREE EMERGING CHILDCARE PATHWAYS

ICRW's Women in Childcare Project findings from Nairobi, Kisumu, and Vihiga reveal three complementary models that together offer a practical framework for implementing Kenya's National Care Policy across diverse county contexts.



1

NAIROBI

Pathway 1: Scaling Center-Based Childcare in Dense Urban Markets

WHAT IS WORKING

High and growing demand for center-based care

Urban labour markets drive strong demand for structured childcare. In Nairobi's informal settlements, parents typically leave home early and return late, making long-hours center-based care essential. Nairobi has the highest proportion of households using center-based childcare of the three counties studied, and between 2020 and 2023 the number of daycare centers in Kenyan cities increased by approximately 45% (World Bank, 2021).

A maturing childcare enterprise ecosystem

Nairobi hosts a growing range of childcare enterprises, from small home-based providers to larger standalone centers. Compared with other counties, Nairobi centers tend to have higher staffing levels, larger enrolments, and more diversified services. Registered centers are significantly more likely to offer early childhood education, creating opportunities to integrate care and learning.

Rising parental demand for quality

Urban parents are increasingly vocal about hygiene standards, overcrowding, and caregiver training — signals that consumer pressure can drive quality improvement. This demand creates a policy opportunity: parents are ready to support reform.

POLICY PATHWAY

1

Recognize childcare as urban economic infrastructure

Childcare should be explicitly integrated into informal settlement upgrading programs alongside water, sanitation, transport, and housing — not treated as a welfare add-on.

2

Fast-track tiered registration

Introduce a simplified, phased regulatory system that allows existing centers to register against basic safety and hygiene standards first, and progress to higher regulatory tiers over time. This removes the compliance cliff-edge that keeps centers informal.

3

Use centers as integrated service hubs

Existing registered centers offer a ready platform for complementary services: nutrition programs, community health outreach, and social protection enrolment support.

Nairobi provides the natural pilot environment for center-based childcare models in poor urban settings. Lessons from Nairobi can be systematized and replicated in other Kenyan cities.

2

KISUMU

Pathway 2: Strengthening Community-Embedded Home-Based Childcare

WHAT IS WORKING

A vibrant home-based childcare ecosystem

Kisumu illustrates the central importance of home-based childcare providers — many of whom start informally and gradually expand as demand grows. These providers operate from their homes or small community spaces, offering flexible arrangements that accommodate the irregular work schedules of parents in the fishing, market, and informal trade sectors (Samman et al., 2016; NurtureFirst, 2026).

Strong community motivation

Kisumu providers consistently describe their work as a direct response to visible community need — children left unattended while parents work, children lacking regular meals, unsafe informal care arrangements. This social commitment is a foundation for quality improvement, if providers receive the right training and support.

Flexible mixed-care strategies

Households in Kisumu combine family care, neighbours, and home-based providers in adaptive ways, reflecting deep community trust networks. This flexibility is a strength — but also creates risk where caregivers lack training or resources (Clark et al., 2019).

POLICY PATHWAY

1

Formally recognize home-based childcare

County regulations should establish a dedicated registration category for Home-Based Childcare Centers (HBCCs), with realistic space, infrastructure, and caregiver requirements that reflect how these providers actually operate.

2

Build skills through vocational training

Short, accessible childcare training courses through TVET institutions can professionalize the home-based workforce, create credentials that improve provider confidence and parent trust, and generate employment pathways for young women.

3

Strengthen community partnerships

Local churches, community organizations, and neighborhood networks already support childcare providers informally. Formalizing these partnerships — through feeding programs, play materials, and facility improvement support — can raise quality without large public expenditure.

Kisumu demonstrates how community-embedded childcare systems can expand access in secondary cities. This model is replicable across Kenya's many mid-sized urban centers.

3

VIHIGA

Pathway 3: Rural Formalization and Integrated Service Delivery

WHAT IS WORKING

Notably high provider registration rates

Vihiga stands out among the three counties for the high proportion of childcare providers who are registered. This reflects effective county governance and signals that formal registration is achievable in rural contexts with the right regulatory environment — a finding with direct implications for national policy design.

Stronger infrastructure and feeding programs

Despite smaller enrolment numbers than urban centers, Vihiga providers demonstrate a commitment to quality: investing in physical learning environments, early learning activities, and feeding programs. This challenges the assumption that rural childcare is inherently lower quality (Black et al., 2017).

Community and family-supported childcare networks

Rural childcare in Vihiga is embedded in extended family and community networks. Many providers operate centers as hybrid social and livelihood ventures, creating resilience that purely commercial models lack.

POLICY PATHWAY

1

Use Vihiga as the model for rural childcare governance

Vihiga's county registration practices should inform the development of national guidelines for rural childcare systems, demonstrating what is achievable when governance actively supports providers rather than creating barriers.

2

Develop registered centers as integrated rural service hubs

Registered childcare centers in rural areas can become access points for ECDE programs, community health services, and nutrition interventions — increasing their value to communities and improving the sustainability of individual providers.

3

Pilot childcare subsidies for rural households

Because rural households face severe income constraints, Vihiga is the right location to pilot childcare vouchers or fee subsidies linked to existing social protection programs. Evidence from successful pilots can inform national subsidy design.

Vihiga shows that administrable, registered rural childcare is possible. Its governance model deserves national attention and replication.

PRIORITY ACTIONS

Translating county-level lessons into national progress requires coordinated action at every level of government.

National Government

1. **Adopt** differentiated childcare implementation guidelines under the National Care Policy (2025) that prescribe distinct models for urban, secondary-city, and rural contexts.
2. **Establish** a National Childcare Innovation Fund to finance county-level pilot programs, including tiered registration systems, rural service hubs, and TVET-linked training.
3. **Expand** childcare workforce development through TVET institutions, creating a nationally recognized certification pathway for childcare providers.

County Governments

1. **Develop** county childcare strategies that map local care ecosystems, identify gaps, and set context-specific targets aligned with County Integrated Development Plans (CIDPs).
2. **Integrate** childcare infrastructure investments into CIDPs and county budget allocations, treating childcare as economic infrastructure alongside water, health, and transport.
3. **Pilot** tiered licensing and supportive supervision models in each county, adapting regulatory requirements to local provider capacity.

CONCLUSION

Kenya does not have one childcare system — it has many. Nairobi’s dense informal settlements, Kisumu’s community-anchored home-based providers, and Vihiga’s relatively formalized rural centers represent genuinely different realities that cannot be served by a single policy model.

The evidence from the WiC Project is clear: effective childcare reform in Kenya must be context responsive. National policy sets the framework; counties must be empowered and resourced to implement it in ways that fit their local care ecosystems. The three pathways documented here — urban center-based scaling, community-embedded home care, and rural formalization — together offer a comprehensive, evidence-based blueprint for that implementation.

With the National Care Policy (2025) and Social Protection Act (2025) now in place, Kenya has the legislative foundation. What is needed next is differentiated implementation — guided by what is already working in communities across the country.

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ABOUT THE WIC PROJECT

The Women in Childcare (WiC) Project is a 2024–2026 research initiative led by the International Center for Research on Women (ICRW) Africa. The project generates evidence on the role of women-owned and women-operated childcare enterprises in expanding childcare access and supporting women's economic empowerment in Kenya. The WiC Project is supported by Co-Impact Philanthropic Funds Inc. The views expressed in this document are those of the authors and do not necessarily reflect the views of Co-Impact Philanthropic Funds Inc.

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