

AVAILING AFFORDABLE AND ACCESSIBLE CHILDCARE IN MARKET CENTERS IN KENYA



A BASELINE RESEARCH REPORT ON CHILDCARE NEEDS OF WOMEN TRADERS IN NAIROBI, KENYA

DECEMBER 2025



Acknowledgements

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Our collective hope is that these findings will serve as a catalyst for meaningful change, leading to affordable, accessible, and quality childcare for all women in Nairobi's market centers and beyond.

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Foreword

The informal economy is the backbone of Nairobi's urban life, with women traders playing a pivotal role in sustaining their families and the city's markets. Yet a persistent and often invisible barrier limits their economic potential: the unequal burden of unpaid childcare. As this baseline report starkly illustrates, women traders are forced to make impossible choices every day, between caring for their children and earning a livelihood. This not only perpetuates cycles of poverty for individual families but also hinders broader economic growth and gender equality for the entire county.

The "[Scaling Care Innovations in Africa](#)" program, led by IDRC, seeks to transform this reality. This report, a collaborative effort between Wow Mom Kenya, Dalberg Research, and BSD Group, provides the critical evidence base needed to move from anecdote to action. By rigorously documenting the childcare needs, preferences, and challenges of over 600 women traders, it moves beyond identifying problems to articulating concrete, data-driven solutions.

The findings are unequivocal: affordable, accessible, and quality childcare is not a luxury, but a fundamental economic enabler. This report arrives at a crucial juncture, aligning with the Nairobi County Integrated Development Plan (2022-2026) and its commitment to gender-inclusive growth. It offers a clear roadmap for policymakers, private sector actors, and civil society to work together. The recommendations, ranging from establishing subsidized, market-based daycares to integrating childcare into urban planning, are ambitious yet achievable.

We invite you to read this report not just as a collection of data, but as a testament to the resilience of Nairobi's women traders and a call for a future where they no longer have to choose between their children's safety and their own economic empowerment.

Your sincerely,

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List of Acronyms

CIDP	County Integrated Development Plan
COVID-19	Coronavirus Disease 2019
DHS	Demographic and Health Surveys
ESRC	Ethical and Scientific Review Committee
FGD	Focus Group Discussion
GDP	Gross Domestic Product
IDRC	International Development Research Centre
ILO	International Labour Organization
KES	Kenya Shilling
KII	Key Informant Interview
KIHBS	Kenya Integrated Household Budget Survey
KNBS	Kenya National Bureau of Statistics
MoU	Memorandum of Understanding
NACOSTI	National Commission for Science and Technology
NCC	Nairobi City County
NECS	Nairobi Early Childcare in Slums
NGO	Non-Governmental Organization
PWDs	Persons with Disabilities
PPP	Public-Private Partnership
UNDP	United Nations Development Programme
WASH	Water, Sanitation and Hygiene
WEE	Women's Economic Empowerment

Executive Summary

Project background

Childcare remains a significant challenge in Kenya, particularly in urban areas and market centers where economic pressures and high living costs often dictate household dynamics. While urbanization has brought opportunities for economic growth, it has also introduced new challenges for families, especially women traders, who struggle to balance work and caregiving responsibilities. The childcare burden in these areas is influenced by factors such as **affordability, accessibility, quality of services, and cultural expectations**, all of which impact the well-being of children and their caregivers. However, there is relief for women traders since there are several social entrepreneur models that are in operations in Kenya. For example, Wow Mom Kenya empowers women traders with parenting and business skills and provides access to loans to help grow their businesses. To better understand these dynamics, this baseline study engaged 600 women traders through quantitative surveys and 4 qualitative focus group discussions Mwariro Market, Karandini Market, Toi Main Market, and Kawangware Market. Market centers were selected because they are central to women’s informal trade activities, where women traders face the dual pressure of sustaining their businesses while providing care for their children. We also conducted 15 Key Informant Interviews (KIIs) among different stakeholders including national government, Nairobi county government, Non-Governmental Institutions (NGOs), other childcare providers and policy makers.

With this understanding, this piece of implementation research is funded under the Scaling Care Innovations in Africa Program led by the International Development Research Center (IDRC). The objective of the larger initiative is to empower women traders to actively participate in trade by alleviating childcare-related barriers, allowing them to focus on their businesses and to influence the development of a childcare needs policy in Nairobi County through a data-driven approach. The study set out to understand the specific and diverse childcare needs of women traders in Nairobi and to use these insights to inform policies that make childcare more affordable and accessible in market centers. The project is being implemented by Wow Mom Kenya in collaboration with Dalberg Research who provided the research expertise and BSD Group who supported the policy document development to guide the scaling strategies of providing daycare services in market centers.

Findings Summary

Access to Childcare: 84% of women traders reported that they cannot access formal childcare due to its prohibitive cost, forcing many to rely on self-provided childcare arrangements. Among them, 38% turn to relatives as an alternative, while 21% were able to use daycare services. Self-provided childcare Key factors influencing childcare choices include **affordability, proximity, flexibility, and the quality of care**. Sanitation, safety, and nutrition were also paramount factors in choosing childcare services.

Affordability of childcare: For an ideal childcare facility that provides a safe and clean environment for children, nutrition and diet, as well as quality of care, among other key features, women traders can afford to spend an average of Kes 100 on childcare services per day.

Impact of childcare responsibilities on economic well-being: Over 70% of women traders who were not currently engaged in employment indicated they were willing to work if they had access to affordable childcare. The childcare financial responsibility is also steep, with 90% of women traders spending more than 7% of their income on childcare vis a vis the internationally recommended 7%, exacerbating financial stress among the women traders.

Childcare preferences and barriers: **Health and sanitation** emerged as the most critical factor for women traders when selecting a childcare provider. Food/nutrition, and safety/security were also considered. **Poor health and sanitation (66%), high cost of childcare (48%), and lack of proper diet and nutrition (38%)** were the primary barriers to accessing childcare services among the women traders

Men's involvement in childcare: Women traders acknowledged the importance of paternal involvement in childcare; most (87%) reported men's participation in childcare duties, majorly in education (62%). Findings from focus group discussions indicated that men were specifically involved in financing education, which does not directly alleviate the childcare responsibility among the interviewed women traders.

Sources of information on childcare: **Family and friends** were the most common sources of information about childcare (67%) and were also emerging as the most trusted source (67%). Mwariri market had the highest awareness of modern daycare (49%), while the other five markets reported awareness levels of less than 20%.

Capacity Building Needs for Women traders: Business planning and goal setting emerged as a key priority learning area for both Gikomba (66%) and Kangundo Road (65%). In comparison, 54% of the women traders in Mwariri would like to be trained in financial management. Women traders also expressed interest in being trained about savings and investment options for small businesses, with interest levels of 60% in Gikomba, 61% in Mwariri, and 71% in Kangundo Road markets. Child wellness and hygiene (Gikomba 56%, Mwariri 48%, and Kangundo Road 65%) was the top area in which they would be trained in childcare. However, women traders indicated they face challenges accessing training, with childcare responsibilities (47%) and financial barriers (38%) being the primary barriers.

Childcare Policy Landscape: The stakeholders expressed a need for comprehensive childcare policy reforms that prioritize affordability (the cost of paying for services), accessibility (distance of the nearest childcare facility to their location), and quality (staff experience and certification in childcare). They also

indicated the need to integrate childcare services into market and workplace development plans, advocate for subsidies, and establish quality standards for daycare centers.

Recommendation

To unlock women traders' economic potential in Nairobi's markets, childcare services must be **affordable, accessible, and high-quality**. We recommend scaling subsidized, market-based daycare centers priced at ~KES 100–150/day, with **flexible hours** aligned to vendors' schedules and locations within walking distance of stalls. These centers must meet strict health and safety standards, be staffed by **trained caregivers** at appropriate ratios, and be integrated into market infrastructure or nearby community spaces. Scaling should leverage public-private partnerships (e.g., with enterprises like Wow Mom Kenya) and embed childcare into county urban planning. To ensure equity, subsidies and vouchers for low-income mothers are critical, alongside measures such as fee waivers for providers and support for multi-child households. Awareness campaigns and transparent inspection systems will build trust in formal childcare. At the family level, programs must encourage active father involvement and support women traders with flexible training in business skills and childcare practices. At the policy level, Nairobi County should institutionalize childcare standards, expand budget allocations, and integrate childcare into health, education, and social protection systems. A scaling-science approach, testing, adapting, and expanding proven models, should guide implementation to achieve sustainable, citywide impact.

Policy recommendations:

Nairobi county's involvement in daycare services: The Nairobi County government should establish and enforce daycare standards, including inspections, certifications, and compliance monitoring, while prioritizing subsidies for parents and grants for providers to improve affordability, quality and accessibility.

Childcare policy recommendations: Advocating for policy reforms should focus on expanding subsidized childcare programs, especially in low-income communities, and integrating childcare services into public spaces, such as markets and transport hubs, to increase accessibility and affordability. Additionally, policies should incentivize private sector involvement and ensure regulatory standards for childcare providers, improving quality and reducing the responsibility on women.

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Background

1.1. Introduction

Unpaid care work, according to UNDP, refers to providing care and household support without financial compensation. It covers tasks such as looking after children, the elderly, or the sick, as well as cooking, cleaning, shopping, and assisting other households. These activities are recognized as “work” because, in principle, they could be delegated to someone for pay.¹ Studies reveal a gendered skew in care work, with women disproportionately responsible for childcare and housework².

Kenya has a significant gender gap in unpaid care and domestic work. This severely limits women's economic participation. Data from sources such as the Demographic and Health Surveys (DHS), Kenya Integrated Household Budget Survey (KIHBS), and Afro barometer reveal a substantial disparity, with women contributing considerably more hours to unpaid childcare and domestic work than men. Unpaid care work that includes activities like cooking, cleaning, and childcare contributes to 13% of global GDP, with women and girls performing three-quarters of this work worldwide³. In Kenya, women spend approximately five hours daily on primary care activities and over 11 hours on any care, severely limiting their economic potential and perpetuating gender inequality⁴. The COVID-19 pandemic exacerbated this responsibility, leading to job losses and reduced pay for women. Studies show that subsidized childcare can significantly enhance women's employment prospects, with a Nairobi study indicating a 17% increase in employment among women with access to subsidized childcare⁵. Collaborative efforts between government, private sector, and international organizations are crucial for reducing the responsibility of unpaid care work and promoting women's economic empowerment in Kenya.

Childcare remains a significant challenge in Kenya, particularly in urban areas and market centers where economic pressures and high living costs often dictate household dynamics. While urbanization has brought opportunities for economic growth, it has also introduced new challenges for families, especially women, who struggle to balance work and caregiving responsibilities. The childcare responsibility in these areas is influenced by factors such as affordability, accessibility, quality of services, and cultural expectations, all of which impact the well-being of children and their caregivers.

The high cost of formal childcare in key cities like Nairobi, Mombasa, and Kisumu pushes many families toward cheaper, unregulated options that compromise quality of care. Despite growing demand, quality childcare facilities remain limited, with many informal daycares in low-income settlements lacking proper infrastructure, trained staff, and safe environments. This limited access affects women's workforce participation, forcing many to leave formal jobs or rely on informal work, thereby restricting their earning potential and reinforcing gender gaps though evidence shows affordable childcare boosts women's employment and economic growth. Cultural norms that place caregiving primarily on mothers further intensify the strain, with women spending an estimated 3.4 more hours daily on unpaid care compared to men. As a result, families often rely on informal childcare arrangements such as siblings,

¹ [Unpaid Care Work - A Gateway for Gender Equality](#)

² [ILO, 2024, Unpaid care work prevents 708 million women from participating in the labour market](#)

³ Kenya National Bureau of Statistics (KNBS). (2019). Kenya Integrated Household Budget Survey 2015/16. Nairobi, Kenya.

⁴ Unpaid Care Work In Kenya: Evidence From The WEE Community of Practice Learning Agenda

neighbors, or unregulated daycares, which may not provide adequate supervision or early learning opportunities, especially in informal settlements⁵.

1.2 The Proposed Policy Intervention

The absence of childcare facilities in Nairobi’s market centers continues to hinder women traders’ economic participation and compromise child well-being. Our research confirms that most women rely on informal arrangements, such as relatives or unsafe daycares, because formal childcare is either inaccessible or unaffordable. These findings highlight the need for a systemic response.

We propose a comprehensive policy intervention that promotes the establishment of affordable, accessible, and quality childcare services within market centers. Policy advocacy is a strategic approach because of its potential for wide-reaching, structural change. It directly addresses gender inequality by easing women’s unpaid care responsibilities, while aligning with the Nairobi County Integrated Development Plan (2022–2026), which prioritizes gender-inclusive strategies and workplace support. Anchored in our findings, the policy will focus on three priorities:

- Improving childcare quality and safety by advocating for designated baby centers with basic infrastructure, trained caregivers, and developmental play and learning materials. Enhancing women’s economic opportunities by reducing caregiving responsibilities during market hours and supporting women traders with capacity-building in financial literacy and business management.
- Promoting cultural shifts in caregiving by engaging market communities, men and boys, and local leaders in dialogues to challenge stereotypes and encourage shared caregiving responsibilities.

In the longer term, the policy aims not only to improve children’s safety and development but also to drive societal transformation in how caregiving is valued and distributed. By positioning childcare as an essential service and shared responsibility, the intervention addresses immediate needs while laying the foundation for more equitable gender norms and sustainable economic participation. This requires deliberate allocation within national and county budgets, including subsidies for parents, grants or incentives for providers, and funds for inspection and quality assurance. Embedding childcare financing into existing budget frameworks, such as health, education, and social protection, will be critical to ensure sustainability and prevent childcare from being sidelined as an unfunded mandate.

1.3 Wow Mom Kenya

Model: Market-Based Daycare Centres

Wow Mom Kenya is a social enterprise championing child-friendly city by expanding access to affordable, quality childcare in partnership with county governments. Launched in 2021 with a daycare at Gikomba’s Quarry Road market (serving 10 children daily), the initiative formalized an MoU with Nairobi County in 2024 to scale services to other markets, including Mwariro and Kangundo Road.

Beyond childcare, Wow Mom Kenya provides capacity-building programs, equipping women with parenting, entrepreneurship, and business management skills, alongside access to loans and grants, enabling them to grow their businesses, boost incomes, and better support their families. Research also highlights the role of innovative actors in the childcare landscape. Community-based childcare initiatives, often run by NGOs or faith-based organizations, offer a potentially more affordable and

⁵ [Changemaker brings quality affordable childcare Nairobi markets](#)

accessible option, particularly in underserved areas. These initiatives often integrate cultural practices and foster a sense of community support.

The growing presence of private daycares catering to different income levels also provides families with more choices. However, ensuring quality standards and affordability across the private sector remains a challenge. Examining the strengths and weaknesses of these various childcare options is crucial for informing policy and promoting accessible, quality childcare across Nairobi's diverse communities. This includes exploring the potential of social entrepreneurs who can develop innovative and sustainable childcare models that address affordability, accessibility and quality concerns. By leveraging private sector efficiency and a social mission, these entrepreneurs can contribute to redistributing the unpaid care responsibility, particularly for low- income households.

1.4 Study Area Synopsis

The study was conducted in six markets located in Nairobi County. Below is a brief description for each of the market:

Gikomba Market, located close to Nairobi's city center near Eastleigh and Pumwani, is the largest open-air market in the city. It serves thousands of traders and buyers daily, drawing customers from across Nairobi and even beyond. The market is managed largely through trader associations and informal structures, with oversight from Nairobi City County. It is best known for second-hand clothes (mitumba), shoes, household goods, and food items.

Mwariro Market, a smaller but more structured market compared to Gikomba is located in Starehe constituency. Following its redevelopment, Mwariro is more organized, with permanent stalls and clearer county-level management. It serves mainly local residents and small-scale traders but also attracts buyers from other parts of Nairobi. It is known for selling beadworks.

Kangundo Road Market, situated in Eastlands along Kangundo Road, is a modern facility with around 1,600 stalls and improved amenities. It serves mostly low- and middle-income households in the area. The market was officially opened to traders in September 2024 following relocation efforts to ease congestion in Nairobi's city center. The management is formal through local trader committees and county government. The market is popular for fresh produce, cereals, household essentials, and some second-hand clothes.

Toi Market, located near Kibera and Adams Arcade, is one of Nairobi's larger open-air markets. It serves residents of Kibera as well as customers from surrounding estates. The management is formal through local trader committees and county government. Toi is particularly known for second-hand clothes and shoes but also sells fruits, vegetables, and household items.

Karandini Market is located in Dagoretti, along Ngong Road, and serves as a key trading hub for the surrounding estates. It is a medium-sized market that attracts a steady flow of buyers, particularly from Dagoretti, Riruta, and Waithaka. Management of the market is formal, coordinated by county government and traders' associations. Karandini is best known for fresh produce such as fruits, vegetables, and cereals, but also offers meat, fish, and a variety of household goods.

Kawangware Market, on the other hand, lies within the densely populated Kawangware estate in Dagoretti North. It is a medium to large market that supplies food and household goods to residents of Kawangware, Dagoretti. The management is formal through local trader committees and county government. The market specializes in fresh produce, cereals, fish, clothing, and various household essentials.

2.0 Methodology

2.1 Research Objectives

General Objective

The overall objective of the project was to understand the specific and diverse childcare needs of female market traders and leverage these insights to influence policy initiatives for affordable and accessible childcare services in markets across Nairobi County.

Specific Objectives

Specifically, the project aimed:

- i. To empower women to actively participate in trade by alleviating childcare-related barriers, allowing them to focus on their businesses.
- ii. To influence the development of a childcare needs policy in Nairobi County through a data-driven approach.

2.2 Sampling Methodology

The study employed a cross-sectional design to explore and investigate the childcare needs of women traders and the impact on their economic empowerment in Nairobi, Kenya. The quantitative study included treatment market centers where Wow Mom Kenya is operating daycare centres (Gikomba and Mwariro Markets) or is planning to start operating (Kangundo road market). We selected Karandini Market, Toi Main Market, and Kawangware Market to serve as the counterfactual. In selecting the control markets, we ensured that the selected markets were located at least 5 kilometers from the treatment markets to control spillover effects of the interventions. The control did not have existing centre-based daycares.

Qualitatively, we conducted Focused Group Discussions (FGDs) in Mwariro, Gikomba, and Ruiru while the Key Informant Interviews (KII) were conducted across a diverse group of stakeholders at both the National government and Nairobi county government. The KIIs were also conducted among organizations running childcare models different from Wow Mom Kenya's and international organizations focusing on childcare.

To ensure the study's representativeness, we sampled women working in the markets and those living within a 3-kilometer radius of the targeted markets. This approach included women who have the potential to work but may be staying at home or running businesses close to their homes. This approach provided an understanding of childcare needs and potential demand. The methodology ensured that our study captured a broad and representative sample, reflecting the true dynamics of childcare needs in these market centers.

Table 1: Distribution of sampled markets and estates

Treatment Markets	Treatment Estate	Control Markets	Control Estate
Gikomba	Blue estate	Toi Main	Kwa DC
	Kaloleni Estate		Makina
	Mbotela Estate		Ng'eno Estate
Market	Estate	Market	Estate
Mwariro	Ziwani housing estate	Karandini	Suna Estate
	Ngara Civil Servants Housing Estate		Amboseli
	Pangani Housing Estate		Dagoretti corner
Market	Estate	Market	Estate
Kangundo road	Umoja phase 2	Kawangware	Satelite estate
	Harambee estate		Area 46
	Kariobangi		Gatina - 56

2.3 Sample Size

Quantitative sample: Due to a lack of data on the demographics of the women working at the markets, the sample was distributed equally across all the markets. Systematic random sampling was then utilized to identify the women who would participate in the survey within the markets.

The sample allocation was distributed as shown:

- Markets – Each market had 100 women
- Within the markets vs neighboring estates. We conducted 70 interviews within the markets and 30 interviews within the estates. In each estate across the survey areas, we conducted 10 interviews.

Qualitative sample: We also conducted 4 focus group discussions, one in each of Gikomba and Ruiru Markets, and 2 from Mwariro Market, with a focus group discussion comprising 6 to 8 participants per focus group. The participants were picked from a diverse demographic profile and business types to get divergent and heterogeneous views and perspectives on accessibility, affordability, drivers, and barriers to childcare services. The moderators were trained to ensure that every participant contributed to the discussion and that their views were respected.

2.4 Respondent Recruitment and Selection Strategy

Key Informant Interview respondent selection

A list of potential women aligned with the project objectives was shared with the moderators.

Quantitative and FGD Respondent selection

To identify the eligible households within the estates, we utilized a systematic random walk approach and observed the left-hand rule. In cases where the number of interviews was insufficient, we conducted snowballing and census within the markets.

The recruitment strategy utilized a screening tool to assess women' involvement in childcare. This tool, consistent across both treatment and control groups, focused on the following eligibility criteria:

- **Age:** Only women aged 18 years and above were selected.
- **Children under 5 years in their care:** Women with at least one child under the age of 5 years in their care, either as a parent or guardian, qualified for the interview.
- **Employment Status:** Women who were either currently working or willing to work were included.
- **Location:** Only women residing in the preselected markets or estates were eligible.

2.5 Fieldwork Achievement

Quantitative achievement

Majority of interviews were conducted in market areas, with 420 out of 600 women (70%) interviewed in these locations. In both treatment and control markets, 70% of the women were interviewed in markets (210 out of 300). The proportion of market interviews was consistent within specific markets, with Gikomba, Mwariro, Kangundo Road, Karandini, Kawangware, and Toi Main recording 70 women in market areas. Conversely, residential areas accounted for 180 out of 600 women (30%) overall, with 90 women (30%) in treatment and control markets, evenly distributed across the three residential locations within each group. This is shown in **Table 2** below.

Table 2: Achieved sample distribution across the markets

Are you conducting this interview in a market or residential area/ Estate?									
	Over all	Treatment Market				Control Market			
	Total	Tot al	Gikom ba	Mwari ro	Kangun do road	Tot al	Karandi ni	Kawangw are	Toi Mai n
Total	600	300	100	100	100	300	100	100	100
Market	420	210	70	70	70	210	70	70	70
Resident ial area	180	90	30	30	30	90	30	30	30

2.6 Development of Research Tools

In collaboration with the Wow Mom Kenya and BSD Group teams, Dalberg Research developed all study tools, including survey questionnaires, Key Informant Interview (KII) guides, and Focus Group Discussion (FGD) guides for various stakeholders. The tools were designed to capture the variables and outcomes of interest while being tailored to the local context. All instruments were translated into Kiswahili, and the MAPI translation framework was applied to ensure accuracy and reliability. The quantitative survey was subsequently scripted on the Survey To Go platform for data collection.

2.7 Data Analysis

2.7.1 Quantitative Data Analysis

To assess the childcare needs of female market traders in Nairobi, analysis focused on demographics, affordability and access, economic impact, childcare needs and preferences, barriers and opportunities, men's involvement, awareness of modern daycare, and women vendors' capacity-building needs. Regression analysis was conducted to match control and treatment groups using demographic variables (age, employment, education, marital status, number of children under 5, household size), resulting in 590 cases (300 control, 290 treatment). Descriptive analysis (means, frequencies, percentages) profiled the population and childcare practices, while comparative analysis examined outcome differences between treatment and control markets.

2.7.2 Qualitative Data Analysis

Qualitative data were transcribed, translated where necessary, and analyzed in Dedoose. Using a structured coding framework, transcripts were coded into key thematic areas.

2.8 Ethical Considerations

Ethical approval for this study was granted by the National Commission for Science and Technology (NACOSTI), permit number **NACOSTI/P/24/33254**. We also obtained approval to publish our research findings from AMREF Ethical and Scientific review Committee, protocol number **AMREF – ESRC P1703/2024**. Participants signed and shared informed consent after receiving information and full disclosure regarding the study.

3. Baseline Findings

3.1 Respondent Characteristics

The demographic characteristics of women vendors who participated in the study across the treatment and control groups at baseline are presented below.

The demographic characteristics of women vendors who participated in the study across the treatment and control groups at baseline are presented below.

The interviewed women traders had diverse demographic characteristics as listed below:

1. Many interviewed women traders were either fully employed or self-employed, with both categories accounting for 42% each (84% total).
2. There were slight differences in women's economic engagement between the treatment and control markets. A larger share of women in the treatment markets were self-employed business owners (45% compared to 38% in the control markets), while a higher proportion of women in the control markets were in full-time employment (46% compared to 38% in the treatment markets).
3. Among specific markets, Karandini had the highest percentage of fully employed women (64%), while Kawangware had the highest share of self-employed women (52%). Gikomba recorded the most significant proportion of self-employed women (56%), whereas Mwariri had the highest percentage of employed women (53%).
4. Across the markets, most women were young between the ages of 25 and 34. In terms of education, more than half have attained secondary education.
5. Most of the women were married, with a higher proportion in the treatment markets (62%) compared to the control markets (56%).
6. More than half of the surveyed women (57%) live in households with 3 to 4 members. When expanded to households with 3 to 6 members, the share rose to 83%. The majority of women (89%) reported having one child under the age of five
Over one-third had been working in the markets for 1 to 2 years across treatment and control.

3.2 Understanding Childcare Services in Nairobi: Drivers to Utilization

This section of the report highlights findings on different aspects of childcare models. The covered areas include childcare models utilized in the past six months, the main childcare models used by the women traders, the drivers for the childcare models, and the women's levels of satisfaction with the different models as well as perceived features of an ideal childcare and, lastly, the preferred location and management of the childcare.

3.2.1 Drivers to Utilization of Childcare Models

To ascertain the usage of the various childcare models, women traders were asked to mention the childcare options they had used in the past six months. The responses are shown below.

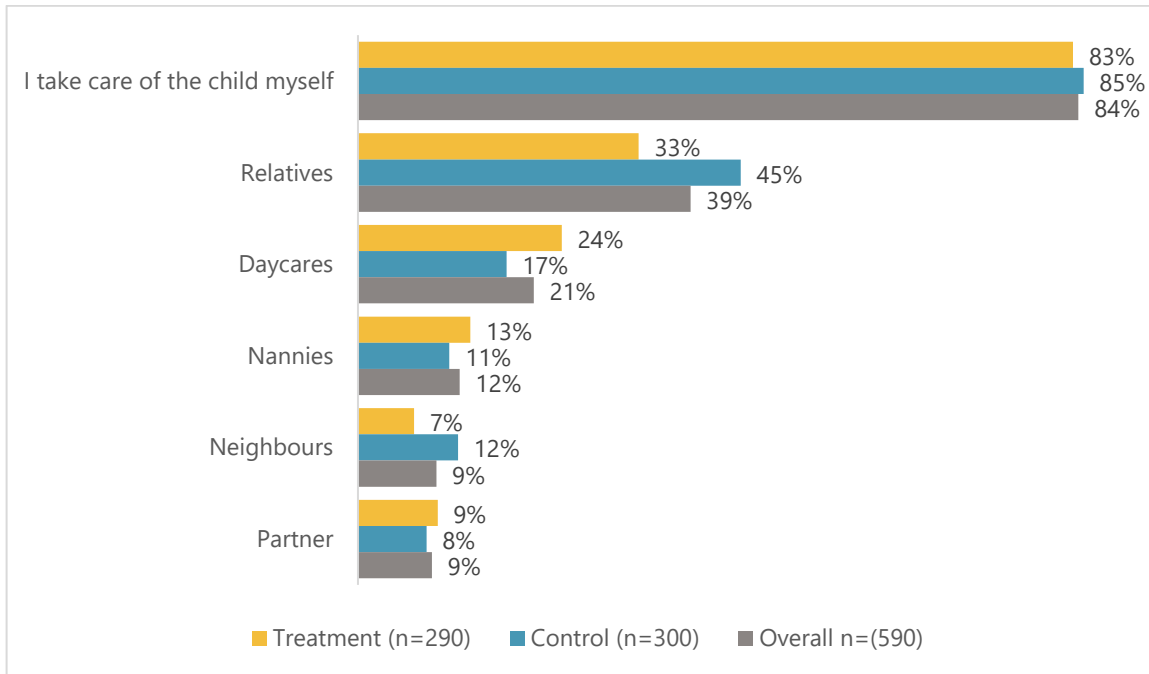


Figure 1: Childcare models used in the last 6 months

The study revealed that at baseline, 84% of the women traders preferred taking care of their children while attending to their business, significantly impeding business growth. This was attributed to various challenges like **limited availability of childcare services** near their residents and **high access costs to childcare services**, which strain business finances thereby making it impractical to hire childcare services. A notable proportion of the women relied on other low-cost childcare services from their relatives (39%) with the control group being significantly higher than those in treatment group ($p=.003$). **Paid daycares were utilized by 21% of the women, those in the treatment markets reported marginal significantly higher proportions than the control ($p=.052$)**, and 12% hired nannies. This provides some traction on the demand for paid childcare services with the targeted women traders. Conversely, participants from the control areas were more likely to opt for free or low-cost childcare options when compared to those in the treatment area, reinforcing need for affordable childcare solutions to support women in business.

1.1.1.1.1 Childcare models used in the past six months across markets.

Across the markets, women vendors relied on different childcare models to balance business and parenting financial requirements, with over 80% doing self-provided childcare and some seeking support from live-in relatives. They cited to opting to self-provided childcare due to the low to no cost, accessibility, family dynamics, and lack of availability of alternatives. The distribution of the choice in children care model by market is shown in the Figure below.

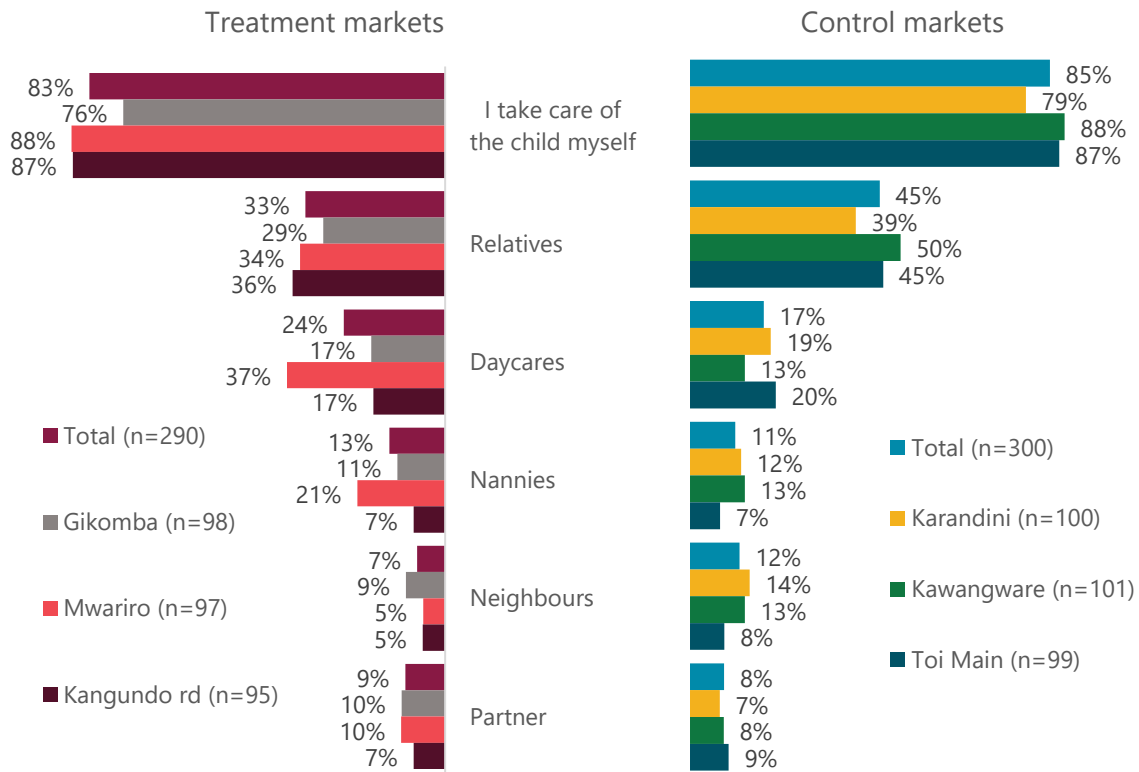


Figure 2: Childcare models used in the last 6 months in treatment vs control markets

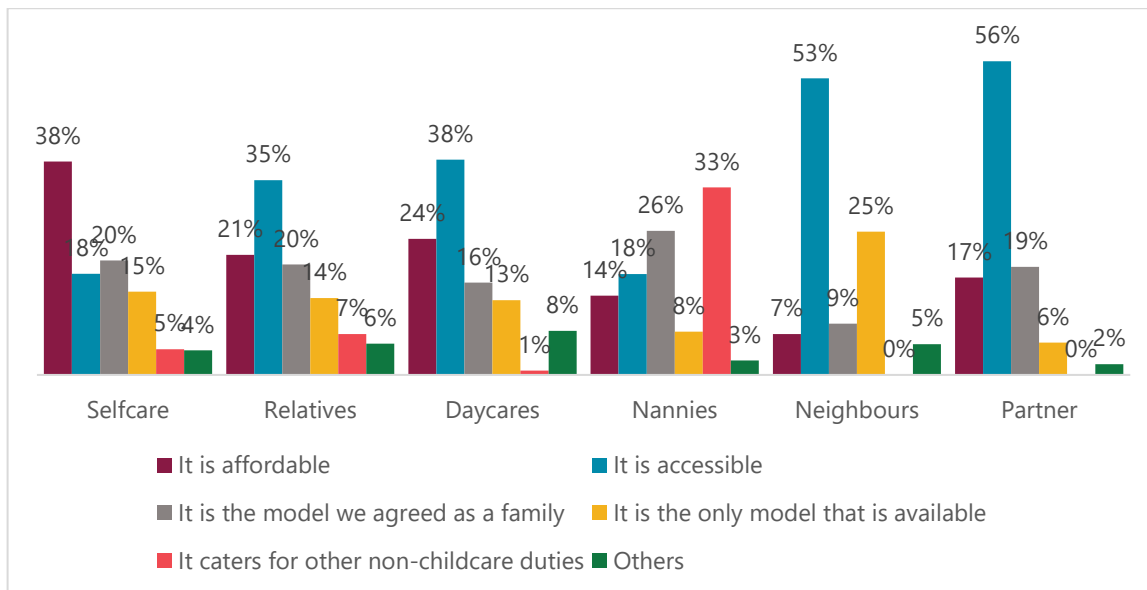


Figure 3: Main reason for the choice of childcare

3.3 Impact of Childcare Responsibility on Women’s Economic Wellbeing and Work Hours

The women traders based on the informal nature of their businesses get paid on different frequencies such as daily, weekly, every two weeks and monthly with most (343/539) of them indicating that they receive their income on daily basis. This strengthens the need to come up with flexible payment terms for the childcare services which can match their frequency of payment.

3.4 Women Traders' Average Income Versus the Proportion of Income Allocated to Childcare

Table 3: Median amount of revenue (KES)

	Total - KES	Treatment - KES	Control - KES
Daily	500	600	500
Weekly	3000	5000	2100
Every two weeks	5000	5000	5000
Monthly	15000	20000	15000

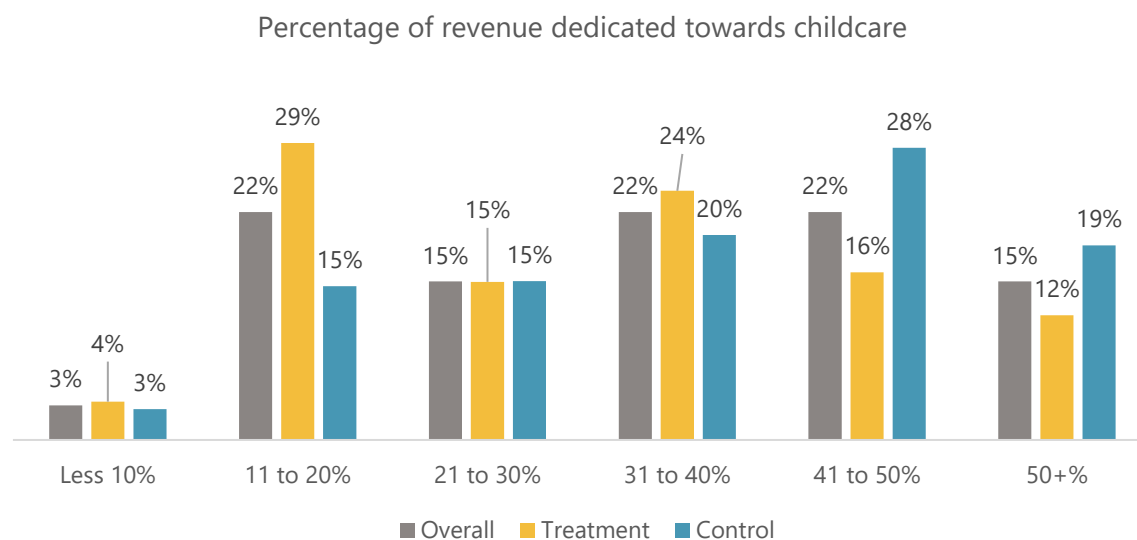


Figure 4: Percentage of revenue dedicated towards childcare

The median daily wage for women traders was KES 500, while those who received their income on a monthly basis reported a median monthly wage of KES 15,000. This is more than double the urban poverty line of KES 7,193 per month⁶. Majority of the women vendors spend more than 7% of their income on childcare. This is more than the recommendation by U.S. Department of Health and Human Services', indicating that the childcare responsibility is high. Findings from FGD further validate these insights as women indicated that the childcare expenses shrink their income or profits with little left for other essential expenses such as food, rent, or healthcare. This recurring expense forces many parents to rely on less costly—and often unreliable—childcare options.

⁶ Malik R, (2019) Working Families Are Spending Big Money on Child Care

“This means I balance because the child is safe at home, and on the other side, I’m doing my business. On the days when I’m with the child, it limits me to the extent that I have to buy them food, which means my profit decreases slightly on that day.”

Married, 1 child, Ruiru

3.5 Comparison Between the Cost of Childcare Services and the Range of Services Offered

3.5.1 Cost of Childcare Services

Table 4: Daily median costs of the different childcare models

	Overall	Treatment	Control
Center-based Daycare center	100	100	70
Home-based daycare	100	100	100
Live-in house help	200	200	200
Extended family or relatives we don’t live together	100	200	100
Live in extended family/relatives	100	100	100

Live-in-house helps were the costliest childcare option with a median cost of KES 200 per day. This can be associated with the services offered by live-in house helps as they perform various tasks beyond staying with the child and feeding them such as cooking, washing utensils, laundry among others. **Women who utilize daycare centres (both Centre based and homebased⁷) indicated that they pay a median daily fee of KES 100 which caters majorly for staying with the child (73%).** However, women traders who utilize extended relatives who don’t live in the same house pay a median fee of KES 100 overall. This amount caters for staying with the child and provision for all meals.

⁷ Centre based daycares are run within institutions such as schools, church, hospitals while homebased daycare are majorly run within residential areas.

1.1.1.1.2 Services offered by childcare model

Table 5: Services offered at the childcare model

	Staying with the child only	Staying with the child and all meals (porridge , lunch and evening snack)	Staying with the child and (porridge)	Staying with the child and food and diapers/ nappies/ diapers	Do other household chores such as cooking, washing utensils, laundry etc.
Centre-based/ home based	73%	20%	12%	7%	2%
Live in extended family/relatives	52%	31%	11%	18%	72%
Day burg	20%	30%	0%	0%	100%
Extended family (not live-ins)	18%	61%	4%	39%	7%
Neighbors or friends	64%	27%	9%	18%	0%

Perceptions on affordability of childcare models

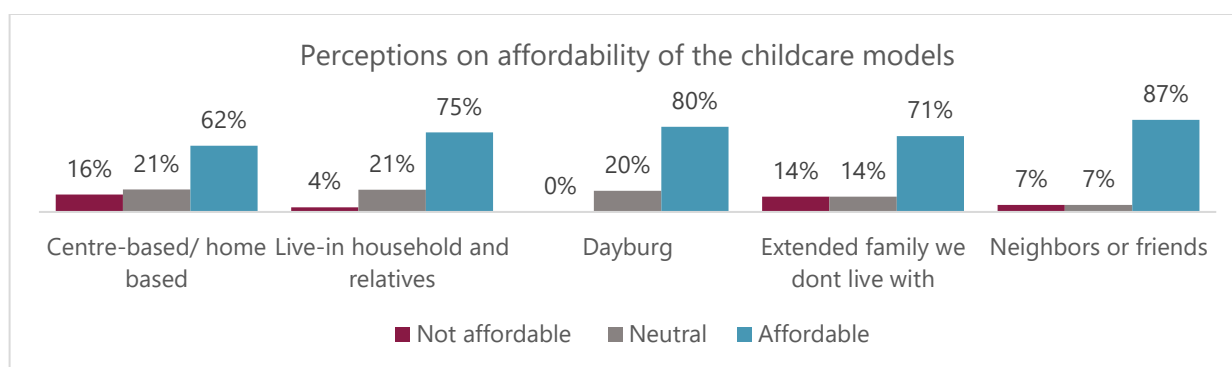


Figure 5: Women's perception of the affordability of childcare models

Most women perceived all the childcare options to be affordable vis-à-vis the services provided. However, looking closely, daycare centres scored the lowest on perceived affordability vis-à-vis the services offered. The daycares were perceived not to be as affordable as the other childcare models as shown above.

3.5.2 Perceived Impact of Childcare Services on Women Finances and Work Hours

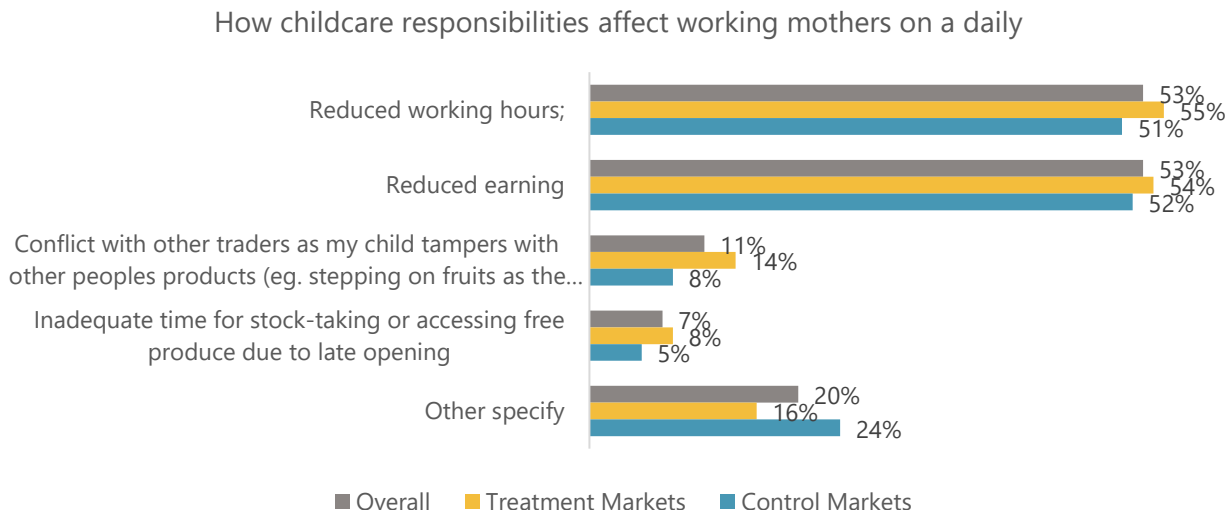


Figure 6: The impact of childcare responsibilities on women’s finance and working hours

Women highlighted reduced **working hours and decreased earnings (53% each)** as the most **significant impacts of childcare responsibilities**. Qualitative data further reinforced this finding, revealing that childcare often forces women to adjust their work schedules, temporarily close their businesses, or miss work entirely to care for their children.

These disruptions lower overall productivity, and for self-employed women in particular, the difficulty of balancing childcare with work frequently translates into lost income and reduced economic stability. Together, these insights highlight the substantial economic challenges faced by women who must juggle childcare duties alongside professional commitments.

“There are some challenges I go through. Sometimes you can go and find that the person you leave your child with isn’t there, or they are in a bad mood and tell you they won’t take care of your child that day. So, you end up missing work to stay with the child.”
Single, 2 children, Mwariro

Despite childcare-related challenges, most women reported working between six and seven days a week, with a higher proportion working six days and reserving one day for relaxation, housekeeping, or religious activities.

For women who do not work at least six days a week, work arrangements (40%) and childcare responsibilities (38%) were identified as the primary barriers. **Notably, women with two or more children under the age of five were more likely to cite childcare responsibilities as the main reason for not working daily, compared to those with one child.** This highlights how a higher number of children increases childcare responsibility, further limiting the women’s ability to participate in income-generating activities on a regular basis.

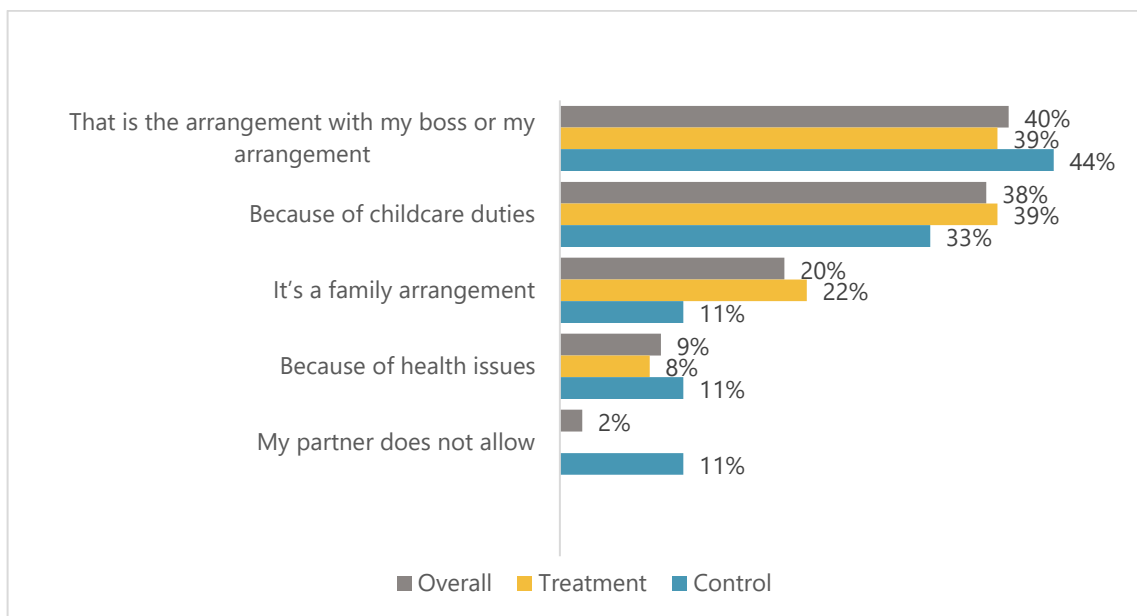


Figure 7: Reasons for women not going to work on a daily

Encouragingly, more than two-thirds of women in both treatment and control groups indicated that access to affordable and reliable childcare services would enable them to work more regularly.

3.6 Childcare Needs and Preferences

3.6.1 Features of an Ideal Childcare Facility and Priority Areas for Consideration

This section analyzes the features women identify as ideal in childcare services and highlights the priority areas that influence their selection of a childcare model. We also investigated whether they had access to select features in the childcare models used.

Table 6: Top features of an ideal childcare facility and priority areas for consideration

	Ideal			Priority		
	Co ntr ol	Tre at me nt	To tal	Co ntr ol	Tre at me nt	Tot al
Health and sanitation	67%	59%	63%	82%	78%	80%
Nutrition and diet	56%	54%	55%	39%	33%	36%
Quality of Care (Professionalism and demeanor of carers e.g., humane and patient carers)	59%	50%	54%	28%	32%	30%
Affordability fits within my budget	53%	54%	53%	19%	26%	23%
Security	52%	50%	51%	40%	41%	41%

Table 7: Childcare facilities with various features and services

Access to childcare providers who provide select features in their facilities/ places of work									
	Over all	Treatment markets				Control markets			
	Total (%)	Totombara (%)	Gikomba (%)	Mwarioro (%)	Kangundo (%)	Totombara (%)	Karandini (%)	Kawangware (%)	Toimain (%)
Health	30	39	30	73	23	22	22	25	20
Sanitation and cleanliness of the staff, utensils, child, play area etc.	40	42	25	70	25	39	17	45	51
Nutrition and diet	31	32	24	81	14	30	17	32	41
Quality of care (Professionalism and demeanor of carers e.g., humane and patient carers)	39	45	16	76	22	33	5	31	58
Safety and Security	40	42	25	74	34	37	26	33	54
Affordability/ cost	41	49	27	76	32	31	24	33	39

Health and sanitation: Health and sanitation emerged as the key features for both an ideal childcare (63%) and priority features (80%) women consider when choosing a childcare model. Access to a childcare that provided healthy environment was rare across the markets (30%).

Nutrition and diet: Nutrition and diet came out prominently as an ideal feature (55%) but not as much as a priority area (36%). The childcare models should be able to provide fresh and nutritious meals that are safe for children to consume while also offering dietary diversity by including fruits like bananas, papayas, and avocados. Caregivers should cater to children’s individual eating habits, such as slow eaters.

"The place you take your child should have food that is safe; even if the child eats, they won't have any adverse effects."

Married, 2 children, Ruiru

Safety and security: Both qualitative data and quantitative data identified safety and security as key feature for both an ideal childcare and priority areas that are considered when choosing a childcare model. The FGD indicated that the childcare model should have a secure environment; the daycare should have reliable security measures to ensure children’s safety, childproofing features to prevent

accidents like carpeting and safe play areas. Choosing a safe location was also highlighted by qualitative data as the facility should not be near bars, busy roads, or other hazardous areas.

"It should have security, a place with enough security. No matter what time you arrive, you will find your child is okay."

Single, 1 child, Ruiru

Quality of care: The quantitative and qualitative data highlighted that the caregivers should be able to provide quality care to children (54% ideal features and 30% priority areas). The qualitative data highlighted that the childcare providers should have trained caregivers who are patient, kind, and skilled in child communication and engagement. They also indicated that the carers should have basic education engagement skills to keep the children intellectually stimulated.

"They shouldn't be the kind of person who yells at the child or has a harsh face. Some children may see that person and get scared and start crying."

Single, 2 children, Gikomba

Access to childcare with ideal features was limited across five of the six markets, with many facilities lacking healthy environments, proper sanitation, nutritious food, and adequate safety. Mwariro market was the exception, where most women reported access to these features—73% to healthy environments, 70% to good sanitation, 81% to nutritious food, and 74% to safe facilities.

3.6.2 Willingness to Pay for Ideal Childcare Services

On willingness to pay, we asked the women questions around the prices they would perceive as too cheap, cheap, expensive and too expensive for childcare services. This was to assess the best price they would term as affordable for the services.

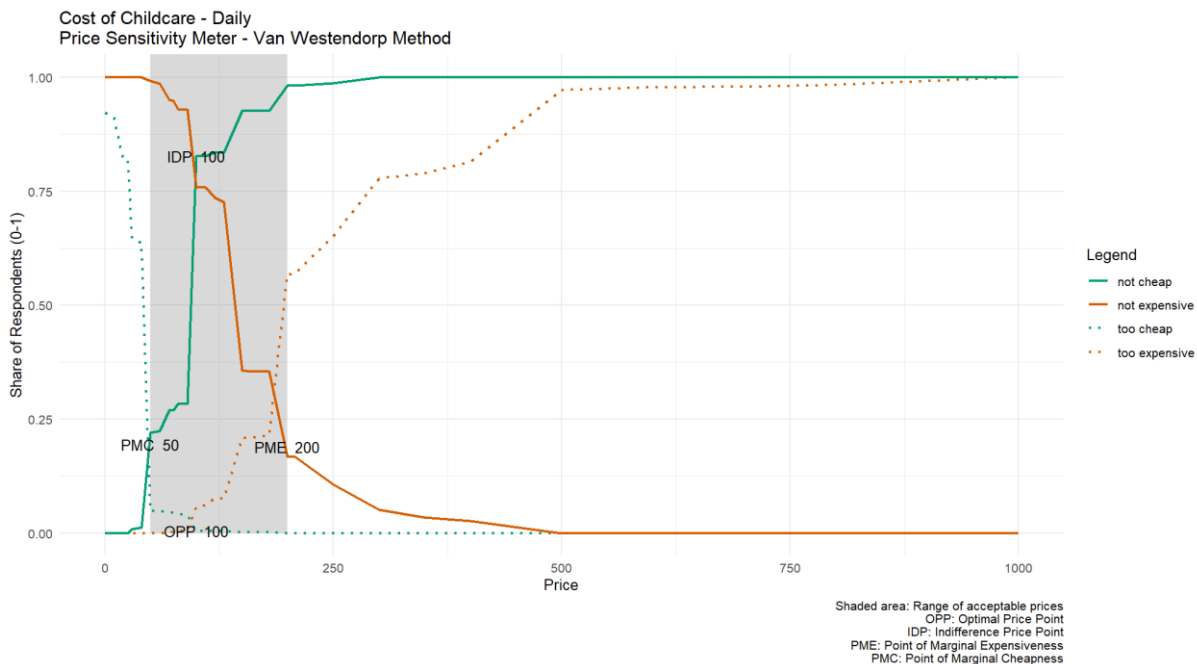


Figure 8: Willingness to pay

Women expressed willingness to pay an optimal fee of KES 100 for an ideal childcare facility that guarantees a safe and clean environment, proper nutrition, and high-quality care among other essential features. This amount represents the point at which payment resistance is lowest. Women perceived childcare services priced at KES 50 as too cheap, while a cost of KES 200 is considered too expensive.

3.6.3 Gender and Education Preferences for Caregivers

1.1.1.1.3 Perceived importance of the gender of child carers

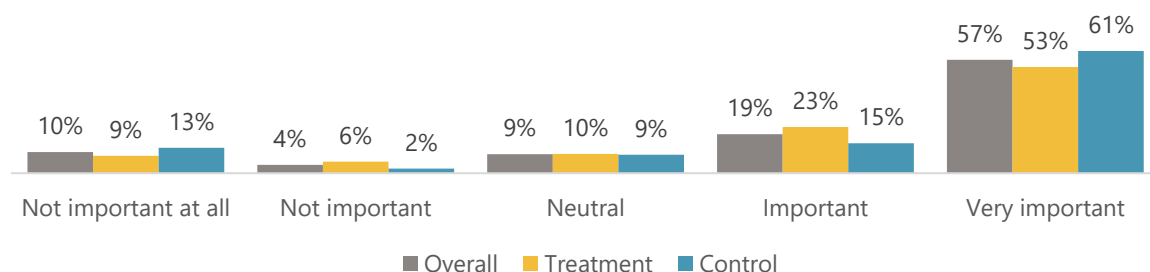


Figure 9: Perceived importance of gender of child carers

The surveyed women highlighted the significance of a caregiver’s gender, with 70% across both groups rating it as important or very important. Notably, 53% of women in the treatment group and 61% in the control group considered it very important. Qualitative data revealed a strong preference for female caregivers, driven by cultural stigma, gender norms, men’s limited childcare experience, and concerns such as defilement, especially for girls.

In addition to gender, majority of the women preferred caregivers with at least secondary education, a preference often linked to their own educational backgrounds. They also valued soft skills such as professionalism, attentiveness to child development, and commitment to children’s growth.

“One thing is, he’s a man. I wouldn’t feel comfortable with him handling a girl. Maybe he doesn’t have bad intentions, but the devil is a liar. And he’s the father of that child. But again, maybe we were never taught that way. Even he wouldn’t do it. If I’m late and don’t have a female helper, he will wait for me to come.”

Mwariri market respondent

3.6.4 Preferred Location and Management of the Ideal Childcare Facility

Preferred location for setting up the childcare facility

We then asked the women what their preferred location was and who would be best person to operate the ideal childcare facility. The figure below highlights key preferences regarding the ideal location for childcare facilities.

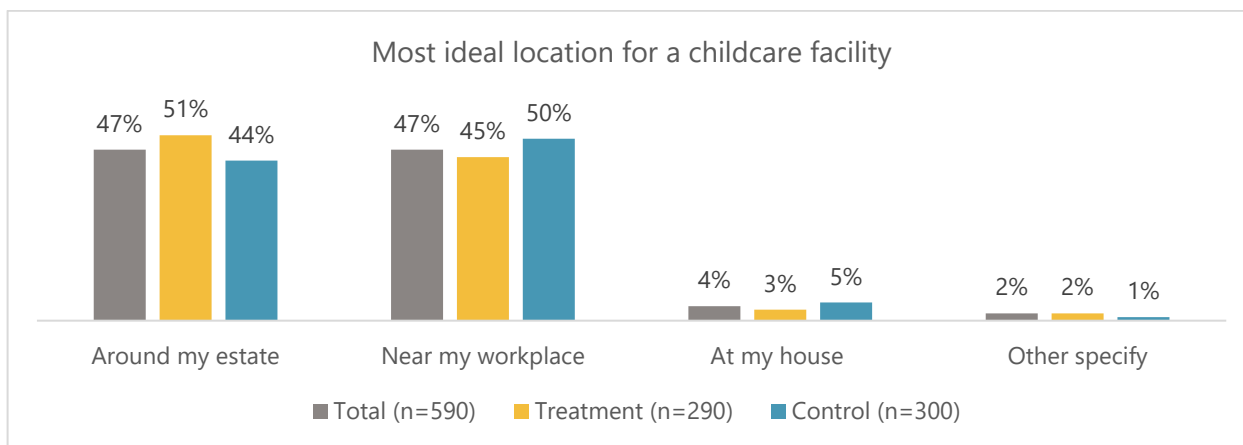


Figure 10: Ideal location of a childcare facility

Access to childcare providers

This subsection speaks to access the childcare facilities in terms of the distance as well as the mode of transport used and the flexibility of working hours.

1.1.1.1.4 Distance and mode of transport to childcare facilities

Table 8: Distance and mode of transport to childcare facilities

			Time taken to get to the childcare facility	
Home	82%	Walking	79%	5 to 10 minutes
		Paid Motorcycle	3%	20 to 30 minutes
		Paid Buses/ matatus	18%	20 to 30 minutes
Workplace	18%	Walking	33%	10 to 15 minutes
		Paid Motorcycle	17%	5 to 10 minutes
		Paid Buses/ matatus	50%	20 to 30 minutes

Majority of the interviewed women (82%) relied on childcare facilities located near their homes, with most (79%) able to walk there within 5 to 10 minutes, underscoring the convenience of home-based care. Women emphasized the importance of childcare centers being close to home for easy drop-off and pick-up routines. They specifically noted that proximity saves time, reduces transportation costs, and allows them to quickly check on their children during the day. While a smaller proportion (18%) of women use childcare near their workplaces, accessibility remains a key concern.

Preferred management for the childcare facility

Majority (94%) of women in both treatment and control markets preferred the childcare to be located around their estates (47%) or their workplace (47%), emphasizing the importance of convenience and proximity.

Women showed the strongest preference for government and NGO providers as the preferred childcare operators, followed by private operators. These findings suggest that efforts to strengthen childcare services should prioritize partnerships with government and NGO operators, who are viewed as the most trusted providers.

“If the childcare were close to where I work, it would be a bit cheaper because you’d just wake up in the morning, prepare yourself, and we’d all leave together. At least you’d save time. You’d also know you could drop off your child nearby and then go to work. You’d always have easy access to your child. In case of anything, you can quickly reach them.”
Single, 1 child, Shoes and clothes vendor, Mwariro.

Convenience of Daycare Opening and Closing Times

Childcare operating hours varied widely, with formal models offering the shorter durations of upto 10 hours and familial models the longest. Women emphasized the importance of flexible opening and closing hours to accommodate different work schedules. Most daycare users noted that centers typically opened between 6AM and 8AM, with the vast majority finding these hours convenient. Similarly, closing times, mostly between 6PM and 9PM, were also considered suitable by most women.

3.7 Barriers and Opportunities to Utilize Day Care

3.7.1 Barriers to Utilizing Childcare Services

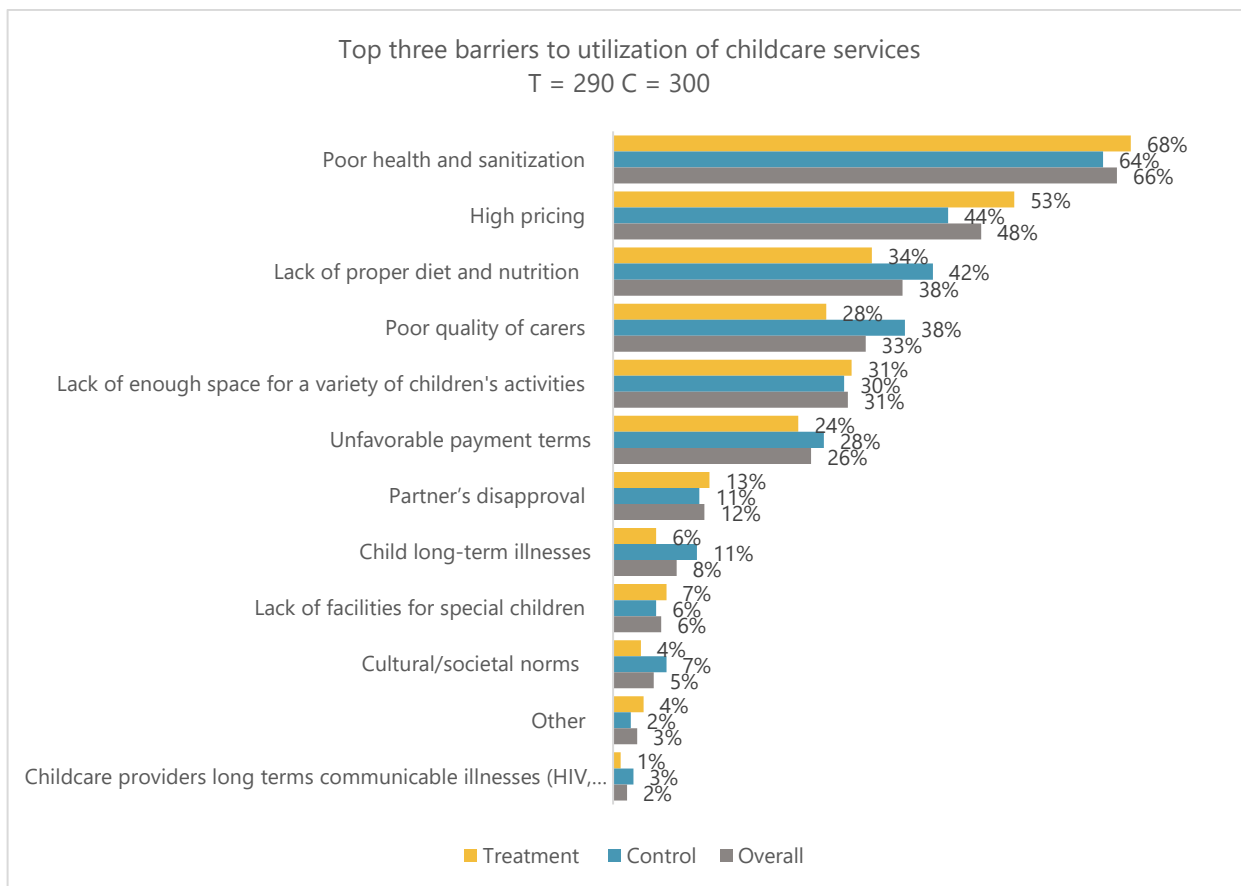


Figure 11: Barriers to utilization of childcare services

The women mentioned various **barriers to utilization of childcare services, with health and sanitation being the most significant concern**, cited by two thirds of the women (66%), as shown in the figure above. Pricing is the second most prominent barrier, affecting about half of the women (48%). Lack of proper diet and nutrition ranks third, with more than one third (38%) of women identifying it as a barrier, though it is more pronounced in the control markets (42%) than in the treatment markets (34%). Quality of caregivers, lack of enough space for children and Payment terms were additional concerns, cited by 33%,31% and 26% of women, respectively, with the control group generally placing greater emphasis on these issues.

Reasons for not using daycares

Table 9: Reasons for not using daycares

	O v e r a l l (%)	Treatment Markets				Control Markets			
		T o t a l (%)	G i k o m b a (%)	M w a r i r o (%)	K a n g u n d o r d (%)	T o t a l (%)	K a r a n d i n i (%)	K a w a n g w a r e (%)	T o i M a i n (%)
Preference to self-provided childcare	56	63	59	65	63	52	46	57	51
Income constraints	30	30	36	20	34	30	27	28	36
Safety concerns	28	24	18	28	24	31	29	30	35
Poor quality of available options	22	21	5	20	28	22	21	18	28
Availability of alternatives from family and friends	19	16	10	9	23	22	24	21	20
Lack of affordable options	16	17	23	11	17	16	16	24	9
Lack of suitable childcare options nearby	13	13	10	6	18	13	15	11	12
Mismatch between parents' work schedules and childcare provider operating hours	7	7	10	6	7	7	9	5	7
Special care needs are not available	3	3	0	7	1	3	2	5	1
Other	3	4	0	11	1	3	2	2	4

The women cited several reasons to not using daycare services. The Table above highlights some of the reasons mentioned. **The top three reasons for not using daycare as a form of childcare are preference for self-provided childcare by the women (56%), income constraints (30%) and safety concerns (28%).** This highlights the need to provide affordable daycare options to allow women to engage more in income generating activities and increase their income.

3.7.2 Community and Cultural Attitudes and Barriers to Adoption of Formal Childcare Services

The Figure below highlights the perceived cultural barriers to adoption of formal childcare services.

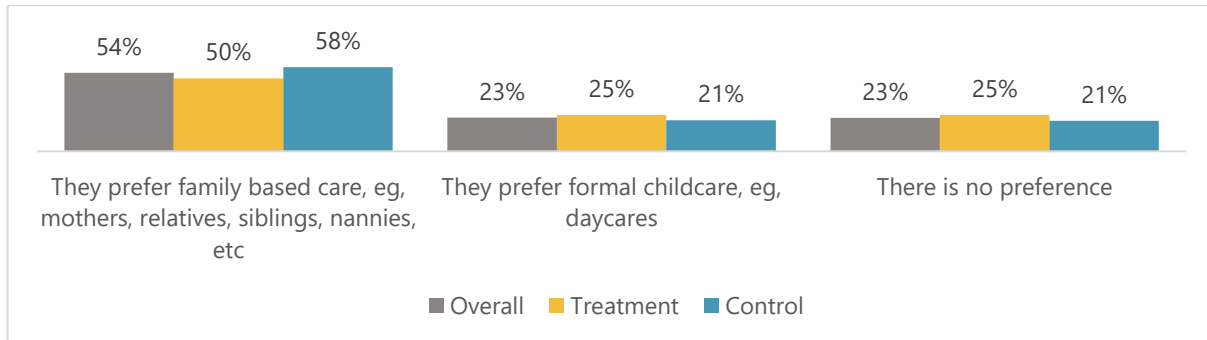


Figure 12: Community and cultural attitudes towards formal childcare services

More than half of the interviewed women (54%) preferred family-based care, relying on mothers, relatives, siblings, or nannies—over formal childcare services.

Key barriers to adopting daycare services included a trust deficit in daycares, concerns about children’s safety and well-being in formal settings, and the perception that childcare is primarily a family responsibility. Cultural stigma, such as judgment against parents who use daycare and misalignment with traditional practices, also emerged but were less influential.

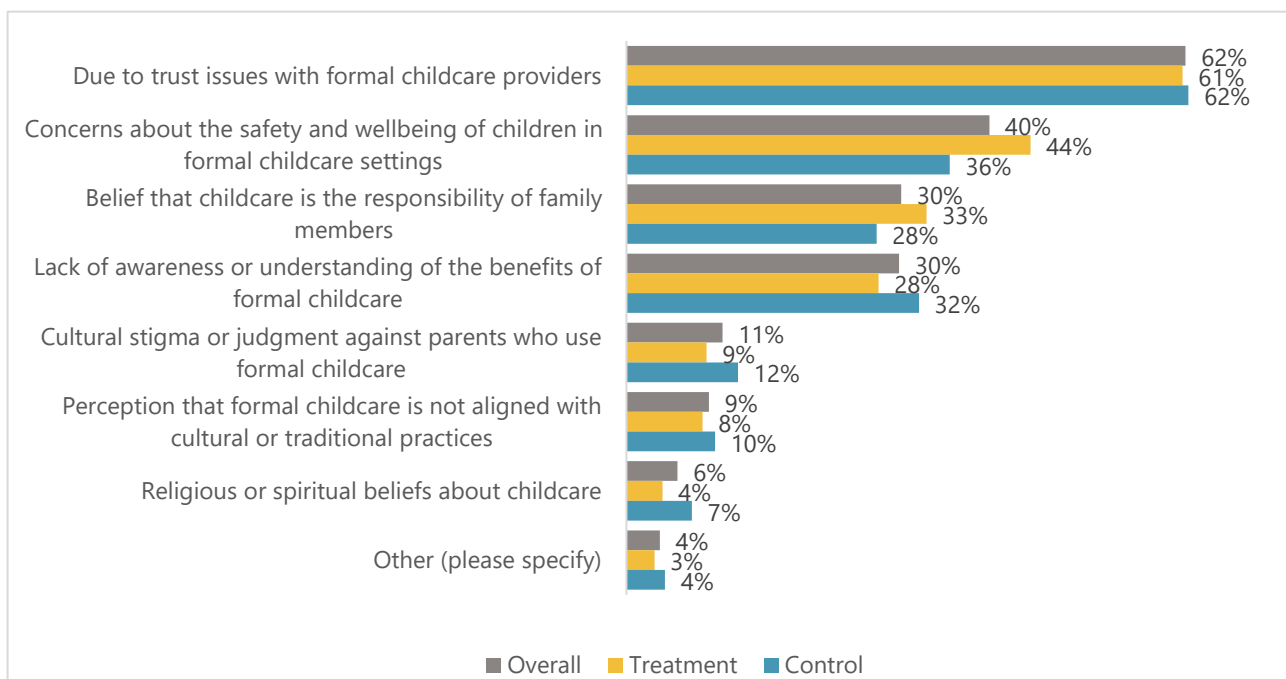


Figure 13: Community and cultural barriers to adoption of formal childcare services

By incorporating elements that mirror family-based care—such as personalized attention, security, trust, and strong community engagement—daycare centers can better align with parental expectations and overcome these barriers.

3.8 Men’s Involvement in Childcare

This section highlights men involvement in childcare. It covers perceived importance of men involvement in childcare, perceived comfort in women discussing childcare responsibilities with their partners and, women’s perception of their partners providing childcare support.

3.8.1 Perceived Importance of Men’s Involvement in Childcare

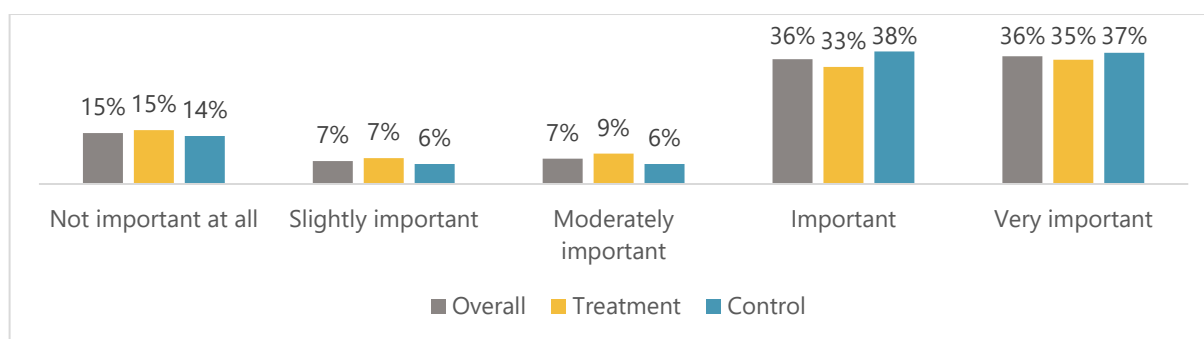


Figure 14: Perceived importance of men’s involvement in childcare

About 3 in 4 of the interviewed women (72%) indicated that they believe it is either very important or important for their partners to be involved in childcare. This was further validated by FGD as women emphasized that childcare should be a shared responsibility. **Many felt that while financial support, such as school fees, food, and healthcare, was crucial, fathers should also play an active role in day-to-day childcare tasks, such as looking after the children, taking them to school, and providing emotional support. In cases where fathers were involved, the women noted that their workload and stress levels decreased significantly, allowing them more time for personal and work-related activities.**

Women in the focus group discussions shared their collective experience handling childcare responsibilities within their families. **Many expressed the emotional and physical burden they face when managing their children's needs alone, especially in situations where the father’s involvement is minimal or non-existent.** The prevailing sentiment was that responsibility primarily falls on them, with some exceptions where the father is present and actively involved in supporting their children’s well-being.

“He would help me a lot because sometimes he would be taking care of the child. If I’m late opening the business in the morning, in the evening, I know I can do something else because there’s someone looking after the child.” Single, 1 child, Gikomba

More than half of the women indicated they were very comfortable discussing childcare responsibilities with their partners. Majority of the women reported high levels of confidence in their partners providing childcare support. **Several women expressed that their partners' involvement in childcare would positively impact their ability to work. This support would enable them to attend to work duties or pursue employment opportunities without the constant worry of balancing child-rearing responsibilities.** This support would ease their daily challenges, especially for those juggling multiple roles such as homemakers, caregivers, and income earners. The shared responsibilities also fostered a sense of fairness and partnership, which many believed was essential for a healthy family dynamic.

Men's involvement in childcare activities

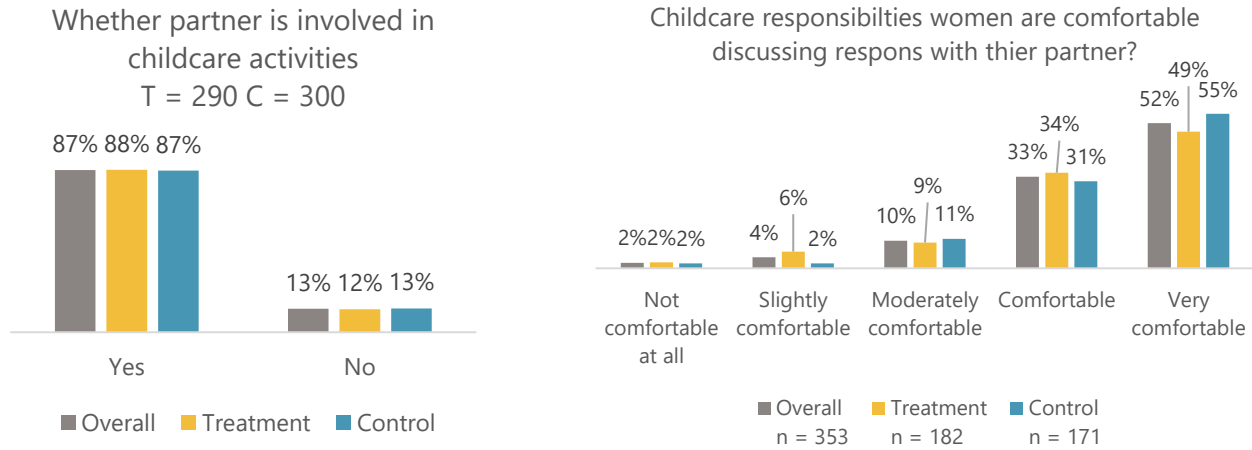


Figure 15: Partner involvement in childcare activities

More than 8 in 10 of the married women (87%) interviewed indicated that their partners were involved in childcare activities.

Table 10: Childcare activities that partners were involved in versus what they would want partners to be involved in

	Childcare activities the partner is involved in			Childcare activities that mothers would want their partners to be involved in		
	Overall (%)	Treatment (%)	Control (%)	Overall (%)	Treatment (%)	Control (%)
Education	62	61	62	53	50	56
Feeding	56	50	63	37	30	44
Playing	54	51	58	47	50	44
Health Clinic check-ups	38	35	42	21	10	33

The married women indicated that their partners were most involved in childcare activities related to education, feeding, and playing. The women whose partners were not involved in childcare activities

however, indicated that they would like their partners to be most involved in education, playing, feeding, and support taking the child to clinic checkups. Shown in figure 41.

3.9 Capacity Building Needs for Women

Priority areas for training for business management, financial access, and childcare

3.9.1 Preferred Training Areas for Women

Women indicated interest in receiving training across different areas as shown in the table below:

Area of training	Top 3 areas of interest for future trainings
Business management training	<ul style="list-style-type: none"> ● Business planning and goal setting ● Financial management marketing and sales strategies ● Customer service skills.
Financial access training	<ul style="list-style-type: none"> ● Savings and investment options for small businesses, ● Budgeting and cash flow management ● Preparing a business plan for loan applications
Childcare training	<ul style="list-style-type: none"> ● Child wellness and hygiene ● Early childhood education ● Child safety and first aid

3.9.2 Source of Financial Support for Women

The surveyed women indicated a strong reliance on informal institutions or groups for loans or financial support. Women groups was the most common source, cited by 47% overall⁸. Friends and family followed closely (46% overall). Digital lending platforms ranked third, with 36% overall, 32% in treatment markets, and 40% in control markets. However, high interest rates and stringent eligibility requirements emerged as significant challenges across most of the institutions from which women borrow, as highlighted below. To address these challenges, financial institutions should consider reducing interest rates, simplifying eligibility requirements, and increasing accessibility to formal financial services tailored to women's needs.

⁸ Chama is an overarching term for informal savings and credit groups. Merry-Go-Round is a specific type of Chama where members contribute a fixed amount, and the entire sum rotates among members. Table Banking, another type of Chama, combines savings and lending, allowing members to save a portion of their contributions while accessing loans from the group.

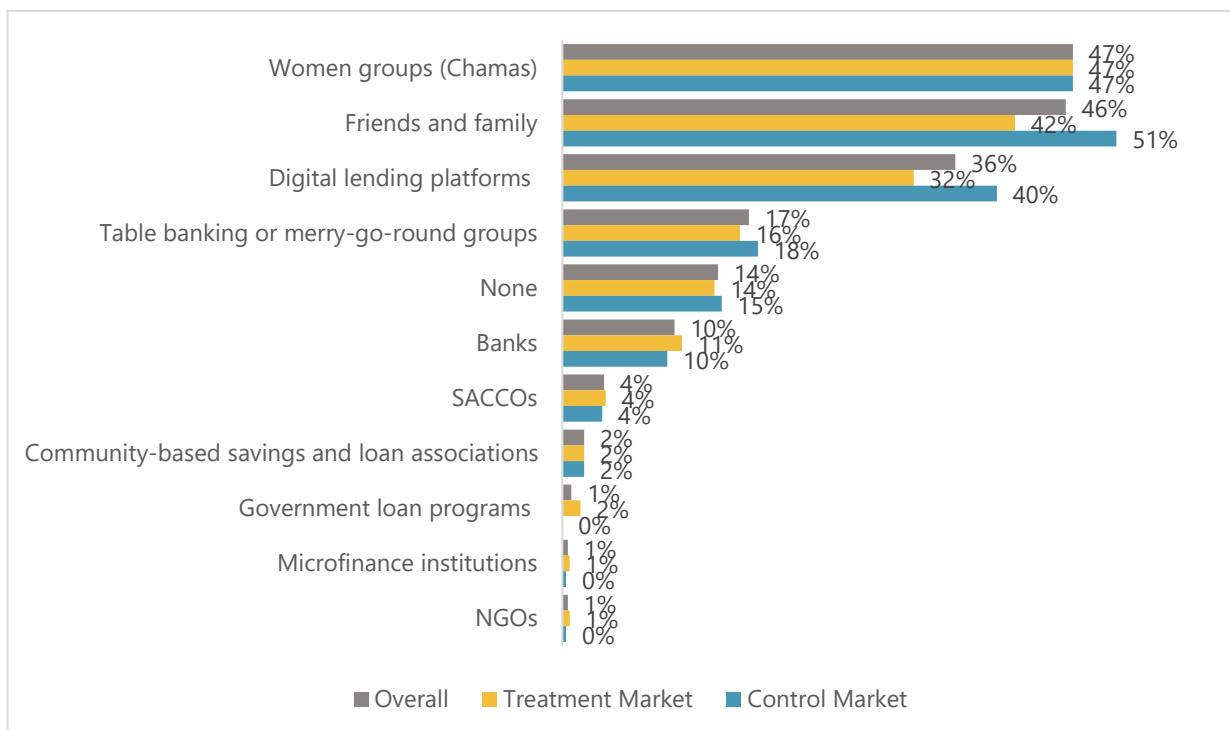


Figure 16: Groups and institutions where women seek financial support

Table 11: Difficulties or obstacles faced by women when trying to obtain financial support or loans

Chamas (informal savings groups)		Friends and family		Digital lending platforms (e.g., mobile money loans)	
The interest rates on loans were too high, making it difficult to repay them.	52%	The interest rates on loans were too high, making it difficult to repay them.	51%	The interest rates on loans were too high, making it difficult to repay them.	50%
I don't have sufficient collateral to secure a loan.	39%	The eligibility requirements were too stringent, and I don't qualify for most loans.	36%	The eligibility requirements were too stringent, and I don't qualify for most loans.	36%
The eligibility requirements were too stringent, and I don't qualify for most loans.	33%	I don't have sufficient collateral to secure a loan.	35%	I don't have sufficient collateral to secure a loan.	31%

Barriers to accessing training opportunities

Balancing work, family and other responsibilities emerged as the biggest barrier for the women when accessing training opportunities (47%). Cost of the training program being too high also emerged as another key barrier (38%) making the women unable to afford them. Other challenges or barrier that emerged include accessibility of the training program in terms of distance and the women were not able

to travel to another location (26% for both treatment and control) while childcare burden also emerged as a key barrier (27% T and 21% C).

“I would not attend a training if the child is sick.”
Single, 2 children, Gikomba

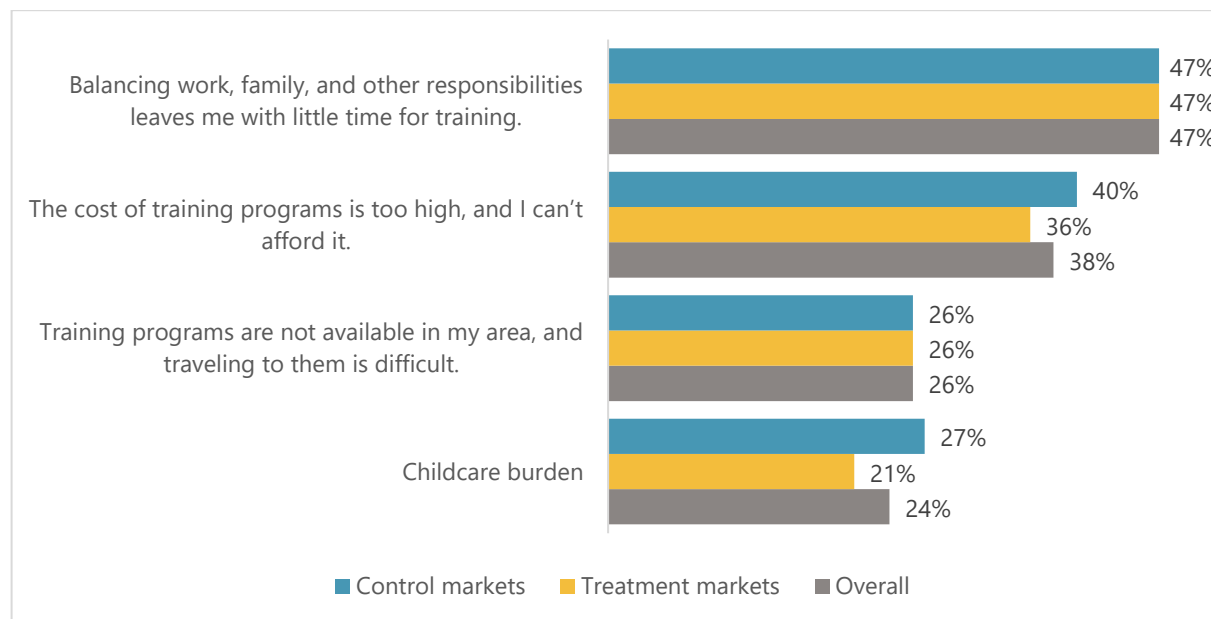


Figure 17: Main barriers to accessing training opportunities

Duration also emerged as a key barrier to attending training. Most women preferred short, intensive training sessions of two hours per day, and agreed that two days a week would be manageable. One respondent suggested training on Thursdays from 1 pm to 3 pm, while others suggested similar timings such as Wednesday, 10 am to 1 pm.

The Role of County Governments in Provision of Daycare Services

This section discussed the role of county governments in provision of daycare services while also highlighting the risks of having daycare in market centers.

The Figure below shows what the perceived role by the county government in provision of daycare services should be.

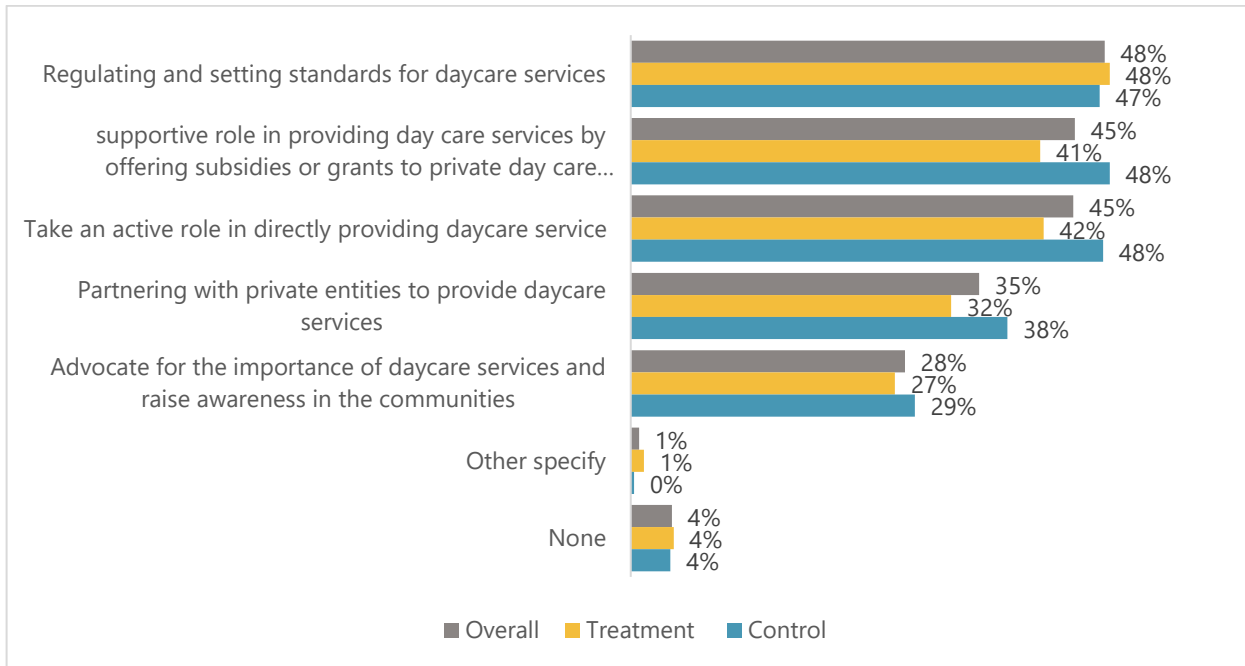


Figure 18: Perceived role of County governments in provision of daycare services to women

The women identified three key roles that the county government could play in providing daycare services for working mothers in market centers.

1. Regulating and setting standards for daycare services is perceived as the most important role for county governments, with about half (48%) of women in both treatment and control markets emphasizing this priority.
2. Provision of direct daycare services or support private providers through subsidies or grants (45%), reflecting an expectation for proactive governmental intervention to enhance access and affordability.
3. Additionally, partnering with private entities to provide daycare services is more favored in the control markets (38%) than in the treatment markets (32%).

Table 12: Areas of support that county governments can provide to enhance the quality of daycare services

Overall	Treatment					Control			
	Overall (%)	Totata (%)	Gikomba (%)	Mwaririo (%)	Kanungu (%)	Total (%)	Karandini (%)	Kawangware (%)	Toi Main
Financial Assistance	61	61	57	64	61	61	69	61	52

Subsidized Childcare Programs	45	42	39	39	47	47	48	52	42
Training Programs	44	44	39	40	52	45	46	35	53
Infrastructure Development	40	41	43	43	37	39	42	37	38
Regulatory Support	31	28	22	28	35	33	34	28	36
Public Awareness Campaigns	22	22	22	14	30	23	26	22	20
Partnerships with Private Sector	22	18	12	13	30	26	27	22	28
Other specify	1	1	0	4	0	1	0	2	0
None	3	3	4	2	2	3	3	3	2

Across the markets, there is was critical need for financial assistance (61%), with additional emphasis on programs that reduce costs for parents (45%), enhance the skills of daycare providers (44%), and infrastructure development(40%). Regulatory support (21%) and public-private collaborations (22%) appear to be secondary considerations and remain relevant to ensuring holistic improvements in daycare services.

Risks of having daycares at the market centres

When running the daycare centres, women highlighted the perceived risks and concerns of having the facilities at the market centres. **Crowded market areas** was the main concern, which was opined by about three quarters (76%) the women. The other concern that they reported was the **fire in market centres (56%)**.

3.10 Childcare Policy Landscape in Kenya

Policy Reforms Required for Childcare in Kenya.

1. Budget Allocation for Childcare Services:

Women emphasized the need for explicit budget allocations within policies to support childcare services. Advocacy from various stakeholders is critical to ensure childcare is recognized as an integral component of economic empowerment initiatives.

“Of course, the reforms could be there but it has to be intentional i know when we out our the issue of unpaid care work and we took it to the county assembly. They were like, what is all this about? And the fact that people don't understand, they were thinking that this is not doable. And they were very worried that if you put this thing here yes, we not be able to achieve it we from our end we habe not done anything we have a small component of women economic empowerment but we have not specified it to the childcare. to the child. So, even if it is there, it is not from one end, it is probably from another end”

KII NCC

2. Institutional Reforms and Flexibility:

Institutional reforms were necessary to recognize and reward care work, particularly by introducing flexible working hours for caregivers. This would accommodate women juggling childcare and work responsibilities, including those caring for children with severe disabilities.

“Of course, the reforms could be there but it has to be intentional i know when we out our the issue of unpaid care work and we took it to the county assembly. They were like, what is all this about? And the fact that people don't understand, they were thinking that this is not doable. And they were very worried that if you put this thing here yes, we not be able to achieve it we from our end we have not done anything we have a small component of women economic empowerment but we have not specified it to the childcare. to the child. So, even if it is there, it is not from one end, it is probably from another end.”

KII National government

3. Planning and Infrastructure Policies:

Women suggested amending planning policies to mandate that new and existing buildings, including markets and workplaces, include safe spaces for childcare. This could mirror existing regulations for accessibility, such as ramps for persons with disabilities.

“They should consider having a clause that if you are building a new building, you need to factor in the room for... The space... The safe space for... Children. For the children”

KII National government

4. Inclusion Across Sectors:

The need for childcare facilities extends beyond market vendors to formal employment sectors. Policies should encourage private sector participation in providing childcare services, with government enforcement to ensure compliance.

“Policies that, like I said before, policies and laws that will be able to ensure that every market, whether a market is private or public, provides such centers. Then it will be the work of the government now to enforce. see right now for example in this Nairobi, we talk about matters of accessibility for PWDs like every building must have a ramp so that persons with disabilities are able to access there is that law, so now it's a must for every building to provide a ramp if it is made in that kind of expression, then I think the update will be easier, then the government will just be to enforce.”

KII NCC

5. Education and Health Integration:

Collaborations with education and health departments were seen as essential. Integrated policies can ensure comprehensive support for childcare facilities, addressing not only infrastructure but also the well-being of children.

“Exactly. We are working together with them. And as we also develop our own management policy for our facility, we see what touches on them. And how we can have the same integrated. So, yeah.”

KII NCC

6. Advocacy and Public Awareness:

Public understanding and acceptance of childcare as a critical policy issue remain low. Advocacy and education campaigns are needed to shift perceptions and build a united front for influencing government and private sector actions.

“Actually for me, I think it is more of advocacy because you need to influence. Being able to bring people to understand that this is key, actually probably for me it's advocacy and a bit of influencing so that we are able to... You know when you put a target in the CIDP, it is one thing. I mean, not many things end up in the CIDP, the country integrated development group. So have ensuring that you have people, you have been able to mobilize people who can come and authoritatively talk about that issue. For me I think that is the part that i played.”

KII NCC

4.0 Conclusion and Recommendations

4.1 Conclusion

Women vendors in Nairobi's markets overwhelmingly shoulder the childcare burden, shaping their work and earnings. Most (84%) rely on self-provided childcare (family/relatives) because formal daycare is scarce and expensive. When women do use paid centers, proximity and cost drive choices: 82% prefer childcare near home/work, and KES 100/day is viewed as a reasonable fee. Quality factors (sanitary facilities, nutritious meals, safety and trained caregivers) are non-negotiable, a majority cited each as critical. Without affordable care, women cut their hours; 71% said they would work daily if childcare were available. In practice, many lose income: 53% already reduce hours for care, and up to half their income goes to childcare in high-cost markets. Men's support is largely financial, but 72% of women want more active father involvement to ease their load. Awareness of regulated daycares is very low outside a few markets: most women hear about childcare via family or clinics, and know little of providers beyond informal or NGO centers.

Overall, the findings paint a clear picture: accessible, safe, affordable childcare is a vital enabler for women's work. It improves market productivity and women's well-being. A pilot by local social enterprise (Wow Mom Kenya) in Gikomba, run with Nairobi County, confirmed this: on-site affordable care let mothers devote more time to their businesses. This demonstrates the multiplier effect of quality childcare in markets.⁹Self-provided childcare

4.2 Recommendations

Scale Community Childcare Services

Deploy market-based daycare centers. Establish or expand subsidized childcare in market centers and nearby low-income neighborhoods. Services should charge ~**KES 100–150/day**, with flexible part-time or hourly options matching vendors' hours. Facilities must open early (e.g. 6:30 a.m. for Gikomba) and align with market schedules. Ensure centers are *within walking distance* of vendors' stalls (most women prefer <10 min away).

Enforce quality standards. Adopt health-driven standards: **sanitation, safety, and nutrition**. All centers should have clean drinking water, latrines, secure entry/exits and fire safety. Meals should be balanced and hygienically prepared. Hire **professional caregivers** (ideally with secondary education and first-aid training) at a target ratio of ~1 caregiver per 5 children. Ongoing training in child development, hygiene and child protection is essential. (This echoes best practices showing that trained, caring staff and good WASH significantly improve child health.)

Leverage the private/social sector. Partner with proven social enterprises (e.g. Wow Mom Kenya) and NGOs that have scaled market daycares. Use **public-private partnerships (PPPs)** to build and operate centers: for example, the County can provide space or subsidies, while a partner handles daily management. Global experience confirms PPPs' effectiveness – e.g. Malta's free childcare PPP saw 90% of private centers join and women entering work earlier. Similar schemes (vouchers or subsidies) can mobilize private providers and spread cost.

⁹ [Availing affordable and accessible child care in market centers in Kenya](#)

Integrate childcare into market infrastructure. Allocate dedicated daycare rooms or nearby plot in markets. Upgrade existing vendors' associations buildings or stalls into child-friendly spaces. Urban planning rules should **require** new markets and public buildings to include childcare. This localizes care and normalizes its provision.

Raise awareness and trust. Launch targeted information campaigns in markets. Use **trusted channels** (market associations, clinics, women's groups, local radio) to explain available services and benefits. Feature testimonials from mothers and community leaders. Transparency measures (e.g. published inspection reports, parent feedback forums) will build confidence in formal childcare.

Empower Women and Families

Subsidize costs for low-income mothers. To make care truly affordable, offer sliding-scale fees, vouchers or cash transfers to those earning less. Lower fees for second/third children, or partner with NGOs to provide meals and supplies. The County could waive licensing fees or rent for non-profit centers. Such subsidies will reduce the 30–50% income share that many currently spend on care.

Encourage fathers' involvement. Develop community campaigns and couple-focused workSops that normalize shared caregiving. Engage men through market committees and father-to-father groups, showing how their participation (from school runs to playtime) reduces maternal stress and boosts family welfare. Programs like Rwanda's "Bandeberoho" have proven that engaging men transforms gender norms. Prominent male figures and returning beneficiaries can be champions.

Build women's capacity. Provide flexible business and childcare training. Offer short, modular courses (in-person near markets or online) in financial literacy, marketing and time-management. Likewise, basic parenting and childcare skill sessions (e.g. first aid, nutrition) should be available – ideally through the very daycares or clinics that women trust. Subsidize or schedule trainings at market off-hours. This dual support empowers women to grow their income **and** manage their caregiving roles.

Strengthen Policy and Partnerships

Institutionalize quality and equity standards. Nairobi County should adopt clear daycare regulations: mandatory hygiene, staffing, and safety norms. Set up a regular inspection and certification regime. At the same time, require minimum standards for learning and play (books, toys, outdoor time) to support holistic child development. Compliance can be incentivized by linking subsidies to meeting benchmarks.

Expand subsidies and incentives. The County must prioritize **budget support for childcare.** This includes direct grants or tax relief for daycare providers and subsidies/vouchers for low-income families. For example, matching programs (like employer-assisted care) or conditional cash transfers (tied to childcare enrollment) can mobilize resources. Budgeting care in local development plans ensures sustained funding.

Deepen public-private collaborations. Scale proven models by continuing partnerships with impact-driven enterprises (e.g. Wow Mom Kenya) and NGOs. These organizations bring innovation and community trust. The County can co-fund pilots in new markets, then codify successes into public policy. A "**scaling science**" approach underpins this: use data from Gikomba and similar pilots to adapt and replicate models in other markets. Rigorous monitoring will identify what works, enabling continuous improvement and efficient scale-up.

Cross-sectoral integration. Embed childcare into broader services. For instance, collocate daycares with health clinics or schools to leverage nutrition and immunization programs. Encourage coordination between the health, education and trade ministries. A multi-sector taskforce could align urban planning, public health and social protection to build a holistic childcare system.

Plan for safety and infrastructure. Address market-specific risks: design daycares with capacity to avoid overcrowding, separate play areas from merchant stalls, and install fire-prevention measures. Larger markets (Gikomba, Kangundo Road) may need multiple centers. The County's market decongestion plans should account for childcare needs, ensuring space and utilities for these centers.

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9. Parental experiences of childcare in an informal urban settlement: qualitative interview findings from the Nairobi Early Childcare in Slums (NECS) project

6.0 Annexes

Quantitative Survey Tool



IDRC Scaling Care
Innovation Quantitat

FGD Screener Survey



IDRC Wow Mom
FGD Screener Final.d

FGD Guide



IDRC_WOW
MOM_FOCUS GROU

KII Guide



IDRC_WOW
MOM_KEY INFORMA