



THE NAIROBI STATE OF CARE REPORT 2026



NAIROBI CITY COUNTY

INCLUSIVITY, PUBLIC PARTICIPATION AND CUSTOMER SERVICE

LET'S MAKE **NAIROBI** WORK

The Nairobi State of Care Report 2026

A high-level Assessment of Care Gaps, Policies and Opportunities

Prepared by

Nairobi City County
Government (NCCG)



Wow Mom Kenya



Funded by

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LET'S MAKE **NAIROBI** WORK

Acknowledgements

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Our collective hope is that these findings will serve as a catalyst for meaningful change, informing policies, strengthening systems, and advancing inclusive investments that recognise, support, and sustain care work across Nairobi City County.

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Foreword: Hon. Rosemary Kariuki



For too long, care has been invisible. It has been framed as a private, feminine virtue rather than the public, economic engine that it is. Every day in Nairobi, millions of hours of unpaid care work raising children, supporting older persons, caring for family members with disabilities keep our city functioning. Yet, this work is rarely counted, costed, or reflected in our budgets, our planning, or our political priorities.

This Nairobi State of Care Report 2026 marks a deliberate departure from that silence. Produced by the Nairobi City County Government (NCCG) in partnership with Wow Mom Kenya and with generous support from Metropolis, this assessment is the first high-level, evidence-based diagnosis of our city's care ecosystem. It examines policies, funding streams, service infrastructure, and institutional capacities not as academic exercises, but as practical levers for transformation.

The findings are sobering but not surprising. Nairobi's care landscape is active yet deeply fragmented. Essential services for children, older persons, persons with disabilities, and caregivers exist, but coverage is uneven, quality is inconsistent, and coordination across departments and actors is weak. Less than half of county departments have a dedicated budget line for care. Most policies remain partially implemented or stalled entirely. And while political goodwill exists, it has not yet translated into predictable financing, clear institutional mandates, or systematic capacity building.

However, this report is not merely a catalogue of gaps. It is a roadmap. Across these pages, our county officials and civil society stakeholders have identified clear opportunities: establishing a formal Care Technical Working Group, developing a five-year Care Mainstreaming Strategy, investing in caregiver training and certification, strengthening care budget lines, and embedding care into our County Integrated Development Plan and Annual Development Plans. The voices of caregivers, paid and unpaid, are present throughout, reminding us that behind every statistic is a person.

As the Executive Member in charge of Gender and Inclusivity, I am committed to ensuring that this report does not sit on a shelf. The Nairobi City County Government has already begun acting on these recommendations. We are strengthening inter-departmental coordination, engaging with our diverse care partners, and advocating for a dedicated care budget. But this work cannot be ours alone. It requires a whole-of-government and whole-of-society approach every department, every partner, every citizen recognising that care is infrastructure, care is economic policy, and care is a public good.

I invite you to read this report not as a final word, but as a foundation. A foundation for dialogue, for investment, and for a Nairobi where no caregiver is left behind, no older person is isolated, no child is unsafe, and no person with disability is excluded.

Together, we can build a city that cares.



Hon. Rosemary Kariuki

County Executive Committee Member

Inclusivity, Public Participation and Customer Service

Nairobi City County Government

Foreword: Peninah Ndegwa



Care makes everything possible.

Every day across Nairobi, thousands of women wake before dawn to prepare children for school, support elderly family members, care for persons with disabilities, manage households, and still show up to work, trade, and build our economy.

Yet for far too long, care has remained invisible in our planning systems, undervalued in our budgets, and carried disproportionately by women and communities with limited support.

Through our experience implementing daycare services in market centers across Nairobi, we have witnessed firsthand the transformative power of investing in care. We have seen women traders extend their working hours with peace of mind knowing their children are safe and nurtured nearby. We have seen increased productivity, improved dignity for caregivers, stronger community trust, and healthier child development outcomes. We have also seen how childcare is not merely a social intervention, but an economic enabler that strengthens livelihoods, local markets, and urban resilience.

These experiences have reinforced one critical lesson: care is not a private issue. Care is a public infrastructure. Care is an economic infrastructure. Care is a social infrastructure.

This Nairobi State of Care Report highlights that care is diverse, interconnected, and multi-actor. Addressing care challenges requires collaboration across government departments, communities, private sector actors, development partners, caregivers, and civil societies. No single institution can respond to care needs alone. Strong coordination is therefore essential.

The establishment and strengthening of the Care Sector Technical Working Group represents a critical milestone for Nairobi. The TWG provides an important platform for aligning evidence, policy, planning, financing, implementation, and accountability across sectors and actors. It creates the foundation needed to move care from isolated pilot initiatives toward a coordinated county-wide system that is sustainable, inclusive, and responsive to the realities of Nairobi residents.

Our shared vision is ambitious but necessary: By 2030, Nairobi will be a city where care is recognized, planned for, funded, and delivered as a core public service essential for economic growth, gender equality, productivity, and social wellbeing. Care will no longer be invisible, informal, or donor-dependent, but fully integrated into county systems and budgets.

Achieving this vision will require bold political leadership, deliberate policy action, and sustained public investment. Care must no longer remain invisible or peripheral to development; it must be fully integrated into county planning, backed by dedicated budget allocations, strengthened through policy and regulation, and driven by partnerships that place caregivers and care recipients at the center of urban development.

This report not only highlights the challenges before us, but also presents a clear pathway toward solutions and collective action.

As Nairobi looks toward the future, we must recognize that care is the foundation upon which inclusive, productive, and resilient cities are built. When a city intentionally plans for, funds, and values care, it unlocks dignity, opportunity, wellbeing, and prosperity for all.



Peninah Ndegwa
Founder and CEO
Wow Mom Kenya

List of Acronyms

ACK	Anglican Church of Kenya
ADOK	Anglican Diocese of Thika
ADP	Annual Development Plan
AMREF	African Medical and Research Foundation
APDK	Association for the Physically Disabled of Kenya
APHRC	African Population and Health Research Center
CBOs	Community-Based Organizations
CDTD	Centre for Domestic Training and Development
CIDP	County Integrated Development Plan
COVAW	Coalition on Violence Against Women
CSOs	Civil Society Organizations
ECD	Early Childhood Development
ECDE	Early Childhood Development and Education
FGDs	Focus Group Discussions
GBV	Gender-Based Violence
GDP	Gross Domestic Product
HIV	Human Immuno-Deficiency Syndrome
HMAA	House Managers Agencies Association
HSA	Household Satellite Account
ICRW	International Center for Research on Women
IECD	Integrated Early Childhood Development
ILO	International Labour Organization
KCHS	Kenya Continuous Household Survey
KEHPCA	Kenya Hospices and Palliative Care Association

KNBS	Kenya National Bureau of Statistics
LWF	Lutheran World Federation
MCAS	Members of County Assembly
MoUs	Memorandum of Understanding
NCCG	Nairobi City County Government
NCDs	Noncommunicable Diseases
NCPWD	National Council for Persons with Disabilities
NCRIS	Nairobi City County Refugee Integration and Community Building Strategy
NGEC	National Gender and Equality Commission
NHIF	National Hospital Insurance Fund
NITA	National Industrial Training Authority
PPPs	Public–Private Partnerships
PWDs	Persons with Disabilities
SDG	Standard Development Goals
SHIF	Social Health Insurance Fund
TVET	Technical and Vocational Education and Training
TWGs	Technical Working Groups
UDCW	Unpaid Domestic and Care Work
WDF	Ward Development Fund

Executive Summary

This high-level State of Care Assessment, conducted under the project “*Mainstreaming Care: Strengthening Nairobi City County Government’s Capacity to Enhance Care Services through Increased Budgets and Policy Implementation*,” was carried out by the Nairobi City County Government (NCCG) in partnership with Wow Mom Ltd, with support from Metropolis. The assessment presents the first high-level evidence base on Nairobi’s care ecosystem, including its policies, funding, infrastructure, and institutional capacity to strengthen the city’s ability to recognize care as a public good and a driver of equitable economic development.

The study, conducted in 2025, adopted a mixed-methods approach combining structured surveys, key informant interviews, focus group discussions, and a comprehensive review of policies and existing literature. Respondents included senior county officials and a diverse range of care-sector actors from civil society organisations, NGOs, academic institutions, caregivers, private childcare and health providers, and groups working with migrant and refugee communities.

Nationally, unpaid domestic and care work (UDCW) is valued at KSh 2.54 trillion, equivalent to 23.1% of Kenya’s GDP. In Nairobi, the gendered care gap is pronounced, with women spending more than five times as much time on care tasks as men, creating a "time tax" that limits their labour market participation and productivity. This work forms the invisible backbone of Nairobi’s social and economic life, yet it remains unacknowledged in formal economic planning. Current planning often treats care only "by proxy". While the Nairobi County Integrated Development Plan (CIDP) 2023-2027 includes health facility upgrades, water projects, and education expansion, these are implemented as standard sectoral outputs rather than being framed as care-responsive investments.

The assessment finds that Nairobi’s care ecosystem is active but highly fragmented. Essential services such as childcare, disability care, eldercare, rehabilitation, GBV response, and support for caregivers, are available but uneven in quality and reach. More than 60% of both county officials and stakeholders rated care service coverage as inadequate or very inadequate. Children under five, persons with disabilities, older persons, and those with chronic illnesses, informal workers, migrants and refugees, and unpaid caregivers’ older persons, persons with disabilities, chronically ill individuals, remain the most adversely affected by gaps in formal care provision.

The assessment also reveals persistent structural barriers across the system, including insufficient and poorly equipped care facilities, limited accessibility and inclusivity, a shortage of trained caregivers, high costs of private care services, and widespread stigma that continues to marginalize older persons and people with disabilities. Although awareness of care-related policies is relatively high, implementation is limited, with care responsibilities scattered across multiple departments (eg health, social services, gender, education, trade) without clear mandates or central coordination. Fewer than 10% of county departments have a dedicated budget line for care, and delayed disbursements/redirection of funds further constrain service delivery.

The capacity assessment shows strong experience among county officials, especially in community engagement but significant gaps remain in the technical, analytical, and institutional skills required to mainstream care across county systems. Departments reported limited competencies in planning and budgeting for care, monitoring and evaluation, data management, evidence-based decision-making, and policy implementation, with many still relying on manual reporting systems and lacking standardised tools for tracking care outcomes. Critical shortages also exist in specialised caregiving skills such as counselling, trauma management, disability

inclusion (including sign language and Braille), psychosocial support, and early childhood care. Stakeholders echoed these findings, noting that the County lacks a deep understanding of the care economy as a strategic development issue and highlighted further needs in gender-responsive budgeting, resource mobilisation, coordination, leadership, and advocacy.

Despite these constraints, the assessment highlights major opportunities for reform. There is strong political interest in strengthening care, and Nairobi County benefits from a network of organisations and non-state actors already providing or supporting care services, including those focused on disability, chronic illness, childcare, domestic work, eldercare, and migration. Many of these actors expressed readiness to partner with NCCG on training, joint programmes, data sharing, and policy implementation.

The assessment recommends establishing a formal Care Technical Working Group, developing a 5-year Care Mainstreaming Strategy, formalising inter-departmental coordination, introducing standardised caregiver training and certification, and investing in data systems, mapping tools, and upgrading facilities as well as care responsive-designs. A core priority must be the introduction of budget tagging or dedicated care budget lines to make care investments visible and traceable across all sectors. It further calls for the domestication of the National Care Policy and embedding care into its formal planning and budgeting instruments (eg CIDP) alongside comprehensive capacity-building for county officials across all areas of care. Together, these measures provide a structured pathway for Nairobi to embed care within its planning, budgeting, service delivery, and governance frameworks.

With targeted investments, coordinated governance structures, and sustained capacity strengthening, Nairobi City County can transform care into a fully recognised public good, one that unlocks productivity, promotes gender equality, enhances social well-being, and supports vulnerable groups across the city.

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1.0. Introduction

1.1. Why a high-level Care Assessment for Nairobi?

As Kenya’s capital and economic engine, Nairobi City County plays a major role in influencing national policy and social development trends. Yet behind the city’s fast-paced dynamism lies an often-invisible infrastructure that sustains its economy and social life every day: **care work**. From mothers carrying their babies on their backs while vending in bustling markets, to others leaving children in informal and often unsafe daycares, to youth tending to aging parents or community volunteers supporting persons with disabilities - care is the unacknowledged infrastructure that keeps Nairobi running.

Home to over 5 million people, Nairobi’s changing demographic structure has created an urgent demand for care services that support children, older persons, persons with disabilities and individuals managing chronic illnesses. Nearly half of Nairobi’s residents (49%) are within the productive age bracket of 24-35 years, a generation balancing income generation with rising unpaid care demands. This demographic pressure, coupled with limited formal care systems, has pushed households (especially women-led ones) to absorb the care burden alone, often at the expense of their livelihoods and aspirations.

1.2. The National Context

Kenya has formally begun recognizing care as a vital part of its economic and social infrastructure. The release of the “Economic Value of Unpaid Domestic and Care Work in Kenya” (2025) report by the Kenya National

Bureau of Statistics (KNBS), presents the first-ever Household Satellite Account (HSA) for quantifying and valuing unpaid domestic and care work (UDCW) across the country, using data from the 2021 Kenya Continuous Household Survey (KCHS) and its Time Use module.

The findings are groundbreaking:

- A total of **30.7 billion hours** was spent on unpaid domestic and care work in 2021, with women spending 25.8 billion hours compared to 4.8 billion hours by men. This shows that **women allocate more than five times of their time on unpaid** domestic and care work compared to men.
- The Gross Value Added (GVA) of unpaid domestic and care work was valued at **KSh 2.54 trillion in 2021**, equivalent to **23.1% of Kenya’s GDP**.
- Including intermediate consumption, the total output of unpaid care work reached **KSh 4.99 trillion**, representing **27.2% of total national output**.

This valuation underscores that care work, though unpaid and often invisible, is an economic pillar comparable to Kenya’s largest formal sectors. Yet, formal recognition or targeted public investment, this massive volume of unpaid labour continues to be a burden severely limiting women’s economic participation, suppressing their lifetime earnings, and leaving them with significantly lower social protection coverage compared to men.

The report’s recommendations call for investment in public care infrastructure,

gender-responsive labour and social protection policies, and redistribution of unpaid work between men and women to enable equitable participation in the labour market.

1.3. Local Realities in Nairobi

In Nairobi, where informal work dominates the employment sector, the gendered care gap is even more pronounced. Women working in informal markets, domestic work, or microenterprises often lack social protection, paid maternity leave, healthcare, and childcare options. Their economic vulnerability is compounded by the expectation that they will absorb and manage household shocks. Research shows that when crises occur eg. illness, job loss, eviction, flooding, or price surges, women are the ones who shoulder the responsibility of helping their households recover. They are expected to rebuild income sources, reorganize care arrangements, take on additional unpaid work, and ensure that children, older persons, and those with chronic illnesses remain supported.

Decades of underinvestment in care systems and policies (from childcare facilities and elder care to inclusive workplace protections) have left millions without adequate support. As the International Labour Organization (ILO 2019b) notes, this underinvestment carries measurable penalties for caregivers, especially mothers, leading to persistent income inequality and lost leadership opportunities. Additional livelihood research reinforces this trend, showing that the wage gap consistently keeps women poorer than men because they are unable to pursue income-generating activities that match their skills or maximise their economic potential. Nairobi's social

and economic future therefore depends on recognizing that care is not charity or private obligation, it is productive work, a public good, and an essential pillar of social cohesion and economic growth.

This **high-level state of care assessment** was conceived as a strategic response to this reality-a first step in defining care as a public good and an economic driver. While national and county frameworks increasingly acknowledge the importance of care, most policies remain fragmented and unimplemented. Within Nairobi County, responsibilities are spread across multiple departments- Gender and Inclusivity, Social Services, Early Childhood Development and Education (ECDE), Public Health, Markets etc. each implementing isolated interventions with limited coordination.

Recognizing these systemic challenges, the Nairobi City County Government (NCCG) **Department of Gender and Inclusivity** initiated this Care Assessment as a foundational step toward mainstreaming care within county governance and planning. Supported by **Metropolis** and implemented in collaboration with Wow Mom Kenya, the assessment seeks to:

- Map existing care-related policies, programs, and budget allocations
- Assess technical capacities for care in the county
- Identify key gaps and opportunities for investment, collaboration, and reform
- Recommend pathways to mainstream care within county planning and budgeting systems.

1.4. Anchoring the Nairobi Care Sector in Policy and Legal Frameworks

Kenya's care ecosystem is anchored in international and regional commitments, including SDG 8 (Target 1.3), which mandates the implementation of nationally appropriate social protection systems for the poor and vulnerable, alongside ILO Conventions C189 and C190, which set global benchmarks for dignifying care work and ensuring decent working conditions, and the African Charter on Human and Peoples' Rights, which establishes the regional obligation to protect the health of all citizens while ensuring special protection for the aged and persons with disabilities.

While the Kenya National Care Policy remains in a draft format, a comprehensive framework already recognizes care as both a human right and an economic necessity.

National frameworks

- **Constitution of Kenya (2010)**- establishes the right to social protection (Articles 43 and 53), equality (Article 27), and obligations for the state to safeguard vulnerable populations.
- **Children Act (2022)**- mandates state and county governments to provide accessible, affordable, and quality childcare and early learning facilities.
- **Integrated Early Childhood Development (IECD) Policy**- promotes holistic child development and multi-sectoral child development through collaboration between health, education, and social sectors.
- **National Care Policy (draft, 2024)**- recognizes care as a public good and seeks to formalize unpaid care work,

strengthen care infrastructure, and promote gender-responsive budgeting for care services.

- **Employment Act (2012)**- Provides minimum standards for parental leave and workplace protections for caregivers.
- **Persons with Disabilities Act 2025 and the National Disability Policy 2024** - aims to create a more inclusive society through legal safeguards, incentives, and improved services.
- **Social Protection Policy and Programs (e.g., Inua Jamii, Cash transfers for PWDs and older persons)**- provide cash transfers and social safety nets that reduce unpaid care burdens among older persons and caregivers of vulnerable dependents.
- **National Action Plan on Business and Human Rights**- emphasizes the obligations of businesses to uphold labour rights under the Labor Act of 2007, ensuring gender equality, decent work, and social protection within the workplace
- **Refugee Act (2021)**, and **Shirika Plan** guarantee refugees' access to public care services, using integrated delivery as a primary driver for their social and economic inclusion.

County frameworks

- **Nairobi County Integrated Development Plan (CIDP 2023–2027)**- as the county's primary roadmap, it serves as the legal and financial "master plan" for all county operations. no public funds can be appropriated outside of a county's planning framework. This makes the CIDP the "gatekeeper" for care services- if care priorities are not

explicitly named and costed in the CIDP, they cannot receive a formal budget allocation during the annual budget cycle. Currently, it lacks an explicit care-economy lens

- **Nairobi County Childcare Facilities Act (2017) and Draft Regulations-** outline standards for the establishment and management of childcare centers.
- **Nairobi City County Child Protection and Safeguarding Policy (2022 – Draft)-** create a framework for protecting children within the county. Its key goals include improving reporting and response mechanisms for child abuse, ensuring safe spaces, and training child protection personnel.
- **The Nairobi City County Persons with Disabilities Act 2015-** promotes accessibility, inclusion, and disability-responsive service delivery.
- **Nairobi City County Gender & Inclusivity Sector Strategic Plan**

(2024-2034)- provides a ten-year roadmap to mainstream gender and inclusion into all county operations, explicitly identifying care work as a development and equity issue.

- **Draft Nairobi City County Older Persons Welfare Policy-** seeks to institutionalize care and social protection for aging populations within county systems.
- **The Nairobi City County Refugee Integration and Community Building Strategy (NCRIS) 2025-2030-** improved refugee access to social services as one of key county intended outcomes

Together, these instruments create a strong normative foundation for the care economy but remain fragmented in implementation and coordination across departments.

1.5. Alignment of the Policy Frameworks with the 5Rs of Care

Kenya’s evolving policy landscape reflects growing recognition of care as both a social and economic priority. The National Care Policy (Draft, 2024) and related national and county instruments increasingly align with the ILO 5R Framework for Decent Care Work, which calls on governments to **Recognize, Reduce, Redistribute, Reward, and Represent care work**. This framework provides a lens through which to assess how well Nairobi’s existing policies translate global principles into local systems, services, and investments. The table below summarizes the degree of alignment and the remaining gaps within Nairobi’s policy and institutional context.

Table 1: Alignment of Care Policy Framework with the 5R Strategy for Decent Care Work

5R Principle	Policy alignment and gaps
Recognize	Recognize aims at acknowledging that care work (both paid and unpaid) as productive labour essential to families, communities, and economic development. Care is explicitly acknowledged in the National Care Policy (2024, Draft) and referenced in the Nairobi Gender and Inclusivity Sector Plan (2024-2034). However, operational recognition through county budgets, data systems, and monitoring tools remains limited. Unpaid care work is still largely invisible in county statistics, performance frameworks and not explicit in the CIDP
Reduce	Reduce aims at minimizing the time, physical, and emotional demands of care work by increasing access to safe, quality and affordable care services. National and county social protection programs (e.g., Inua Jamii cash transfers, Older Persons and disability grants) help ease care burdens for vulnerable groups. Nonetheless, accessible, affordable childcare, eldercare, and disability-support infrastructure remain inadequate, particularly in informal settlements, limiting progress in reducing unpaid care time.
Redistribute	Redistribute aims at promoting equitable sharing of care responsibilities between the state, private sector, households, particularly increasing male and family involvement. Policy frameworks encourage shared responsibility for care between households, the state, and the private sector. Yet, practical mechanisms, such as workplace childcare centres, flexible work arrangements, paternity leave uptake, or employer incentives, are weakly institutionalized within Nairobi’s labour and urban policies.
Reward	Reward aims at valuing care work through fair wages, training, social protection, and recognition within public policy and budgeting frameworks. Labour laws provide basic protections under the Employment Act, but most paid care workers (domestic workers, daycare aides, home caregivers) remain informally employed, with low wages and limited access to social protection. Professionalization, certification, and recognition of care work as a skilled occupation remain critical gaps.
Represent	Represent aims at ensuring that caregivers (both paid and unpaid) meaningfully participate in shaping policies, services, and governance systems that affect their caregiving responsibilities. The policy landscape increasingly promotes participation and inclusion, particularly through gender and disability frameworks. However, representation of caregivers and care workers in policy design, social dialogue, and county decision-making is still limited.

2.0. Methodology

2.1. Research Design

The assessment applied a mixed-methods research methodology, combining quantitative data from structured surveys with qualitative insights from primary stakeholders to capture the status, gaps, and coordination mechanisms within the county's care landscape. Participants were purposively selected based on their strategic roles in shaping policy, coordinating services, and delivering care interventions across Nairobi County.

2.2. Data Collection Methods

To ensure depth and data triangulation, the study employed three primary data collection techniques:

(a) Structured questionnaires

The primary data was generated through two specialized survey instruments designed to capture perspectives from both sides of the care governance spectrum.

- **Questionnaire A (County Government Officials)** Surveyed 21 respondents representing key departments and sub-sectors within the Nairobi City County Government (NCCG). This tool captured data on departmental mandates, technical capacities, care-related activities, budgetary allocation and inter-departmental coordination.
- **Questionnaire B (Care Sector Stakeholders)** Surveyed 37 organizations including NGOs, CBOs, private sector, research institutions, and networks. The questionnaire explored

areas of engagement, services provided, institutional experience, and collaboration with government

(b) Focus Group Discussions (FGDs)

Qualitative context was gathered through thematic FGDs. Participants were clustered into specialized groups, including (i) *childcare and early learning*; (ii) *disability and palliative care*; (iii) *eldercare*; and (iv) *the rights of domestic and migrant workers* as well as (v) *Policy, academia, and research*. These discussions provided the "lived experience" context necessary to validate the quantitative findings.

(c) Key informant Interviews

Targeted interviews were held with selected senior officials and technical experts. These sessions served to clarify complex data gaps, validate preliminary findings, and ensure institutional accuracy.

2.3. Secondary Data Review

A targeted desk review complemented the primary data to situate findings within broader policy and institutional contexts. The review covered:

- **International and Regional Instruments-** Including SDG 8, ILO Conventions C189 and C190, and the African Charter on Human and Peoples' Rights.
- **National and County Policies** such as the Constitution of Kenya (2010), Children Act (2022), Nairobi County Gender and Inclusivity Strategic Plan (2024-2034), County Integrated

Development Plan (2023-2027), and the draft National Care Policy (2024).

- **Partner Reports and program data**, including baseline data from Wow Mom Kenya and related initiatives within the care economy.
- **Academic and global literature** on care systems, gendered unpaid care, and social protection frameworks to situate Nairobi's experience within broader care debates.

2.4. Ethical Considerations

All respondents provided informed consent. Anonymity and confidentiality are maintained for all sensitive data. Although quotes have been provided in verbatim, the data has been anonymised to remove any personal identifiable information. In other instances, the quotes have been paraphrased to protect the identity of the research participant.

2.5. Limitations

While the quantitative sample size offers strong institutional and sectoral representation, the findings are not statistically representative of all care providers or departments. The findings therefore serve as a high-level baseline to inform policy, planning, and technical capacity development.

3.0. Respondent Profiles

Government Officials	Stakeholder Organizations
<div data-bbox="233 315 674 375" style="background-color: #0070C0; color: white; padding: 5px; text-align: center;">21 GOVERNMENT OFFICIALS</div> <p>Gender distribution</p> <p>Of the 21 respondents, 61.9% identified as male and 38.1% as female</p> <div data-bbox="205 444 732 678"> <p style="text-align: center;">Gender</p> <p>Female 38% Male 62%</p> </div> <p>Seniority of Government Respondents</p> <p>Nearly half of the government participants hold senior management roles, ensuring the findings reflect strategic policy intent.</p> <div data-bbox="205 764 732 1019"> <p style="text-align: center;">Job titles</p> <p>Directors 29%</p> <p>Deputy/Assistant Directors</p> <p>Technical and Operational Officers...</p> </div> <p>Experience in Care-related work</p> <p>Respondents reported varied years of experience in their current roles, with 33.3% having served 1–3 years, 28.6% between 4–6 years, and 19% each with less than one year and seven years or more of experience...</p>	<div data-bbox="1094 315 1577 375" style="background-color: #0070C0; color: white; padding: 5px; text-align: center;">37 ORGANIZATIONS</div> <p>Departmental representation</p> <ul style="list-style-type: none"> ECD and Vocational training Gender & inclusivity Security enforcement & compliance Youth, Talent and Sport sub sector Vocational Training and Educational (TVET) Social services Administration Market and Trade Talent, Skills Development and Care Employee relations and welfare Disaster Management/innovation training and development Gender and Inclusivity Public Participation & citizenship engagement Talents, skills and development under the childcare section Medical Services Social Development State Department of Children Services (National Government) State Department for Gender (National Government) <p>Stakeholder Organizations</p> <div data-bbox="1094 402 1577 776" style="background-color: #e6f2ff; padding: 10px;"> <p style="text-align: center;">37 ORGANIZATIONS</p> <p>Different type of stakeholder organizations</p> <p style="text-align: center;">Type of Organization</p> <p>Private / Faith-based 3%</p> <p>Other (Social Enterprises etc) 55%</p> <p>NGOs 23%</p> <p>CBOs 19%</p> </div> <p>Stakeholders are involved in various care-related fields, including:</p> <div data-bbox="1094 846 1577 1138" style="background-color: #e6f2ff; padding: 10px;"> <p style="text-align: center;">Role in Care Sector</p> <p>Childcare... Policy... Older... Others Research Domestic... Refugee... PWD...</p> </div> <p>Experience in Care-related work</p> <p>Respondents held a wide range of leadership and technical positions, including Directors, Executive Directors, Program Officers, Project Coordinators, CEOs, Researchers, and Advocacy Leads. 35% have worked in the care sector for over 10 years. 16% each between 7–10 years and 3–5 years. 13.5% between 5–7 years. Only 5.4% have less than one year of experience.</p> <p>Organizations</p> <ul style="list-style-type: none"> Oxfam Kenya APHRC Pamoja Trust Youth Alive Kenya Plan International Kenya Uthabiti Africa The Action Foundation ECDE Network of Kenya Association for the Physically Disabled of Kenya (APDK) Karika Kenya Riziki Source Lavie Foundation Women for Dementia Africa National Gender and Equality Commission (NGEC) Lutheran World Federation (LWF) COVAW Women Challenged to Challenge United Disabled Persons of Kenya National Council for Persons with Disabilities (NCPWD) Mathare Older Persons Network Tiny Totos Kenya House Managers Agencies Association (HMAA) County Trackers Elderly Foundation International Center for Research on Women (ICRW) Autism Voice for Children World University Service of Canada Centre for Domestic Training and Development (CDTD) Hope on Feet Foundation Good Housekeeping Africa World of Kakuma Project Light for the World Children’s Sickle Cell Foundation Kidogo Caregivers Empowerment Network Kenya Mended Hearts Patients Association Kenya Hospices and Palliative Care Association Kariobangi Cheshire Home

LET’S MAKE **NAIROBI** WORK

4.0. Findings on Care Landscape in Nairobi

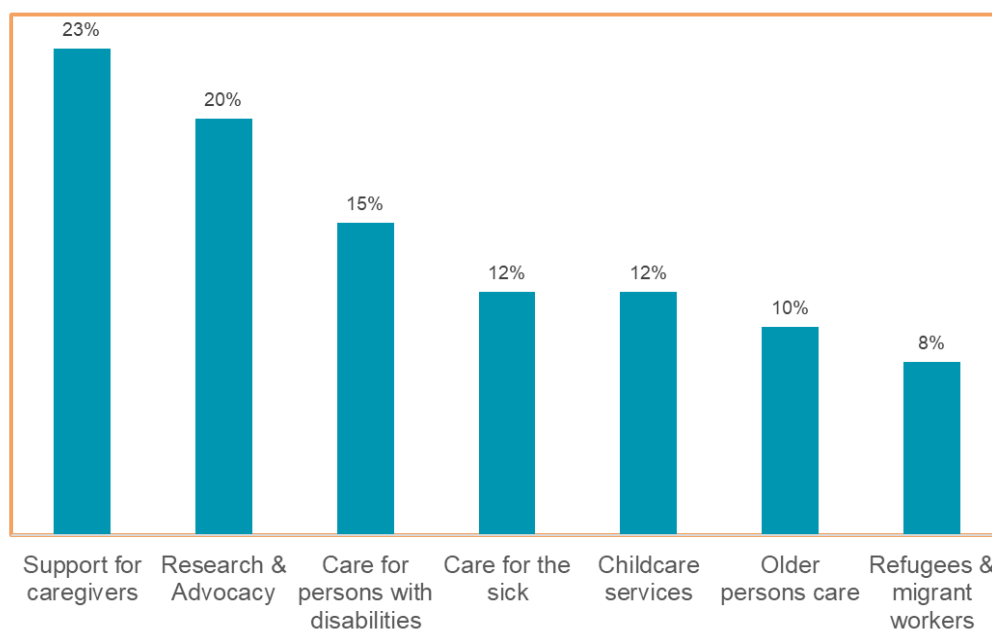
4.1. Overview of Services Provided

The care ecosystem in Nairobi is broad and multi-actor, encompassing childcare, disability care, eldercare, health and rehabilitation services, and support for caregivers. Both the Nairobi City County Government (NCCG) and non-state stakeholders play a part in delivering and enabling care, though their mandates differ substantially.

Among the 37 care-sector organizations surveyed, the data reveal the largest share of organizations (23%)

reported working directly on support for caregivers, through activities such as psychosocial counselling, training in caregiving skills, and advocacy for caregivers' rights and recognition. 20% of the organizations conduct research and policy advocacy on care economy reforms, awareness creation on unpaid care and gender equality, while 15 % focused on care for persons with disabilities, providing rehabilitation services, empowerment programs, and promoting inclusive participation within communities.

Care-related services provided by stakeholder organizations



Childcare services accounted for 12% of stakeholder interventions, typically provided through centre-based and home-based care models concentrated in low-income settlements such as Kibera, Mukuru, and Mathare. Eldercare was

another significant area of engagement (10%), with organizations delivering home-based and community support for older persons, often addressing gaps left by limited formal county services. Smaller yet vital segments of the care landscape included care

for the sick (12%), and services for refugees and migrant workers (8%), reflecting the city’s diverse population and complex social needs. Other forms of services include psychosocial support for survivors of gender-based violence.

Among the Nairobi City County Government (NCCG) departments surveyed, the most frequently reported care-related functions were childcare services (28.6%), care for persons with disabilities (19.1%), and care for older persons (9.5%). These reflect the county’s formal mandate in early childhood education, social welfare, and disability inclusion. For persons with disabilities, care delivery focuses on accessibility and empowerment, including the provision of assistive devices, ramps and inclusive infrastructure, segregated data systems, and forums for advocacy and participation. Departments also partner with the National Council for Persons with Disabilities (NCPWD) to facilitate tax exemptions, access to mobility aids, and targeted social protection programs. Eldercare and rehabilitation services are provided through county homes and outreach programs that support older persons and youth in rehabilitation. Some departments also manage rescue centres and children’s institutions, offering shelter, counselling, rehabilitation, and reintegration for children in conflict with the law or exposed to abuse. Other departments described engagement in gender-based violence (GBV) prevention and response, including the operation of shelters and counselling programs for survivors,

young mothers, and women in vocational training. Policy coordination and oversight

is also a key aspect of their work and therefore NCCG acts both as a direct service provider and as a coordinator of inclusive and gender-responsive care systems.

4.2. Facilities and Service Reach

Both government and non-state actors operate or support a range of care facilities across Nairobi. These include daycare centres, vocational rehabilitation centres, social halls, elderly homes, and gender-based violence (GBV) shelters, among others. County-run facilities are largely concentrated in urban sub-counties such as Dagoretti, Kasarani, Embakasi, and Westlands, whereas stakeholder organizations maintain a stronger community-level presence in informal settlements including Kibera, Mukuru, and Mathare. Facility reach varies widely—from small-scale shelters serving fewer than 50 individuals per month to large rehabilitation or health facilities reaching over 1,000 people monthly. A full list of care facilities and estimated monthly reach, is provided as Annex xx.

4.2.1 Adequacy and coverage of care services in Nairobi

Across both the Nairobi City County Government (NCCG) officials and care sector stakeholders, there is a strong consensus that the current coverage of care services in Nairobi is largely inadequate. Over 60% of all respondents rated the current level of coverage as either *inadequate* or *very inadequate*, indicating widespread concern about the county’s ability to meet the growing care needs of its population. A small proportion (under 10%) felt that services

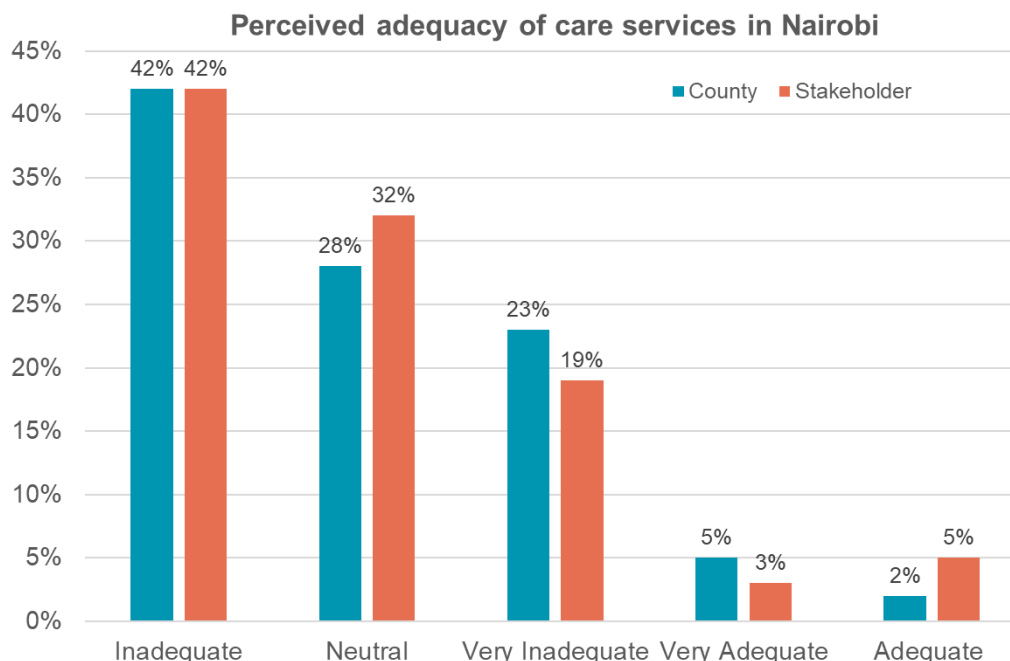
were adequate or very adequate, suggesting a shared perception that Nairobi's care systems are still far from meeting population needs.

The main reasons cited for the inadequacy of care services in Nairobi include the limited number and poor quality of care facilities, particularly for children, older persons, and persons with disabilities. Respondents also pointed to a shortage of skilled caregivers, which undermines service quality, and the high cost of private care, which places essential services out of reach for low-income families. Furthermore, weak policy and regulatory frameworks have led to poor coordination across sectors and the absence of clear service standards. Underfunding and low prioritization of care within county budgets continue to constrain progress, while the lack of comprehensive data and planning systems hampers evidence-based decision-making and resources.

“There is an attempt to address care services in Nairobi, but the county is not

yet at the stage of fully undertaking care work. For example, while service delivery in healthcare facilities is present, the County Government does not directly run facilities such as Nyumba ya Wazee, which is managed by the private sector, and the same applies to childcare centres. Significant gaps exist, particularly in terms of resource allocation, infrastructure, and accommodation, which remain low compared to the scale of need. Although Nairobi County is considered to have more resources than other counties, sometimes described as a “sub-county of Kenya”, the actual investments in care remain insufficient. Currently, there are some provisions such as a safe house in Kayole and Mji wa Huruma. However, the extent and adequacy of care services largely depend on the policy priorities and directives of the County Government.” ...County official

Chart 2: Perceived adequacy of care services in Nairobi



4.2.2 Key gaps in care service provision

Analysis of responses from both Nairobi City County departments and external stakeholders reveals consistent systemic and operational weaknesses within the care ecosystem. Different interrelated themes emerged from the analysis, cutting across infrastructure, financing, capacity, and governance. The table below summarizes the main thematic gaps as perceived by both county officials and stakeholders

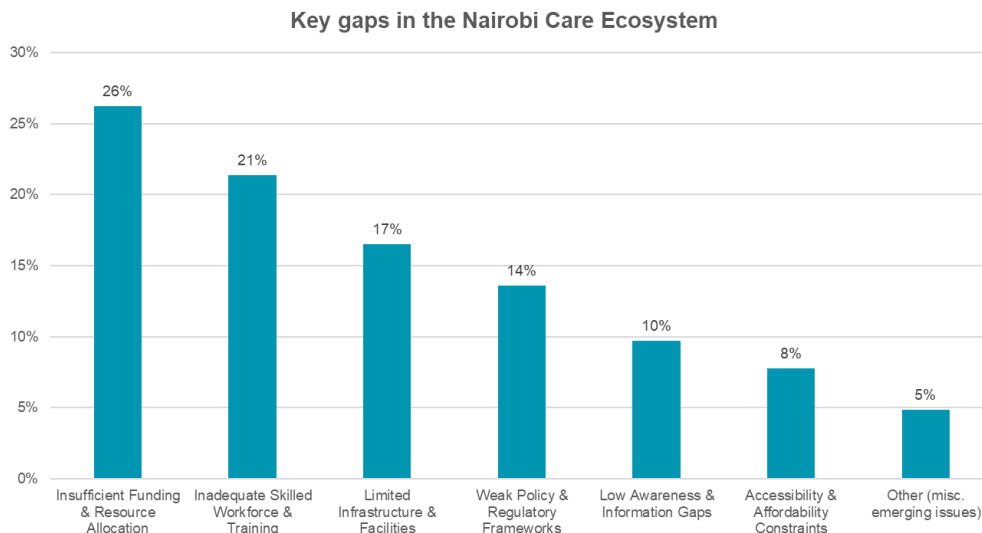
Gap	Description
Limited infrastructure and facilities	Few, poorly equipped, or inaccessible care facilities; lack of age/disability-friendly spaces and inadequate medical or childcare centres.
Insufficient funding and	Chronic underfunding and low prioritization of care within county budgets, compounded by

resource allocation	delayed disbursements and limited resources (supplies), dependence on donors.
Inadequate skilled workforce and training	Shortage of trained caregivers, lack of continuous professional development, especially in specialized care (e.g., disability and dementia care). poor remuneration, and informality of the care economy.
Weak policy and regulatory frameworks	Absence or non-implementation of care policies; limited enforcement and coordination; fragmented institutional mandates. There is a total lack of public provision for childcare for children aged 0-3 years. Private childcare services currently have no registration requirements, zoning regulations, or mandated pupil-

	teacher ratios, leading to "deplorable" environments in some informal settlements.
Low awareness	-Advocacy groups/actions and sensitization, mainstreaming of care rights are limited across the county. - Many communities remain unaware of available care services; unpaid and informal care work (largely performed by women) continues to be undervalued, care givers not familiar with legal redress mechanisms.
Accessibility and	Unequal geographical distribution of care facilities and

affordability Constraints	high service costs limiting access for low-income and vulnerable groups.
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In addition, several emerging concerns were highlighted by respondents. These include the growing issue of **psychosocial and mental health strain among caregivers**, who face emotional exhaustion and stress due to heavy workloads and the absence of support systems for their own well-being. A related concern is the decline in quality and standards, with many care services operating informally or without clear supervision, resulting in inconsistent service delivery. Finally, coordination and institutional inefficiencies eg. fragmented mandates, duplication of efforts, and bureaucratic delays, were cited as critical gaps to an effective care system in Nairobi.



4.2.3 Populations most affected by inadequate care services

The majority of respondents (49%) identified children under five years as the population group most affected by

inadequate care services in Nairobi. This finding underscores the acute shortage of affordable and quality childcare, particularly in informal settlements where many parents lack safe spaces to leave their children while working. Older persons and persons with disabilities were also frequently cited, reflecting systemic neglect, poor

accessibility, and inadequate infrastructure to support their daily needs. Additionally, respondents emphasized that persons living with chronic illnesses often face challenges in accessing consistent and specialized care.

The “Other” category revealed emerging and often overlooked groups. These included men, particularly those struggling with mental health challenges and lacking dedicated support mechanisms; young mothers and female employees, who struggle with the absence of workplace childcare and lactation facilities; adolescents and street-connected children, who face heightened vulnerability due to weak rehabilitation and psychosocial support systems; and people living in informal settlements, who endure the compounded effects of poverty, overcrowding, and service exclusion.

Impact of inadequate care services on vulnerable groups

For children under five years respondents emphasized that poor-quality or inaccessible childcare exposes children to neglect, malnutrition, unsafe environments, and delayed developmental milestones. Many noted that informal daycares are overcrowded, unregulated, and run by untrained caregivers, leading to substandard care. In low-income areas, mothers are often forced to bring children to work or leave them in unsafe conditions due to the lack of affordable childcare, undermining both child wellbeing and women’s economic participation.

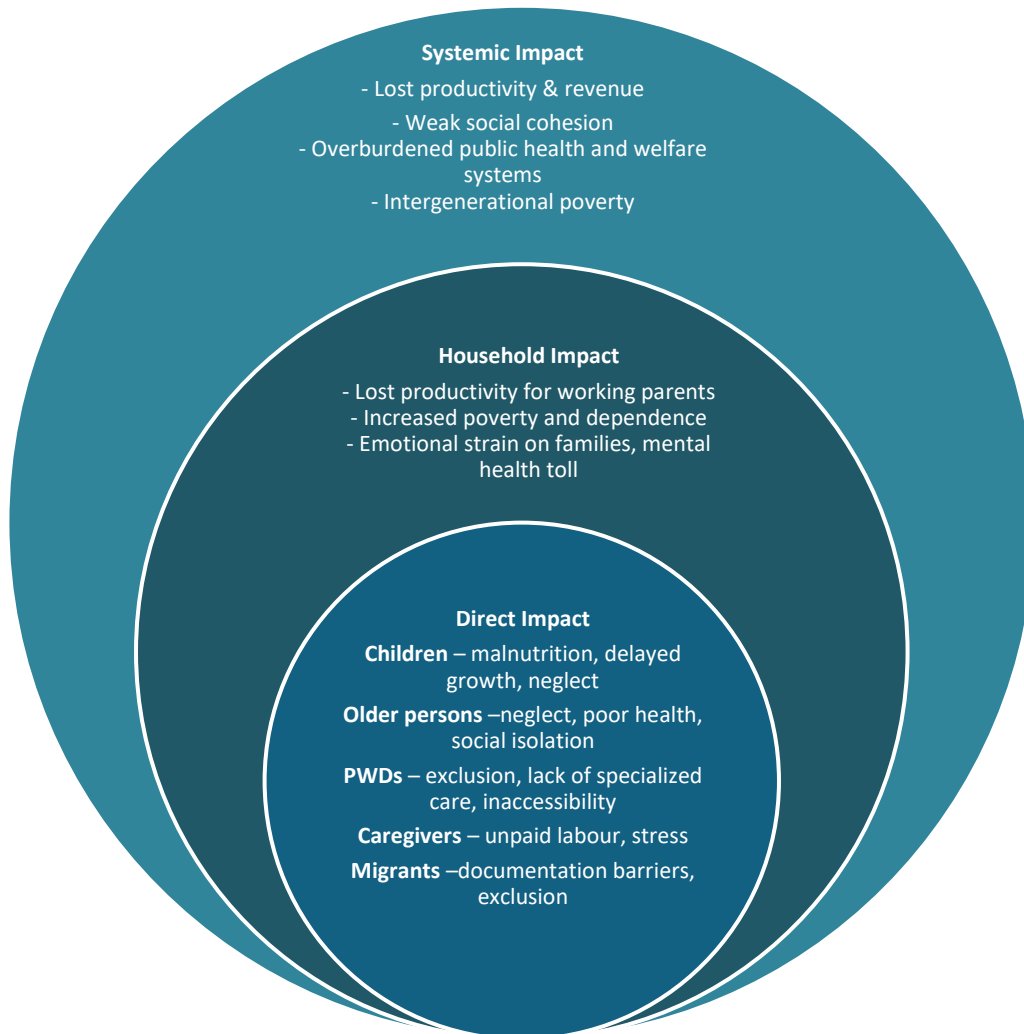
There is a total lack of public provision for childcare for children aged 0-3 years. This forces women to rely on unregulated, informal centers or leave the workforce entirely.

Older persons were said to experience neglect, social isolation, and limited access to age-friendly healthcare. Respondents noted the absence of geriatric services in Nairobi and highlighted how older people in informal settlements struggle with poverty, poor health, and lack of assistive devices such as walking aids or adult diapers. The absence of targeted policy frameworks for the elderly leaves them dependent on overstretched family or community support,

while stigma and discrimination further reduce their visibility in public programs.

Persons with disabilities (PWDs) were described as facing physical

from education, employment, and public life due to structural Caregivers, especially women and domestic workers, bear the hidden cost of inadequate care systems.



inaccessibility, stigma, and discrimination. Most public infrastructure and social facilities were reported as non-inclusive, making it difficult for PWDs to move freely or access essential services. Caregivers often lack the training or resources to provide specialized support, resulting in neglect or confinement of PWDs in homes. Some respondents noted that PWDs are disproportionately excluded

Many work long hours without recognition, protection, or compensation, and lack self-care programs or psychosocial support. Their inability to balance paid work and unpaid caregiving duties limits economic advancement and contributes to burnout.

Persons ailing from NCDs, migrants, and refugees were also noted as at risk. Chronic illness patients face high treatment costs and limited health coverage, while refugees and

migrants are often excluded from county programs due to lack of documentation, leading to poor access to health, social, and housing services.

Respondents also highlighted intersectional vulnerabilities, noting that people living in informal settlements, street families, and neurodiverse children experience multiple overlapping barriers, including poverty, stigma, and exclusion from both public and private care systems.

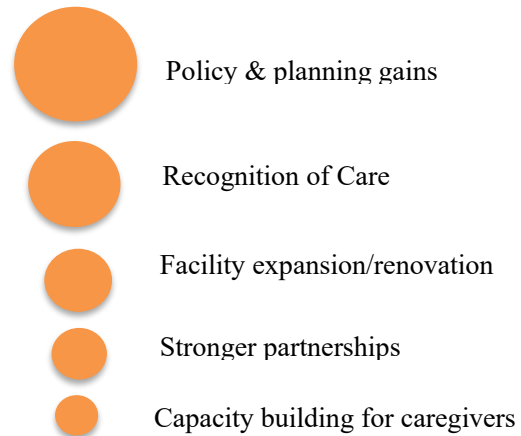
4.3. Progress in Care Service Provision (Areas of Improvement in the Last 3 Years)

Across both stakeholder and county official groups, there is a shared sense that Nairobi's care ecosystem has transitioned from a period of invisibility to one of tangible, albeit uneven, progress.

Visibility and human rights advocacy-there is a growing, organized advocacy and public awareness rights of informal caregivers, better pay, decent jobs, and robust worker rights for both formal and informal caregivers. This includes a push for regulatory reforms and speedy government action against perpetrators of rights violations within the sector.

Sectoral advancements in childcare and ECD -stakeholders most frequently pointed to childcare and early childhood development (ECD) as the sector showing the clearest gains, including expansion of ECD programs, greater visibility of childcare workers, professional training of nannies and domestic workers, and new facilities in

Recent gains in Nairobi's Care Sector (last 3 years)



public markets supported by initiatives such as Wow Mom. Some cited the establishment of facilities for older persons (e.g., Mji wa Huruma, respite centres in Karen) and inclusive infrastructure for persons with disabilities as emerging good practices.

Institutional and policy reforms -from the county's perspective, officials echoed many of these developments while highlighting structural and institutional achievements such as new policy reforms (Children Act 2022, Social Protection Bill, Older Persons Bill and updates to the Disability Act), modestly improved budgeting and partnerships, and the rollout of community-level health and social care initiatives. The expansion of Community Health Promoters (CHPs), improvements in GBV protection services, and efforts to integrate care spaces

into new markets and public institutions were cited as concrete advances.

4.4. Key Challenges in Delivering Care Services

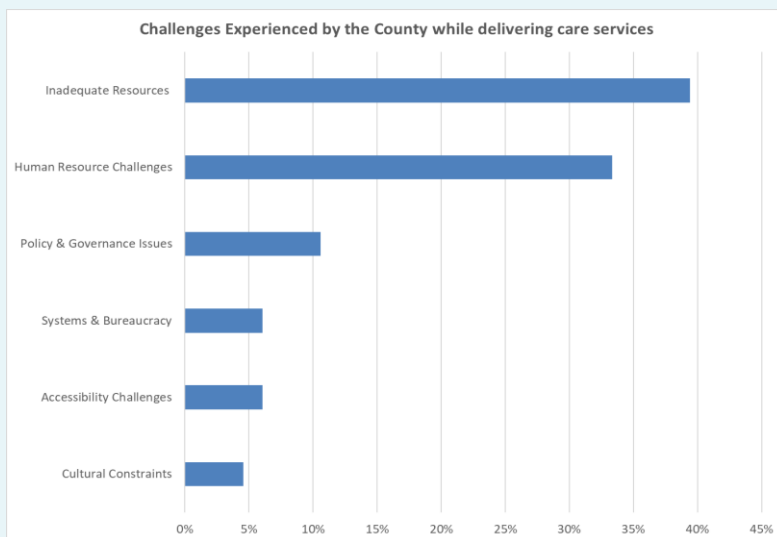
Findings from both Nairobi City County Government (NCCG) departments and care-sector stakeholders highlight deep structural and operational barriers that constrain the effectiveness, quality, and

inclusiveness of care service delivery. While county departments face institutional and financing bottlenecks, non-state actors encounter challenges related to funding, coordination, policy fragmentation and data unavailability. Together, these reveal an ecosystem that is active but under-resourced, under-coordinated, and undervalued.

NCCG challenges

County officials identified a set of interlinked challenges undermining the effective delivery of care services in Nairobi. The most frequently cited barriers revolve around limited and inconsistent funding, staffing constraints, and weak institutional frameworks.

- Departments noted that while care services are increasingly recognized as essential, they remain



underfunded and often deprioritized in county planning and budgeting cycles. *Delayed fund disbursements* and bureaucratic bottlenecks further impede timely implementation of planned activities.

- Respondents repeatedly mentioned **low political goodwill** and while discussions on care are increasing, they rarely translate into tangible actions, budget lines, or follow-through. *Bureaucratic procedures* and lengthy approval

processes were also identified as barriers, with some departments citing delays in policy adoption, procurement, or fund release. This underfunding affects critical areas such as feeding programs, transportation for older persons and persons with disabilities, and maintenance of childcare centres.

- Many departments also face **acute staff shortages and limited technical skills** among existing personnel. Respondents emphasized that most departments operate with only a handful of officers, forcing them to cover large areas or manage multiple functions simultaneously. In addition, training opportunities are scarce, and there is no standardized curriculum or certification pathway for professional caregivers.

- Departments managing public spaces, markets, and childcare centres reported **inadequate and outdated infrastructure**. Many market facilities were built before independence and are ill-suited to accommodate childcare, breastfeeding areas, or disability-friendly designs. **Limited transportation resources** (eg vehicles and fuel) also restrict the ability of officers to conduct outreach/oversight, respond to emergencies, or support mobility for older persons and persons with disabilities.

“Inadequate Budget allocation Lack of capacity building of caregivers and officers. There is a need for regular training to meet the upcoming needs. Lack of facilities for case management for older persons, PWD.”

- Several departments highlighted community-related challenges, including **low public awareness, cultural resistance, and stigma surrounding care work**. GBV survivors, PWDs, and older persons often face discrimination, while caregivers themselves struggle with burnout and lack of psychosocial support. In emergency response contexts, officers also face hostility or mistrust from communities, especially during crisis situations. Furthermore, uncoordinated efforts among agencies result in duplication of activities and weakened accountability.

Challenges faced by Care Sector Stakeholders

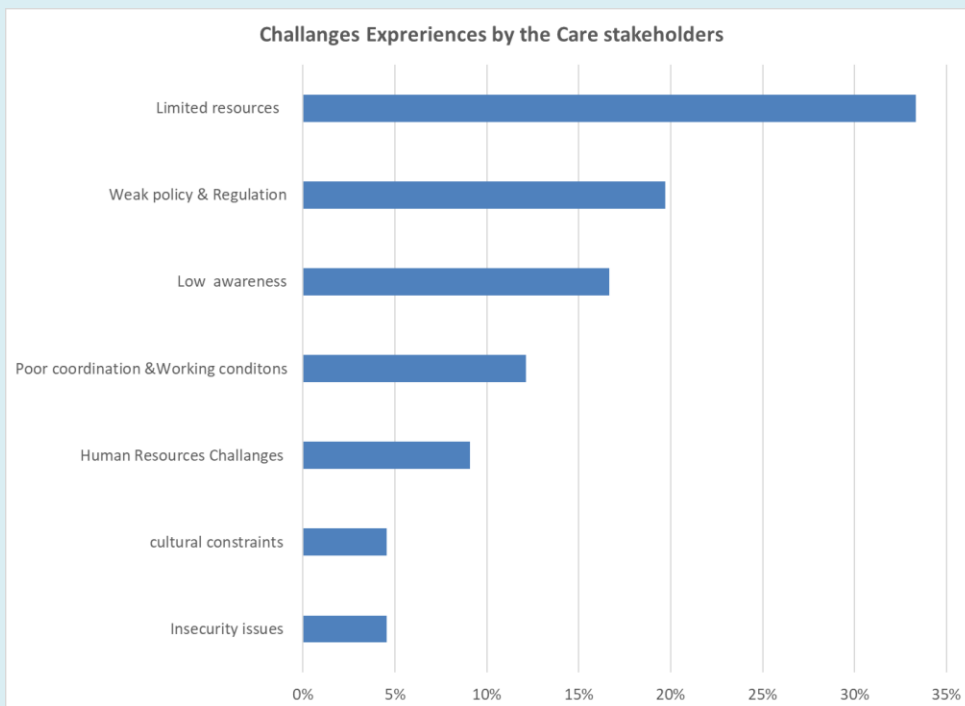
- Many organizations operate with **limited resources** and are unable to expand their services or maintain consistency due to financial instability and overreliance on donor funding. Many organizations reported struggling to sustain operations, pay staff, or procure essential care supplies such as diapers, assistive devices, and medicines. Stakeholders emphasized that the absence of dedicated public funding for care, coupled with dependence on donor support, limits service continuity and expansion.

“One of the biggest challenges we face is the lack of funding to train caregivers. Developing a proper syllabus is also very difficult, especially when working with TVET. At times, officials even demand bribes, which makes the process more complicated. If the system were more transparent and supportive, it would be easier to develop and push for these models of care....”

- Equally critical are the **policy and regulatory gaps**, with respondents pointing to the absence of standardized frameworks for childcare, domestic work, and elder care. Weak enforcement of existing policies has led to poor regulation, ambiguity around licensing, informality, and limited protection for caregivers and recipients alike. Several participants also cited bureaucratic

hurdles, corruption, and fragmented systems that discourage compliance or investment in the care sector.

- Stakeholders further emphasized **workforce challenges, including the shortage of trained caregivers, lack of standardized curricula, and high burnout due to poor remuneration** and emotional stress. These human resource deficits are compounded by limited infrastructure, particularly in informal settlements where care facilities are scarce, overcrowded, and inaccessible to persons with disabilities.
- The care sector remains **highly fragmented, with limited coordination** among actors and overlapping roles between national and county agencies. Respondents emphasized poor communication and lack of shared data on existing care services, which makes planning and referrals difficult.
- **Physical and social environments** also present significant barriers. Many facilities face inadequate space, particularly in informal settlements such as Mukuru and Mathare, where safe, child-friendly, and accessible infrastructure is limited. Respondents reported insecurity, especially during periods of unrest,
- Lastly, **social and cultural barriers** such as the gendered perception of care as “women’s work” continue to shape attitudes toward care work and hinder recognition of its economic value. There is also **low public awareness** about care rights and available services, particularly among low-income households and persistent social stigma against caregivers and care recipients—especially persons with disabilities and older persons.



4.5. Opportunities for Strengthening Care Provision in Nairobi County

Despite the significant challenges identified, both Nairobi City County Government (NCCG) departments and

1. Policy, legal, and regulatory strengthening

Many respondents identified a strong opportunity to translate the emerging policy environment into enforceable county actions. With the National Care Policy, (draft) Nairobi can align its county-level legislation to formalize care as a public good. There is also a push for better legislation at the county level, clearer regulation of domestic work, standardization of care licensing, and ratification of ILO Conventions 189 and 190. Policy harmonization (between county departments and national frameworks) would reduce duplication and ensure care is fully integrated in the CIDP and Annual development plans.

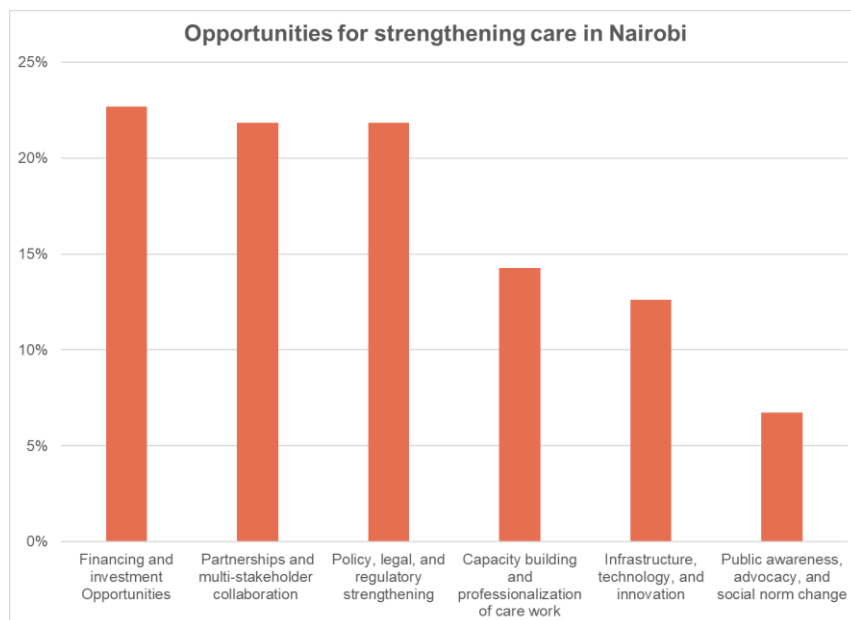
“...CIDP gives an opportunity to offer care. Care discussions poses as an opportunity to align within Nairobi. Expanding of stake holders within the care economy. Gender sector working group strategic space to mainstream care. Capacity on community dialogues, policy influencing investing on actual infrastructure.”

An opportunity is also presented in linking care giving and the National Action Plan on Business and Human Rights creates a ripe foundation for advancing care giver’s rights, mainstreaming care in national and

care-sector stakeholders recognize that momentum for care reform is growing. National and county policy shifts, ongoing public discourse on the care economy, and strong stakeholder engagement have created a strategic window of opportunity to institutionalize care as a social and economic priority in Nairobi

county systems, while providing leverage for access to care funding from international/development partners.

2. Partnerships and multi-stakeholder collaboration



Both county and stakeholder groups emphasized the need to deepen partnerships across government, private sector, CBOs, CSOs, and international agencies. Such collaborations could enable resource sharing, cost-sharing, and innovation in service delivery. Respondents proposed public-private partnerships (PPPs) and community-driven care models as mechanisms to extend reach and sustainability.

3. Infrastructure, technology, and innovation

Respondents cited opportunities to improve physical and digital infrastructure for care. Several mentioned the expansion of care facilities to create more jobs, and the availability of space in vocational centres for training. Others called for improved infrastructure in daycare and home-based care centres and utilizing idle county land to set up facilities for older persons. There were also proposals for technology integration in data collection and management, as data is collected but not shared to make informed decisions. Some respondents highlighted opportunities to invest in AI-backed digital governance in the management and operations of care systems.

4. Financing and investment opportunities

Several respondents highlighted the need for deliberate funding and financial inclusion to support care delivery. Stakeholders proposed budget integration in the Annual Development Plan (ADP) and County Integrated Development Plan (CIDP) to ensure implementation and proper budget allocation with enough resources to help the sub-sector undertake its mandate. Participants also identified opportunities to **create a conducive environment for the private sector to offer childcare, including offering incentives such as reduced licence fees and collaboration for cost-sharing during activities.**

There were also suggestions to lobby for increased budgetary allocation and engage Members of County Assembly (MCAs) to secure additional funding. Respondents mentioned that financial inclusion

mechanisms such as SACCOs for childcare workers could empower caregivers, while partnership with private organizations for better funding and expertise could help sustain existing care facilities.

5. Capacity building and professionalization of care work

Expanding training and certification programs for caregivers was repeatedly identified as a transformative opportunity. County vocational training centres and TVET institutions can be leveraged to train, certify, and professionalize care providers. Developing a national or county curriculum on caregiving would raise quality and credibility across the sector. Capacity-building efforts could also extend to policy implementation officers, CHPs, and domestic workers, linking training to employment pathways.

6. Public awareness, advocacy, and social norm change

Many participants saw awareness creation as central to transforming how care is valued. Many emphasized community dialogues, awareness creation, and sensitization campaigns to educate the public about care and caregiving standards. Others proposed advocacy at the political level to strengthen policy and legislation and awareness creation on the care economy. Participants also mentioned educating the community on what caregiving entails and engaging both men and women to shift social norms that limit participation in care work.

4.6. County- level Policies, Programs, Coordination and Resource Allocation

4.6.1 Existence of Policies and Strategies

Most (76.2%) NCCG respondents reported having county or national-level policies that guide their work on care services. Among stakeholders, 86% reported being aware of existing national or county policies addressing care services. The most frequently cited frameworks included the Children Act (2022), National Care Reform Strategy (2022–2032), Persons with Disabilities Act (2024), National Policy on Older Persons and Ageing, the Social Protection Policy (2014), and the draft National Care Policy (2025). At the county level, respondents referenced the Nairobi City County Childcare Facilities Act (2017). *A full list of policy/frameworks is presented in Annex 3.* County officers also noted that care is increasingly recognized in key county planning instruments such as the County Integrated Development Plan (CIDP 2023–2027) and Annual Development Plans (ADPs). However, stakeholder perspectives paint a more cautious picture when asked how well care is currently integrated into Nairobi County Government policies, plans, and budgets, 32.4% said not well, 35.1% were not sure, 27% felt it was somewhat well, and only 5.4% believed care was very well integrated. Respondents explained their lack of confidence that while discussions on care have begun, actual implementation and budgeting remain limited. Many noted that although policies exist on paper,

budget allocations for care are too small to make an impact and most plans are not felt on the ground. Others emphasized infrastructure and design gaps, eg lack of lactation rooms, changing spaces, and disability-friendly facilities in county offices shows.

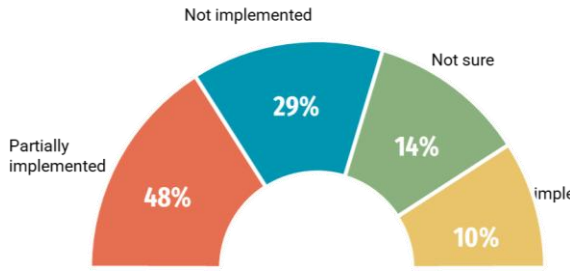
“...Some county departments have not acknowledged childcare – for example, urban planning and finance. Urban Planning: They do not engage in childcare-related meetings, and their planning discussions rarely consider children’s needs. Roads are not designed to support children, and city upgrading projects focus on adults only, leaving no spaces for children. Finance: The department does not include childcare in its discussions or budgeting processes. County departments are working in silos, which hinders coordinated planning and delivery of childcare services.” County official

“In the Annual development plan, there is little on care services...”

‘A policy-rich but implementation-poor landscape’

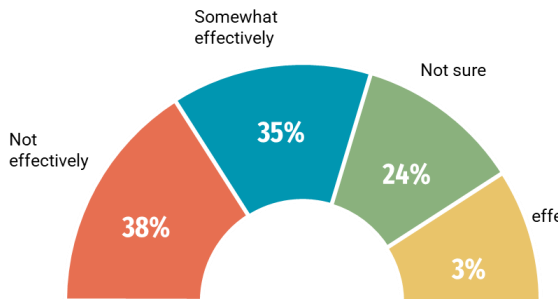
Despite the availability of policies, implementation remains a major bottleneck. From the county perspective, just under half of officials (48%) reported that care-related policies are *partially implemented*, while 29% said they are *not implemented at all*. Only a small minority (10%) considered policies to be *fully implemented*. A further 14% were *unsure* of the status of implementation.

County officials' perspectives on care policy implementation



From the stakeholder’s perspective, only a small fraction (2.7%) felt that care-related policies were being implemented “very effectively.” Most rated implementation as *not effective* (38%) or *somewhat effective* (35%), citing persistent gaps between policy intentions and actual practice.

Stakeholder perspectives on the effectiveness of Nairobi Care policy implementation



Both county and stakeholder respondents attributed weak implementation to several interlinked barriers:

- Lack of clear operational guidelines and regulations for existing laws such as the Childcare Facilities Act (2017).
- Limited budgetary allocations to support implementation and enforcement.
- Fragmented mandates and poor coordination between key departments (Social Services,

Gender, Health, Education, and Urban Planning).

- Low awareness at sub-county and community levels, where many frontline officers are unaware of care provisions or mandates.
- Dependence on external partners to drive policy roll-out, training, and advocacy, resulting in uneven progress.
- Political and bureaucratic bottlenecks, where policy adoption or implementation stalls at the County Assembly or executive level.

“There are significant delays in the implementation of care-related policies. While some have been launched, they remain largely non-functional, making it difficult to translate commitments into practical action”

“There are no regulations and implementation frameworks/ guidelines - Policies are just a statement of intention therefore there is need for frameworks”

Stakeholder respondents

“To implement a policy there must be a budget allocation. Currently there is little resources to implement the care programs...”

“Lack of sensitization among the county officials. Lack of budgetary allocations. Bureaucracy among the county leadership...”

“...still in the draft phase”

County officials

Several respondents noted that while county and national governments have made progress in developing care-related policies, many of these frameworks remain regulatory rather than enabling. For example, the Childcare Facilities Act provides standards for compliance but does not outline how the County will support the establishment or sustainability of care centers especially in low-income neighbourhoods. Stakeholders further observed that even where frameworks exist, implementation tends to be project-driven and donor-dependent, with limited sustainability once external funding ends. For example, initiatives supporting childcare facilities or older persons' programs are often piloted successfully by partners but fail to be absorbed into mainstream county operations.

Importantly, nearly all stakeholders (95%) reported having contributed to policy or advocacy processes in the past three years. Their roles ranged from providing technical inputs and evidence through research, to participating in policy dialogues and technical working groups (TWGs). Notable contributions included work on the National Care Policy (2025), draft Nairobi Childcare Regulations, and the Care Reform Strategy (2022–2032), as well as advocacy for the ratification of ILO Conventions 189 and 190 on decent work for domestic workers.

“...I supported in coming up with the policies both directly and indirectly. The National Care Policy Integrated childcare policy at the cabinet level - Draft Women's Economic Empowerment Policy Childcare Facilities Act 2017 Nairobi City County Childcare Regulations - Draft

Foundational Learning Guideline - Department of Education” Stakeholder respondent

4.6.2 Budgeting and programs for care services at NCCG

Budget allocation for care services within the NCCG remains limited, inconsistent, and largely dependent on the commitment of individual departments or external development partners. Less than half of the county officials interviewed (43%) reported having a dedicated budget line for care services, while 48% indicated that no such allocation exists. A small proportion (10%) were unsure about the presence of such a budget line.

Most officials could not state the approximate budget allocated for care in their departments. Among those who did, amounts varied widely depending on the department and year. Some departments cited allocations as low as KES 2 million, while others reported KES 49 million for children's programs, KES 17 million for older persons, and KES 3 million for community activities. A higher figure of KES 400 million for gender-based violence interventions was quoted although noted to be shared across several departments. It was also noted that allocations *“depend on how the problem is justified and embraced by county leadership,”* and that allocation does not mean access underscoring the influence of political will on budget decisions.

“Allocated 40 million, however the presence of a budget does not mean access.” County official

Importantly, all county officers who responded on the adequacy of budgets

reported that current allocations are insufficient to meet existing care needs. The shortfalls span **staffing, infrastructure, and operational resources, with departments citing inadequate facilities, limited sanitary and water amenities, and delayed payments to suppliers as recurring barriers.** Allocations were noted to be often too small or inconsistent, while others noted that some departments have no dedicated budget line for care at all. Even where funds are approved, delays in disbursement, reallocation during supplementary budgets, and lengthy procurement processes further constrain implementation. Collectively, these gaps underscore the urgent need for predictable,

gender-responsive, and adequately funded care budgets.

4.6.3 Ongoing care-related initiatives and stakeholder programs in Nairobi City

County officials were asked to list any ongoing programs or initiatives within their departments that contribute to care service delivery. Respondents provided examples, revealing a wide range of activities, from childcare and gender-based violence response to rehabilitation, health, and policy development. They also include partnerships with private actors and civil society organizations. The initiatives are listed below (as directly reported by officials):

- 1) Mwariro and Gikomba Wow Mom daycare
- 2) ECD and education program
- 3) Dishu na County – ensuring enrolment and retention of children in school
- 4) Education projects for Gender-Based Violence (formal & informal)
- 5) Training officers on how to deal with refugees in collaboration with Metropolis
- 6) Community outreach – dealing with refugees, young girls, mothers, and their children; sensitization and capacity building for teenage mothers and young girls; linkages and referrals; refugee integration and community building
- 7) Wow Mom – care mainstreaming
- 8) Partnerships with Kidogo early years partners on child care, Linda Binti, PAR Nairobi; collaboration with NITA on childcare curriculum development; initiating budget to set up daycares in vocational training centers
- 9) Ruai – health facility, vocational training, recreation, school, hostels for children
- 10) Mji wa Huruma in Runda – health facility, safe house; fencing supported by UN Sacco
- 11) Continuous initiative – repairing social amenities for persons with disabilities
- 12) Childcare-related activities
- 13) Collaboration with Wow Mom and CCGD in setting up childcare services in markets
- 14) Registration of mental health patients and reintegration; registering them for pesa ya wazee
- 15) Providing counselling to staff; medical cover for employees; referrals and rehabilitation services
- 16) Restructuring of the sector to have different directorates; ward-level emergency response training in partnership with Red Cross and County Commissioner

- 17) SGBV survivors’ program at Kayole Safe House; provision of assistive devices and sanitary towels to vulnerable girls;
- 18) Launching of Wow Mom care program
- 19) Rehabilitation
- 20) Primary healthcare – establishment of primary care networks; family health (GBV, maternal and reproductive health, adolescents and youth, newborn and child health); NCDs program; mental health; rehabilitation services; laboratory and clinical services; emergency and referral services; medical staff management
- 21) Vocational Rehabilitation Centre for persons with disabilities (VRC) in Upper Hill
- 22) Services to orphans and vulnerable children; presidential bursaries; residential care; rehabilitation centres for children above 13 years; remand homes
- 23) Developing policy frameworks; stakeholder sensitization and dissemination forums; monitoring and evaluation; framework for establishing shelters countywide; supporting CSO and county government participation in care initiatives

In addition to county government activities, the work of stakeholders cuts across childcare, disability inclusion, elderly care, gender-based violence

prevention, research, health, and advocacy for unpaid and paid care workers.

Organization	Summary of work
Oxfam Kenya	Policy influencing around social norms and childcare; coordination of care-related projects; advocacy for recognition of unpaid care work.
African Population and Health Research Center (APHRC)	Research on care provision, uptake, and policy; supports evidence-based policymaking in Kenya and across Africa.
Pamoja Trust	Advocates for rights of informal urban communities and refugees, including land and social rights.
Youth Alive Kenya	Promotes child protection systems to ensure safe, violence-free communities.
Plan International Kenya	Childcare policy development, caregiver training, and stakeholder coordination.
Uthabiti Africa	Advocates for universal access to quality childcare and child protection services.
The Action Foundation	Empowers persons with disabilities through advocacy and caregiver capacity building.
ECDE Network of Kenya	Coordinates early learning stakeholders to influence childcare and ECD policy.
Association for the Physically Disabled of Kenya (APDK)	Rehabilitation, training, and economic empowerment for persons with disabilities.
Karika Kenya	Provides home-based care for older persons; advocates for welfare, health, and dignity in ageing.

Riziki Source	Promotes economic empowerment and job creation for persons with disabilities.
Lavie Foundation	Provides community-based and home care for older persons and caregivers.
Women for Dementia Africa	Raises awareness and advocates for dementia inclusion; supports caregivers and promotes dignity in care.
National Gender and Equality Commission (NGEC)	Ensures gender equality and inclusion in policies and county programs.
Lutheran World Federation (LWF)	Supports refugee inclusion, humanitarian aid, and care services.
Coalition on Violence Against Women (COVAW)	Offers GBV prevention, legal aid, and survivor support.
Women Challenged to Challenge (WCC)	Trains and empowers women with disabilities in advocacy and leadership.
United Disabled Persons of Kenya	Advocates for disability inclusion and representation nationally and locally.
National Council for Persons with Disabilities (NCPWD)	Provides assistive devices, employment facilitation, and policy implementation for disability inclusion.
Mathare Older Persons Network	Community-based support and legal aid for older persons.
Tiny Totos Kenya	Trains and supports daycare providers to improve quality and sustainability.
House Managers Agencies Association (HMAA)	Represents domestic worker placement agencies; promotes ethical recruitment and fair labor practices.
County Trackers Elderly Foundation	Provides feeding programs, caregiver support, and home-based elderly care.
International Center for Research on Women (ICRW)	Conducts care economy research and supports policy development.
Autism Voice for Children	Assists parents and caregivers of children with autism through awareness and advocacy.
World University Service of Canada (WUSC)	Implements the <i>ACT</i> project to empower childcare workers and promote the 3Rs of care (Recognize, Represent, Reward).
Centre for Domestic Training and Development (CDTD)	Trains care workers, coordinates the Decent Work Network, and advocates for ratification of ILO Conventions C189 and C190.
Hope on Feet Foundation	Provides psychosocial support and awareness programs for caregivers.
Good Housekeeping Africa	Promotes health, hygiene, and wellbeing for caregivers.
World of Kakuma Project	Supports refugee livelihoods and community care initiatives.
Light for the World	Advocates for disability inclusion and partners with universities for training and research.
Children's Sickie Cell Foundation	Advocates and provides psychosocial support for children with sickle cell disease.
Kidogo	Provides training, mentorship, and support to childcare centers; promotes quality assurance and financial sustainability.
Caregivers Empowerment Network	Advocates for recognition of unpaid care work and provides training and support.

Kenya Mended Hearts Patients Association	Offers medical, nutritional, and psychosocial support for children with heart conditions and their caregivers.
Kenya Hospices and Palliative Care Association (KEHPCA)	Coordinates palliative and end-of-life care services across Kenya.
Kariobangi Cheshire Home	Provides residential care and rehabilitation for persons with disabilities and older adults.

4.7. Coordination and Collaboration Across the Care Ecosystem

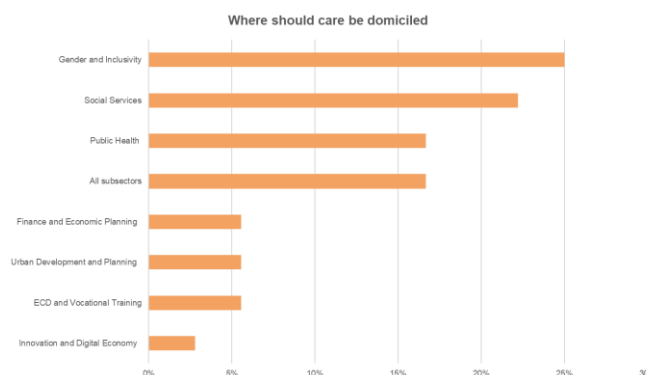
While both NCCG officials and care stakeholders reported frequently coordinating with other players, it was noted that coordination is hindered by siloed planning, inconsistent leadership engagement, duplication of activities, weak data sharing, and limited structured platforms for joint work. County officials outlined several actions that would strengthen collaboration with other care actors. These included material and financial support, improved communication and regular engagement, and stronger policy enforcement. Respondents also emphasized the need for more planning meetings, joint fundraising, and formal collaboration through MoUs, along with efforts to build trust with partners. Others highlighted the importance of structured engagement, such as joint programs, workshops, benchmarking, and aligning departmental roles. Additional suggestions included awareness creation to open space for more actors, clearer strategies with feedback mechanisms, and joint training initiatives, including support measures like establishing lactation rooms.

Officials also called for addressing legal and regulatory gaps, mapping who is

working where, sharing workplans, co-funding, and ensuring the County actively fulfills its role. Some proposed creating a digital platform with guidelines for partner engagement and outcome tracking. Finally, respondents stressed regular information and data sharing to enhance accountability and build trust between the County and partners.

4.8. Institutional Anchoring and Political Support for Care

Stakeholders and county officials were asked to reflect on both the institutional home (department) for care within the Nairobi City County Government and the level of political goodwill driving the care agenda. On institutional anchoring, views were diverse but converged on the recognition that care is a cross-cutting, multisectoral issue requiring strong coordination across departments. While many felt that care should not sit in one department, a good majority pointed to Gender and Inclusivity and the Social Services Departments, as the most appropriate homes to institutionalize care.



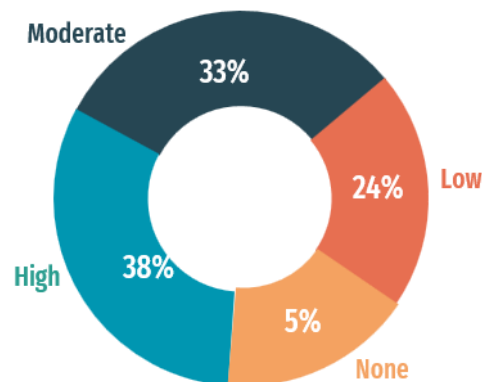
Qualitative insights reinforced this complexity: respondents emphasized that effective care delivery depends on inter-departmental collaboration rather than departmental ownership. A coordinating mechanism to harmonize efforts across departments such as Gender and Inclusivity, Social Services, Public Health, Urban Planning, and Education is needed. Others argued that while coordination is key, **Social Services and Gender and Inclusivity** remain the most logical anchors, given their mandates on social protection, gender equality, and inclusion of vulnerable groups. A few noted that Public Health should also play a central role, particularly in care for older persons and persons with disabilities.

“The question should not be where care is domiciled within departments, but rather how it is represented. All departments have a role to play in care. Instead of limiting it to one department, there should be a council or coordinating body to ensure that care is integrated and represented across every department.”

Political Goodwill

On political goodwill, county officials were asked to assess the level of support and commitment within their own departments and county leadership toward advancing care-related services. Responses were cautiously optimistic: 38% rated political goodwill as high, 33% as moderate, and 24% as low, with none reporting a complete absence of support. This suggests a growing but uneven commitment to integrating care priorities within departmental mandates.

Perceived levels of political goodwill for the Care agenda



Officials acknowledged that the current administration has shown interest in care work, aligning it with the Governor’s manifesto on creating “a city of order, dignity, hope, and opportunity.” Some noted the establishment of new structures and programs, such as directorates for Persons with Disabilities (PWDs) and refugee inclusion, as evidence of positive intent. Some departments cited examples of responsive leadership, such as county executives approving collaboration with partners, and ward administrators embracing inclusive infrastructure designs like ramps in social halls eg in Kariokor & Kayole South.

However, many respondents underscored persistent gaps between political intent and implementation. While county leaders have expressed verbal support for care initiatives, officers noted that budget approvals and disbursements are often delayed, undermining program rollout and service delivery. Others cited low awareness among senior officials and political interference as major barriers, observing that leadership decisions are frequently “politically driven,” resulting in slow or stalled progress within

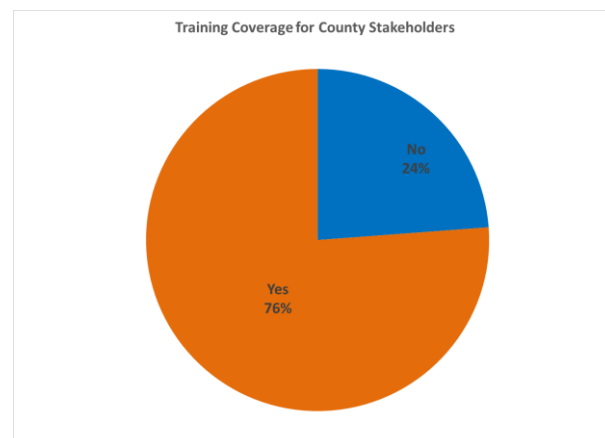
the five-year electoral cycle. Several respondents described “a lot of talk but no action,” pointing to unaddressed issues such as the stalled rehabilitation of Mji wa Huruma and inadequate medication for older persons. Some departments further highlighted weak coordination between the county and national governments, particularly where mandates overlap in managing vulnerable populations and shared facilities, leading to inefficiencies. Although there is recognition of care in county dialogues and policies, respondents stressed that goodwill alone is insufficient without matching resources and decisive follow-through. As one officer summarized,

“Goodwill is there, but it does not match with resources allocated.” County official

4.9. NCCG Capacity Levels and Institutional Readiness

Capacity to plan, manage, and deliver care services within Nairobi City County remains uneven, with both internal and external stakeholders acknowledging significant gaps in skills, systems, and institutional coordination. A majority of Nairobi City County officials (76.2%) reported having received training related to the care economy or social services, but such efforts are irregular, project-based, and heavily reliant on development partners. Most trainings were organized in collaboration with partners such as *Wow Mom*, *UN Women*, *APDK*, *HelpAge International*, *Plan International*, *AMREF*, and the *State Department of Social Protection*, among others. These sessions covered a wide range of topics, from childcare and gender mainstreaming to

financial management, social protection, and care reforms.



The list below summarizes the specific types of training received by county officials:

- Financial management and empowerment
- Shelter management and Trauma counselling
- Childcare training
- Care mainstreaming (in partnership with Wow Mom)
- Gender and disability mainstreaming (facilitated by APDK and the gender and inclusivity subsector)
- Caregiving skills for older persons (sponsored by HelpAge International)
- Social work skills training – for children’s officers and social workers
- Childcare training under the “Linda Mama na Mtoto” Program (by AMREF)
- Training on girl childcare and GBV response (offered by Plan International)
- Training on handling older persons (offered by ITHEL)
- General induction on care work (organized by UN Women in Naivasha)

- Training on Care Reforms (piloted in Kiambu and Meru by LEGATUM) – focused on transitioning from institutional to family-based care and child reintegration.
- Basic care of children training (Kenya School of Government)
- Training on Orphans and Vulnerable Children (OVC) Cash Transfer Program
- Training on street families management and support
- Training on staff care and management – including conflict management and workplace wellbeing.
- Care policy and implementation training – conducted with the State Department for Social Protection and Gender.
- Validation and work planning workshop on national care policies

Both county departments and care stakeholders recognize the need for a more structured approach to capacity development that embeds care into institutional systems, rather than treating it as a peripheral or donor-driven agenda. Most noted the frequency of such training is occasional and typically offered through external actors such as HelpAge International, the Refugee Consortium of Kenya, the International Rescue Committee, and the Department of Children Services. Other officers have never received any form of training. Officers noted that capacity-building efforts tend to depend on the “availability of funds and goodwill,” underscoring the

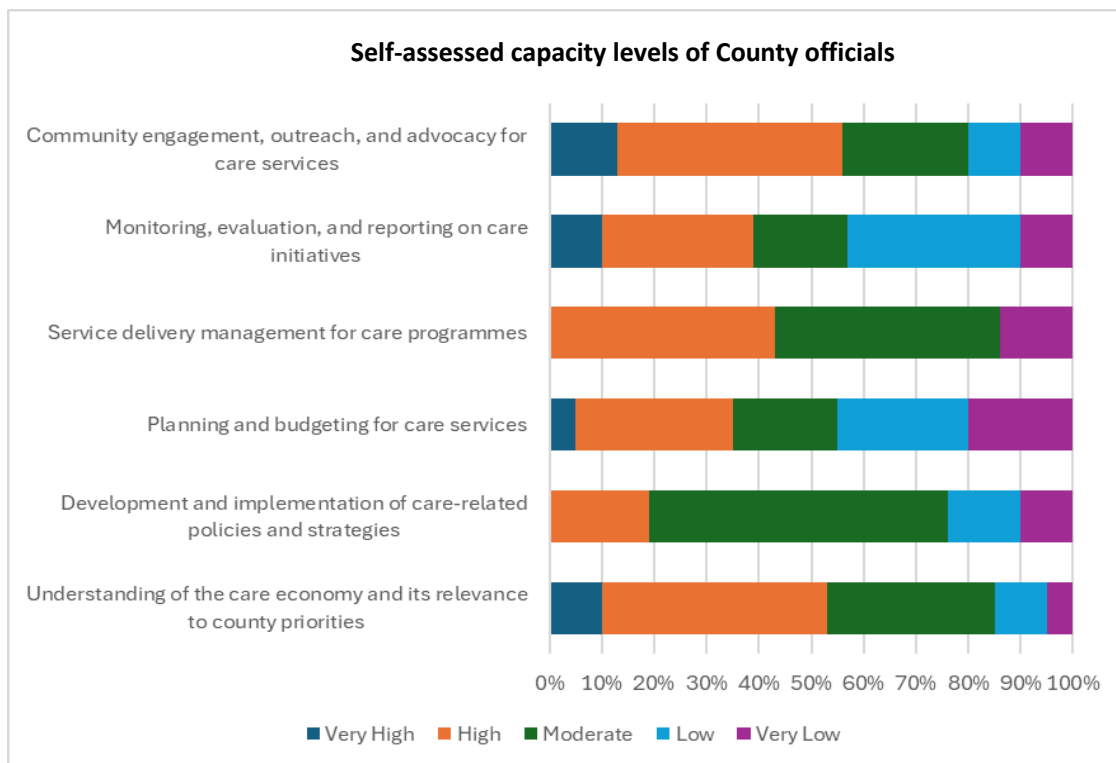
lack of a dedicated institutional mechanism for continuous learning on care.

4.10. Self-assessed Capacity Levels of County Officials

County officials rated their capacity highest in-service delivery management and community engagement, reflecting strong operational experience and collaboration with partners at the subcounty level. Understanding of the care economy was also moderately high, attributed to recent partner-led trainings eg facilitated by Wow Mom and growing awareness among technical staff.

However, the lowest capacity ratings were recorded in areas related to planning and budgeting for care, and monitoring, evaluation, and reporting (M&E). Respondents noted that while departments are increasingly preparing plans, strategies, and policy drafts, implementation is often constrained by inadequate and delayed budget allocations, limited technical expertise, and weak data systems. Many departments lack standardized reporting tools or mechanisms to track care-related activities and outcomes, resulting in poor documentation of impact.

These findings suggest that while operational capacity is relatively strong, strategic and analytical capacities remain underdeveloped, especially in evidence-based planning, financial management, and performance monitoring. Addressing these gaps will be critical to institutionalizing care within the County’s planning and budgeting frameworks.



4.10.1 Technical skills lacking for effective care service planning and delivery

To complement the self-assessment, respondents were asked to describe the specific technical skills most lacking in their departments for effective care service planning and delivery. The most frequently cited gaps centered around capacity building, specialized caregiving skills, and technical planning and budgeting competencies.

The most identified needs include

- *Capacity building and professional development-* Limited access to regular training and professional development opportunities was a cross-cutting concern. Staff expressed the need for continuous

learning to strengthen care planning, delivery, and coordination.

- *Budgeting, financial planning & M&E competencies-* Several departments cited limited capacity in budgeting, financial management, and resource planning, which constrains effective prioritization of care programmes within departmental workplans. Many departments lack staff trained in data management, reporting, and monitoring frameworks, which directly affects accountability and learning within care programs
- *Specialized care and social work skills-* Gaps were identified in counseling, trauma management, rehabilitation, PSS, and early childhood care for front-line officers handling vulnerable populations. Several departments face shortages of qualified professionals (e.g.,

matrons, nurses, and rehabilitation officers)

- *Disability and inclusion skills*- county officers expressed a need for training in sign language, Braille literacy, and engagement approaches with persons with disabilities and older persons to ensure inclusive service delivery.
- *Leadership, governance and management*- skills in governance, strategic management, advocacy and coordination were cited as areas for strengthening to improve oversight of care programmes.
- *Digital and technology skills*- many departments still rely on manual systems, due to low digital

literacy, data management, and modern reporting tools to streamline workflows and reduce inefficiencies.

4.10.2 Tools, systems and resources needed

Apart from skills, County officials identified a range of tools, systems, and resources that would enhance their ability to manage care services effectively. Departments emphasized that limited access to modern tools and systems further constrains service delivery. The most requested resources include:

Table: Tools, Systems, and Resources needed to manage Care Service

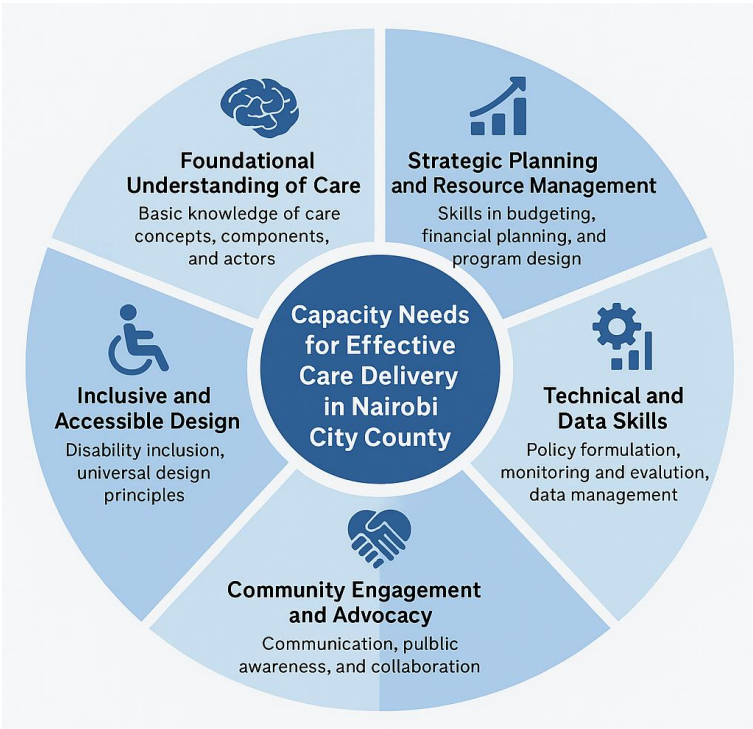
Category	Reported needs
Tools and Equipment	<ul style="list-style-type: none"> - Customized furniture/equipment for PWDs (e.g. orthopedic chairs) - Tools for case management (admission, referral, counselling, reintegration, medical forms) - Properly equipped counselling rooms - Farming equipment - Construction of a bakery - Vehicles for field visits, monitoring, and outreach - Braille materials for persons with visual impairments
Systems & data management	<ul style="list-style-type: none"> - System on qualified training in care - Standard Operating Procedures (SOPs) inclusive for PWDs and the elderly - Database to manage records of vulnerable persons - Comprehensive recording system to identify and map people who need care - Performance appraisal forms - Dashboard for data tracking - Improved reporting systems - One reporting tool for stakeholders and partners - Digitized systems for service delivery and management - Advisory council committees - Vurugu Mapper - Child Information Management Systems - Care work tool to monitor standards - Referral tool - GBV case integration tool

	<ul style="list-style-type: none"> - Technology to package data for resource mobilization and decision-making - Monitoring and evaluation tool
Resources	<ul style="list-style-type: none"> - Additional and adequate infrastructure resources - Human resources (enough manpower, nurses, trained matrons) - Financial resources/funds - Sufficient funds and adequate resources - Enhanced budgets - Budget allocation for field mobilization and community engagement - Transport funds for caregivers - Increased surgical theatres and infrastructure - Supportive structures to community health workers (mental health support)
Policies and Frameworks	<ul style="list-style-type: none"> - Policy on care work - Curriculum development to educate officers on care work - Departmental initiatives to ensure required skills are gained through partnerships - Guidelines for care worker provision
Training and Capacity Building	<ul style="list-style-type: none"> - Trainings/forums to bring together departments handling care - Partnerships with stakeholders in the care space - Training for counselling providers - Continuous training to meet evolving needs - Trained personnel to offer social services

4.10.3 Stakeholder perspectives on NCCG Capacity

Stakeholders echoed that the Nairobi City County Government requires both technical and institutional capacity building to plan, manage, and deliver care services more effectively. They emphasized that the **Nairobi City County Government still lacks an understanding of the care economy** and its contribution to socio-economic development, and relevance to social inclusion. Several respondents noted that care work is still seen as a social welfare issue rather than a strategic economic function, calling for stronger institutional ownership.

Key capacity gaps highlighted include:



- **Understanding and mainstreaming care** – awareness of care concepts, components, and actors remains limited. Stakeholders called for county-wide sensitization and integration of care into all sectors, from urban planning (accessible infrastructure for childcare, eldercare, and PWDs) to labor and education.
- **Strategic planning and budgeting, resource mobilization** – need for training in evidence-based planning, gender-responsive and inclusive budgeting, and long-term resource allocation.
- **Policy and legal frameworks** – strengthening policy analysis, formulation, enforcement & monitoring and evaluation to ensure care-related commitments are grounded in rights and inclusion principles.
- **Data and research** – building capacity for data collection & use of digital tools, management, and analysis to inform policy and monitor service delivery outcomes.
- **Human resources and professionalism** – training staff in specialized caregiving, counseling, social work, and management, including sign language interpretation and engagement with older persons and PWDs.
- **Coordination, leadership and advocacy skills**-enhancing inter-departmental collaboration and structured engagement with non-state actors as well as advocacy strengthen participation, social

awareness, and behavior change around care.

- **Strategic communication**- County staff could also benefit from skills in information packaging and dissemination with specific sector targets as this will enhance community/stakeholder understanding, appreciation and support of care work.

4.10.4 Stakeholder contributions and commitments to strengthening Care Work in Nairobi

A majority of stakeholders (68%) reported that their organizations currently contribute to strengthening Nairobi City County Government’s capacity to plan, manage, and deliver care services.

Their support spans a wide range of technical and practical interventions, including policy advocacy, training, and service delivery support. Several organizations have provided technical assistance in policy reform, childcare program design, and disability inclusion audits, while others have partnered with county departments to conduct community sensitization, public participation training, and health-related capacity building. Examples cited include continuous medical education for rehabilitation staff, disability inclusion and accessibility audits, patient-centered training for healthcare providers, and referral-system strengthening. Some stakeholders have also worked directly with county programs such as Mji wa Huruma, ECD centers and Nairobi ECD program, and community health facilities, offering training to caregivers, nannies, and community volunteers to improve the quality of care.

Among the one-third of respondents who do not currently support county capacity building, most expressed willingness to do so through research support, knowledge sharing, and training initiatives. Proposed contributions included strengthening county officials' research and planning skills, providing data on older persons, and offering technical assistance in designing care-focused training modules.

4.10.5 Stakeholder commitments to supporting Care Work in Nairobi City County

Stakeholders were asked to identify one concrete action they could commit to in support of care work. Their responses reflect a broad range of contributions and commitment aligned with their roles.

“Mobilization of organizations of persons with disability to participate in all processes in regards to support care work 2. Support care work in terms of policy and program 3. Provide technical expertise around support care services development or implementation”

Advocacy and policy support- many organizations committed to continued advocacy for care policies, supporting policy reviews, promoting disability inclusion, participating in Technical Working Groups, and helping finalize childcare regulations.

Capacity building- several pledged willingness to train caregivers, parents, persons with disabilities, and older persons; support caregiver mobilization; strengthen dementia and reproductive health skills; or help pilot childcare curricula such as the NITA program.

“Empowerment: You cannot expect people to act effectively if they are not equipped with knowledge and skills. Awareness and capacity-building are essential. Systems and Structures: Contributing to the design of systems and structures through active participation in Technical Working Groups (TWGs)”

Community awareness and engagement- stakeholders reported committed to community sensitization, mapping caregivers and older persons, grassroots mobilization, and promoting conversations on care including domestic work.

Research and data generation- other organizations committed to collecting and sharing data, generating evidence to inform planning, or serving as a data hub for older persons and caregivers.

“...Generating usable data and evidence – to inform decision-making and investment in care services...”

Direct support to caregivers and care recipients- A number pledged to provide therapy, psychosocial support, medication, diapers, and patient navigation services, or to support shelters and develop respite centers.

“...” Training the caregivers and parents so that they can offer quality care...”

Partnerships and coordination- several committed to supporting forums and joint activities with the County, co-hosting events, strengthening systems and reporting structures, offering volunteer spaces, and collaborating whenever resources allow.

5.0. Summary, Conclusions and Recommendations

5.1. Summary of Findings

The assessment findings from county officials and stakeholders converge on a clear picture of a care system that is widely acknowledged as essential yet remains insufficiently embedded within Nairobi City County's institutional, financial, and operational structures. Although many respondents identified the existence of relevant national and county policies, they emphasized that these frameworks have not translated into implementation, clear guidelines, or adequate budget allocations. Care is recognized in policy documents, however, mainstreaming care across Nairobi City County Government (NCCG) systems remains limited by weak coordination, insufficient financing, uneven understanding of care roles across sectors such as health, education, social services, gender, and urban planning, and gaps in capacity and data. Capacity gaps were a recurring theme. Officials reported strong experience in community engagement and frontline service delivery but highlighted significant weaknesses in planning, budgeting, data management, monitoring, and evaluation. Many rely on partner-driven, irregular trainings. Stakeholders similarly noted the need for stronger analytical, technical, and professional caregiving skills within the County workforce, alongside improved knowledge of care concepts, disability inclusion, gender responsiveness, and evidence-based planning.

Both groups described care funding as insufficient, unpredictable, and inconsistently allocated. Several departments

lack dedicated budget lines, experience delays in disbursement, or operate without adequate tools, infrastructure, or personnel. This financial uncertainty contributes to stalled initiatives, inability to scale services, and dependence on development partners for training, research, or program delivery. Coordination also emerged as one of the most significant systemic weaknesses. Respondents pointed to minimal cross-departmental collaboration, absence of formal coordination mechanisms, and fragmented engagement with non-state actors. Information-sharing is inconsistent, partner mapping is non-existent, and tracking of care is not existing. Stakeholders also underscored duplication of efforts, gaps in referrals, and the lack of a central body to harmonize actors working on childcare, disability, older persons, GBV, health-related care, and refugee inclusion.

Finally, the assessment highlighted major gaps in infrastructure and service coverage. Respondents noted shortages of childcare centres, disability-friendly spaces, eldercare facilities, GBV safe houses, mental health services, and accessible public amenities. Community feedback mechanisms are minimal, and the needs of vulnerable populations eg. persons with disabilities, older persons, refugees, and informal workers, are often not captured in planning processes.

As such, a coordinated, adequately financed, and technically capable NCCG system is required to mainstream care across Nairobi City County. This means shifting from the current fragmented, partner-driven approach to a coherent county-led system where all sectors work together under a shared vision, clear roles, and structured accountability. By

embedding care into planning, budgeting, infrastructure design, workforce development, and service delivery, Nairobi can build an integrated care ecosystem that reduces the unpaid care burden, improves access to quality services for children, older persons, persons with disabilities, and vulnerable populations, and strengthens the city's social and economic resilience. Achieving this requires political commitment, financing, skilled personnel, and a strong coordination mechanism anchored in the County, that drives implementation, monitoring, and continuous learning. The following recommendations outline a practical, phased roadmap that reflects stakeholder priorities and county realities.

5.2. Conclusions

The assessment confirms that care is a vital but undervalued pillar of Nairobi's socio-economic landscape. Although political will exists, structural limitations, weak coordination, inadequate financing, unclear departmental roles, and capacity gaps, continue to prevent the County from fully recognising and investing in care as a public good.

A mainstreamed care system for Nairobi must be rooted in strong governance, predictable financing, robust coordination platforms, and a skilled workforce. This requires embedding care into county planning, budgets, service delivery, and oversight mechanisms, while leveraging Nairobi's rich ecosystem of civil society, private sector, and development partners.

If fully implemented, the recommended reforms would shift Nairobi from a

fragmented system to a coherent county-led ecosystem where care is planned, budgeted for, institutionalised, and linked to broader goals of equity, productivity, and urban resilience.

What a mainstreamed care system looks like by 2030:

By 2030, Nairobi has transformed into a city where care is recognized, planned for, funded, and delivered as a core public service essential for economic growth, gender equality, productivity, and social wellbeing. Care is no longer invisible, informal, or donor-dependent; it is institutionalized, budgeted, and professionally managed across the county.

Coordination is led by the Gender and Inclusivity sub-sector with support from the County Care Technical Working Group (TWG) with clear departmental roles and accountability lines. All county plans and budgets include care-responsive priorities. Childcare centers exist in markets and public spaces; older persons and persons with disabilities have accessible services; mental health, GBV, and rehabilitation services are functioning and linked through structured referral pathways. Caregivers are trained, certified, and protected as part of a recognized workforce. Data on care actors, facilities, and needs is updated regularly through a countywide dashboard.

5.3. Recommendations

Key recommendations to achieve this

1. Establish a County Care coordination mechanism (high priority)

A coordinated system is essential for mainstreaming care across Nairobi City County. The mechanism should include a central Technical Working Group (TWG), thematic groups, and strong coordination tools for planning, reporting, and partner engagement.

1.1. Create a County Care Technical Working Group (TWG)

- Co-chaired by **Gender & Inclusivity + Social Services** (as stakeholders recommended these as most logical anchors).

1.2. Create Thematic Working Groups to focus on technical issues.

- Specialized clusters should focus on different areas: Childcare, Eldercare, Disability Inclusion, Refugee/Migrant Support, and Palliative Care, Domestic and paid care work.

1.3. Establish Sub County/ Borough/ ward level care committees comprised of community care actors/groups to enable monitoring, reporting and expedite action on care needs at grassroots level

1.4. Improve coordination tools and information

- **Digital partner/ actor mapping**
 - Create a live digital directory of all care actors (CSOs, NGOs, FBOs, private sector, community groups).
 - Include services, geographic coverage, target populations, and focal contacts.
 - Update quarterly, managed by the TWG Secretariat.
- **Countywide mapping of Care facilities**

Develop a GIS-based map or database covering:

- Capture location, services, staffing, accessibility, safety, and monthly reach.
- Cover childcare, older persons, PWD support centres, GBV and rehabilitation facilities, and refugee-inclusive services.
- **Unified Planning, Reporting & Coordination Tools**

Create a shared digital platform (dashboard or shared drive) containing:

- Workplans, Progress reports, Budget updates, Partner activities
- Standard Operating Procedures (SOPs) for referrals, case management, and reporting.
- Develop a care feedback mechanism and a knowledge management tool

2. Develop a Nairobi City County Care Mainstreaming Strategy

A structured plan that guides the County Government to integrate care into all policies, budgets, programs, and service delivery systems. It ensures that care is recognized as a public good, is adequately funded, and is coordinated across all departments and partners.

The strategy should:

- Define a shared vision, objectives, and standards for Nairobi's care ecosystem
- Provide a unified framework for planning, budgeting, implementing, and monitoring care services.
- Clarify roles of each department in delivering care-responsive services.
- Establish coordination platforms and tools for working with partners.
- Translate existing policies into clear, actionable steps.
- Ensure that care is included in county planning instruments (CIDP, ADP, budgets, sector plans
- Formalize engagement with non-state actors
- Integrate care into emergency plans, urban planning standards, and service delivery

3. Integrate Care into County Planning, Budgeting & Legal Frameworks

3.1 Embed care in key planning instruments:

- County Integrated Development Plan (CIDP)
- Annual Development Plans (ADPs)
- Sectoral plans (Health, Social Services, Education, Urban Planning)
- County Performance Contracting indicators

3.2 Introduce a Countywide “Care Budget Line”/ “Budget Tagging” framework

To ensure predictable and sustained financing, the Nairobi City County Government should transition from incidental care spending to a formal Care-Responsive Budgeting system. This can be in two ways:

- **Care-Responsive Budget Tagging Mechanism**

The County should introduce a specific "Care Code" within the expenditure tracking. This allows the county to "tag" and track care-related expenditures across all departments, even when those funds are embedded in broader infrastructure or health projects. This ensures visibility for the care economy in every Annual Development Plan (ADP)

- **Establishing the Care Budget Line**

Each department should integrate care-related priorities into its annual budget submissions, covering areas such as:

- **Direct Care services** (Childcare services (market daycares, ECD, centers), older persons’ programs, disability inclusion (assistive devices, accessibility upgrades, inclusive infrastructure), GBV and mental health care
- Investments in "indirect care" sectors specifically water, sanitation, and energy (like boreholes and electricity) should be framed as time-saving interventions that directly reduce women’s unpaid labor burden
- **Capacity building & professionalization-** training for caregivers, ECDE workers, PWD support staff, social workers, and GBV counsellors, continuous professional development (CPD) for frontline county officers
- **Logistics, mobility & operational support** eg transport and fuel for field visits, community engagement, caregiver mapping, and household visits

3.3 Finalize/develop and implement frameworks

- Childcare Facilities Act Regulations - there is an urgent need to establish guidelines for the operation of both public and private facilities to ensure child safety and welfare
- County Older Persons Policy

4 Expand and upgrade Care Infrastructure and services

- Establish childcare centres in upcoming markets and other public spaces, as requested by county officials.
- Develop multi-purpose “Care Blocks” in priority centres- Care Blocks provide a scalable model for inclusive public care infrastructure, particularly suited to dense urban and informal settlements.
- Invest in older persons’ homes, respite centres, dementia support spaces, and community day-care for persons with disabilities.
- Ensure all new county buildings comply with universal design (ramps, signage, accessible toilets, lactation rooms, child-friendly areas).
- Rehabilitate key facilities such as Mji wa Huruma and upgrade PWD infrastructure in county offices, social halls, hospitals, and vocational centres.
- Include care-support infrastructure in urban planning standards (e.g., playgrounds in markets, breastfeeding/lactation rooms in county offices)

5 Domesticate National Care Policy at County Level

- Align county laws, strategies, and budgets with the National Care Policy.
- Create county-level implementation guidelines tailored to Nairobi's urban context.
- Ensure meaningful involvement of care stakeholders in domestication processes

6 Strengthen County capacity for Care service delivery

Capacity gaps were highlighted in budgeting, M&E, care standards, disability inclusion skills, and workforce shortages.

6.1 Develop a county care training curriculum

Training areas directly requested by officials/ recommended by stakeholders:

- Basic care fundamentals
- Planning, budgeting, gender-responsive planning
- M&E and data management
- Specialised caregiving: counselling, disability inclusion, trauma management, geriatric care
- Sign language, Braille literacy, and communication for persons with disabilities

6.2 Institutionalize continuous learning

- Partnerships with TVETs, universities, NITA, and specialist organisations
- Mentorship programs and peer learning forums

7. Recognize, Protect, and Professionalize the Care Workforce

7.1 Develop caregiver standards and professional pathways

- Partner with agencies to maintain a real-time registry of paid caregivers and agencies to serve as a data source for tracking
- Certification through NITA curriculum for caregivers, ECDE workers, domestic workers, and disability support staff.
- Promote caregiving as a professional career

7.2 Provide legal and social protections

- Enforce decent work standards
- Promote registration of domestic workers and mandatory inclusion in SHIF, NSSF

7.3 County Licensing & Registration Framework

- Develop a mandatory registration and licensing system for all agencies and placement bureaus that recruit or deploy caregivers
- Certify Care agencies as training and mediation partners

8. Strengthen partnerships and community/male engagement

Stakeholders highlighted the need for community awareness, caregiver mobilization, and involvement of men in caregiving.

- Conduct county-wide awareness campaigns on caregiving, rights, and available services and promote men's involvement in unpaid and community care roles.
- Mobilize grassroots caregivers through associations, cooperatives, and community structures.
- Deepen collaboration with civil society, private sector, and development partners, including co-hosted Care Summits and annual Care Economy Forums.
- Embed male-engagement strategies within county policies, programmes, and social protection initiatives.

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Annexes

Annex 1: Comprehensive Policy & Legal Framework for Care in Nairobi (and Kenya)

No	Policy / Legislation	Status (as of 2026)	Summary of Provisions & Relevance to Care
1	Constitution of Kenya (2010)	Active	Guarantees rights to health (Art. 43), social security, and education. Establishes the duty of the State to protect vulnerable groups.
2	Children's Act (2022)	Active	Mandates equal responsibility for both parents. Provides the legal basis for shifting from institutional to family-based care.
3	Kenya Children Policy (2025)	Active	Replaces the 2010 version. Specifically defines standards for "Centre-Based Child Care" (creches) and child protection in digital spaces.
4	Persons with Disabilities Act (2025)	Active	Repeals the 2003 Act. Mandates a 5% employment quota and provides tax exemptions for primary caregivers of PWDs.
5	Social Health Insurance Act (2023)	Active	SHIF Transition: Replaced NHIF. Includes the <i>Emergency, Chronic and Critical Illness Fund</i> , reducing catastrophic out-of-pocket care costs.
6	National Care Policy (2024)	Draft	The 5R Framework: The first explicit policy to Recognize, Reduce, Redistribute, Reward, and Represent unpaid care work in Kenya.
7	Geriatric Bill (2024)	Nearing Enactment	Passed by the National Assembly; currently under final Senate review. Aims to formalize state-supported care for citizens over 60.
8	National Care Reform Strategy (2022-2032) for Children	Active	A 10-year roadmap designed to transform the country's child protection system by moving away from institutional care (orphanages) toward family- and community-based care.
9	Employment Act (2012)	Active	Provides minimum standards for parental leave and workplace protections for caregivers.
10	ILO Conventions 189 & 190	Not ratified	Cabinet approved ratification in late 2025. Protects domestic workers from violence, harassment, and labor exploitation.

11	Kenya Social Protection Policy (2023)	Active	Establishes the "Enhanced Single Registry" to track and provide stipends to vulnerable households and elderly persons.
12	National Pre-Primary Policy (2017/18)	Active	Shifts the management of ECDE centers to County Governments (Nairobi), though a gap remains for the 0–3 age group.
13	Kenya Health Policy (2014-2030)	Active	Focuses on Universal Health Coverage and the integration of community health promoters (CHPs) into household care.
14	Kenya Palliative Care Policy (2021-2030)	Active	Provides protocols for home-based care for the terminally ill, acknowledging the burden on family caregivers.
15	National Gender Policy (2019)	Active	Equality: Mandates gender mainstreaming in all sectors; the 2024 update focuses on reducing the "time tax" on women.
16	Nairobi Mental Health Strategic Plan (2025-2030)	Active	Integrates mental health care into primary facilities, specifically addressing caregiver burnout and trauma.
17	Maputo Protocol	Ratified	Guarantees women's right to equal remuneration and economic opportunities (Art. 13).
18	National Reproductive Health Policy (2022–2032)	Active	Focuses on adolescent and maternal health care, directly impacting the time-poverty of young mothers.
19	Integrated Early Childhood Development (IECD) Policy	Active	promotes holistic child development and multi-sectoral child development through collaboration between health, education, and social sectors.
20	Nairobi County Integrated Development Plan (CIDP 2023–2027)	Active	The 5-year master plan for all county funding. The 2026 Mid-Term Review is the window to explicitly "tag" care economy targets.
21	Nairobi City County Early Childhood Development and Education Bill (2023)	Active	Make provisions for comprehensive pre-primary schooling and Early Childhood Development Programs
22	Nairobi Childcare Facilities Act (2027)	Active	For regulating, licensing, and assessing childcare centers for children under six, aiming to ensure safety, sanitation, and qualified care.
23	Nairobi City County Gender & Inclusivity Plan (2024–2034)	Active	A 10-year framework aimed at operationalizing gender mainstreaming, strengthening budgetary allocations for equality, and enhancing empowerment for women, youth, and persons with disabilities.
24	The Nairobi City County Persons with Disabilities Act 2015	Active	Promotes accessibility, inclusion, and disability-responsive service delivery.

25	Draft Nairobi City County Older Persons Welfare Policy	Draft	Seeks to institutionalize care and social protection for aging populations within county systems.
26	The Nairobi City County Refugee Integration and Community Building Strategy (NCRIS) 2025-2030	Active	Improved refugee access to social services as one of key county intended outcomes

Annex 2: List of Care Facilities

Facility Name	Category	Location	Approx. Number Served per Month	How long has the facility been in operation?
Lady North ECD Centre	Childcare	Dagoretti North	-	Since 1950 For 75 years
Kayole safe House	Gender-Based Violence Support	Embakasi Central	7	3 years
Saika social hall	Disability Support	Kasarani	-	2 years
Makadara Children's Home	Childcare	Makadara Subcounty	96	5 years
Waithaka ECD Centre	Childcare	Waithaka	10	1 year
Mwariro market	Childcare	Starehe sub county	400	1.5 years
Mji Wa Huruma	Care for the Older Persons	Runda	43	46 years Since 1979
Makadara boys children centre	Childcare	Makadara Subcounty	60 -80	Since 2003 22 years
Vocational rehabilitation centres for person with disability (VRC)	Disability support	Upper Hill, Mbagathi Road	1600	Since 1978 48 years

Nairobi Remand Home	Juvenile Rehabilitation / Research		-	-
Upper Hill ECD Centres	Childcare	Kibera	-	75 years
Kayole innovation HUB 2	Disability support	Kayole	Not operational	Still under construction
Mathare vocational training	Childcare	Mathare	20	3 years
Kayole 1 Social Hall	Childcare (Girls)	Kayole 1	36	-
Gikomba	Childcare	Gikomba Market	300	3 years
Dagoretti Rehab for girls	Rehabilitation	Dagoreti	-	
Nairobi West ECD centre	Childcare	Westlands	-	75 years
WDF Project run by MCAS	Disability support		-	-
Joseph kange'the	Childcare	Kibera	90	23 years Since 2002
City Park	Childcare	City Park market	Not operational	Still under construction
Parklands ECD centre	Childcare	Westlands	-	75 years
Kariokor Social Hall	Disability support	Kariokor - ramp was put in place	-	5 months
Ruai	Childcare	Ruai	Not operational	Undergoing construction
Ngara daycare ECD centre	Childcare	Starehe	-	75 years
Shauri Moyo	recruitment, rehabilitation, empowerment, Childcare	Kamkunji	20	Before 2010

TAF Therapy Center	Therapy Rehabilitation	/	Mathare, Baba Dogo	250 - 300	13 years
Kidogo Early Years	Social Enterprise / Early Childhood	/	Ngong road, Adams Arcade	-	-
Tiny Totos	NGO		Westlands	-	-
Daycare Centre (Preparatory Center)	Childcare Preparatory	/	Mukuru	30	25 years
Fortis Clinic Center	Surgical Interventions for Children		Mombasa	60	40 years
Masaku School for the Physically Disabled	Education / Disability Support	/	Machakos	100	-
Karika Kenya	Care for the older persons		Dagorreti	53	23 years Since 2002
Ushirika Medical Clinic (Hypertension)	Health care		Kibera Subcounty	60	31
Ushirika Medical Clinic (Diabetes)	Healthcare		Kibera Subcounty	118	31
Ushirika Medical Clinic (HIV Care)	Healthcare		Kibera Subcounty	1230	31
Kakuma Education Centers	Education		Kakuma	40000	Since 1993
Daadab Education Centers	Education		Dadaab	40000	Since 2018 7 years
Dandora & Embakasi Deaf Women Group	Persons with Disabilities (PWD)		Meru	110	Since 2011 14 years
Kiengu PWD Group	Persons with Disabilities (PWD)		Nairobi	50	Since 2008 17 years
Makadara boys children centre	Childcare		Makadara sub county	60- 80	Since 2003

Mwambuli PWD Group	Persons with Disabilities (PWD)	Kakamega	60	-
Nyarai Homecare Services	Domestic Work / Homecare	Karen	30	9
Lagape		Mlolongo	-	-
ZOE Children Clinic and Autism Centre	Childcare	Syokimau	18 -32	3 months
East African Institute of Home Care Management	Social Enterprise / Training	Githurai	-	since 2011 14 years
Center for Domestic Training and Development	Mental health support	Parklands, Graceland Court (near KU School of Law)	50	-
Talia Agler Girls Shelter	Shelter (GBV survivors)	Rongai	60	Since 2011 14 years
Child Friendly Center	Childcare	Kalobeyei Settlement	600	13 years
Kidogo Childcare Centre	Childcare	Kibera	90	10 years
Kidogo Childcare Centre(branch)	Childcare	Kangemi	60	10 years
Light a Candle	Counseling Services		-	-
Suruvi Care for Caregivers (ADOK & ACK Canon Hesbon Parish)	Psychosocial Support / Training		-	-

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