STATUS OF FEMALE CHILD CARE WORKERS IN KENYA REPORT 2023

THE CASE OF NAIROBI, KAJIADO & KISUMU
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PREFACE

When Uthabiti started its work in 2019, we recognised that women’s agency in childcare was critical to achieving quality, affordable childcare for all in Africa. This was something most of the organisations we worked with instinctively understood. Unfortunately, in a world where data drives action, it was difficult to achieve policy and regulatory reform – as well as influence practice – without the data necessary to draw attention to the issues faced by women in childcare.

In the early days, Uthabiti met officials from Nairobi, Kisumu and Mombasa cities and the issue of data on the scale of the childcare challenge arose. In Nairobi, particularly, there was word going round that there were 3,600 childcare centres in the city. When we sought to find out the source of this data, we were informed the data had been shared ‘in a certain workshop in 2016’. This was hardly enough to convince policy makers there was a real issue worthy of concern.

From the very beginning, we realised that if we were to achieve the transformation required in the childcare ecosystem, we needed to generate the data on the status of women childcare workers in a systematic manner. However, we were a small start-up and our budget for research was incredibly small. However, we decided that because the data was very critical, we decided to start collecting it anyway – because we recognised our own efforts to accelerate quality, affordable childcare are hinged on the empowering women in childcare.

Uthabiti conducted the study in order to create conditions through which collaborative action on issues related to women in childcare can be accelerated as foundational to the achievement of quality, affordable childcare for all. Our research, therefore, has a clear objective: to amplify the voices of women in childcare everywhere with a view to crowding in investments to meet their diverse needs.

Uthabiti recognises that there are very few actors working in the women in childcare sphere in Kenya right now. We hope members of the Collaborative Action for Childcare as the scalable centre-piece of all interventions related to childcare – will continue working together to co-design solutions to address the needs of women in childcare.

As we move into the future, we realise that a lot of local organisations that are closest to women in childcare do not have the funding they need. That is why to accelerate quality affordable childcare for all requires more investment particularly small grants that can catalyse the growth of new organisations working to support women in childcare. Even if we stopped data collection in Kisumu and Nairobi alone, it would require many organisations and many years of action to effectively meet the needs of women in childcare.

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Our call to action revolves around key issues which include more funding for local organizations particularly those closest to the communities served by women in childcare. More investment in research is required, as well as investment in movement building to amplify the voices of women in childcare. Accelerated legal, policy and regulatory reforms to create an enabling environment for women in childcare are also of paramount importance.

At Uthabiti Africa, we hope this report inspires both state and non-state actors to act and begin supporting marginalized childcare providers across Kenya and actors across Africa to act on this issue: it is of fundamental importance to the current and future socio-economic development of our communities.

We sincerely believe, more than ever before, that accelerating quality, affordable childcare for all is a pipedream if our societies do not dignify childcare work and investment in childcare. In the last two years, we have faced pressure from our caregiver network for services. It has been difficult to continue working on hope alone - that one day, we will be able to mobilize support for them.

As we continue generating more evidence, we have already designed interventions which, if implemented, can empower women in childcare. Get in touch if you are interested in working with us and the many organizations within the Collaborative Action for Childcare in Kenya and in other countries in Africa - to amplify the voices of women in childcare - thus creating the best beginning possible for African children everywhere.

The time for action is now.

Asayya Imaya
CEO and Founder, Uthabiti Africa
Chair, Collaborative Action for Childcare
INTRODUCTION

In the last few decades, women’s participation in paid work has increased; This has been fueled by increased access to high levels of education and wider economic opportunities. In 2007, approximately 1.2 billion (18.4%) women around the world were engaged in work[1]. This gain is commendable, but not representative of all cadres of women. The less educated and economically disadvantaged women still dominate a huge percentage of women who have to grapple with limited economic opportunities, and access to assets or resources. As such, the need for a basic income compels women in this category to participate in paid work and particularly work within their skill set and resource disposal [[ii]]]. Resulting from high urbanization rates, disintegrated family structures, and an increased demand for childcare, the childcare economy has emerged; one dominated by women.

Childcare work largely features in the informal economy with a few fulfilling the requirements for categorization within formal arrangements. However, the workers mostly operate under informal working conditions and terms of service. The sector is often defined by workers’ exclusion and insufficient coverage from both labor and social protection regimes. For those running daycare centres, one of the highest costs identified in a study carried out in India was rent. To avert these challenges, most providers prefer to offer home-based care which minimizes the cost of operations and allows the workers to meet the daily running costs. The lack of regulations and protections have implications on the incomes of women, the quality of services as well as the establishment of childcare as an enterprise.

Changes in policies and rapid urbanization rates have also led to increased demand for childcare services. The Constitution of Kenya, 2010, devolves pre-primary schools and childcare facilities among other functions to the 47 County Governments (Article 186 in the fourth Schedule). While the national Kenya Early Childhood Development Service Standard Guidelines (2006) highlights services for children right from 0 to 8 years including specific services for those below 4 years and the role of their caregivers, the National Pre - Primary Education Policy Guidelines (2018) leaves out this cohort. As a result, care for children below the age of four years has not largely been addressed by national level policies and the assumption has been that these children are cared for at homes by their mothers or family members. So far there has been more focus on older children in pre-primary schools in terms of resourcing, curriculum availability and implementation, structuring and monitoring service delivery and resourcing the facilities by the county governments. Thus, service delivery in the childcare ecosystem is largely left to private enterprises.
Childcare in Kenya is informal and presents concerns over workers’ rights, poor working conditions, low pay, and lack of representation. Many childcare workers are women and girls, who are over-represented in the informal sector, predominantly from the lower socio-economic status and often have low educational qualifications, leading to concerns about the quality of care provided. Women are also engaged in a significant share of the unpaid care work at home, leading to a strong female dimension of poverty. Paid work is seen to address poverty and promote gender equality, but most women in paid work have low incomes and minimal to no social protections. The concept of "decent work" was introduced to address this gap and provide a human rights-based approach to combine economic growth and social justice, with fair and sustainable opportunities for the working poor.

CHILDCARE POLICY AND REGULATORY FRAMEWORK

The global childcare policy framework is guided by various international conventions and agreements aimed at protecting the rights of children, including the United Nations Convention on the Rights of the Child, the United Nations Convention on the Rights of Persons with Disabilities, the United Nations Guidelines for the Alternative Care of Children, the 2019 United Nations General Assembly Resolution on the Rights of the Child, and the African Charter on the Rights and Welfare of Children. The working conditions of childcare workers are also addressed in the international conventions on labor and employment and the International Labor Organization’s (ILO) policy guidelines on the promotion of decent work for childcare personnel. The ILO Decent Work Agenda seeks to guarantee workers’ rights, social protections, work safety, and fair remuneration, with a focus on gender equality.

In Kenya, the legislative framework on children is anchored within The Constitution (2010) Children Act (2022), Basic Education Act (2013), and Early Childhood Education Act (2021). The Employment Act (2007) provides conditions for the establishment of employment and safeguards the employment relationship. While there are several other laws that protect the rights of employees in general, such as the Work Injuries Benefits Act, the Labor Relations Act, and the Occupational Safety and Health Act these laws may not protect childcare workers running microenterprises especially within informal settlements. The role of different stakeholders in childcare is not clear and the government approach is limited to families.

The Nairobi City County Childcare Facilities Act (2017) provides regulations for the registration, licensing, and assessment of childcare facilities in Nairobi, but it only covers formal childcare facilities and is not comprehensive in terms of addressing the rights of childcare workers. Despite the presence of international conventions on children, the lack of domestic legislations to translate these into mandatory obligations has resulted in a piecemeal system, affecting the quality of childcare provision.
RESEARCH METHODOLOGY

The study adopted a two-tiered approach that analyzed 62% of existing data from a database of 7,000 childcare microenterprises and collected primary data. The primary data collection used a mixed methods approach of both quantitative and qualitative techniques, and was conducted through virtual modalities using telephone calls. The study was conducted in three of the five counties (Nairobi, Kajiado, and Kisumu), with a sample of 102 childcare workers selected using proportional size allocation and simple random sampling.

The data was collected remotely using smart phones and was supervised by a trained team leader, with regular spot-checks conducted to ensure data quality and completeness. The data was analyzed using Stata version 17 and various methods such as medians and interquartile range for continuous variables, frequencies and percentages for categorical variables, and the rank sum test for comparison of outcomes across center types. The knowledge of the caregivers was assessed using a six-item Likert scale.

Scope and Limitation.

While the data collected so far in Nairobi and Kisumu is good, it is not sufficient for Uthabiti Africa to generalise it for the whole country. Also, data for Kajiado was only limited to a small number of respondents contacted as part of the 102 cohort.

The Study predominantly focused on Nairobi and Kisumu, based on data captured from 7000 women in Uthabiti’s network. Even in these cities, there are still areas where data has not been collected. It is clear that for a comprehensive, composite understanding of the childcare crisis in Kenya – and a systematic response – there needs to be continued enumeration of childcare workers across the country, both in urban and rural settings. Uthabiti estimates there are more than 40,000 home-based care childcare providers in Kenya’s urban centres alone, and probably over 100,000 childcare service providers across the country.
FINDINGS

Childcare Provision in Kenya - The Policy Environment
The policy analysis show that the Kenyan legislations are highly child centered leaving out the concerns of childcare workforce such as skilling and certification, resourcing and financial inclusion. Further, the policies are not cognizant of the status of childcare, in particular; its informal nature thereby failing to recognize and regulate them. Subsequently leading to further marginalization of this cadre of workers. Poor implementation mechanisms e.g., the remuneration order is poorly enforced, and the cost of compliance is high further informalizing childcare work. Additionally, the findings reveal that while some counties have mechanisms to register childcare facilities, the cost of registration and compliance is high, and the process of registration is unclear.

Childcare Provision in Kenya - The Practice

Types of Childcare Facilities
Paid Childcare in Kenya is delivered in 2 main ways.
1. At home (Home Based Child Care (HBCC)): where women turn their homes into childcare facilities offering both day and night care services doing other chores alongside caring for children and
2. In Centers (Centre Based Childcare): where separate space are rented or built by the owner to deliver childcare services. Centre based childcare services may also be delivered in religious areas (church, mosque etc), market facilities, pre-schools and offices and are generally referred to as daycares, playgroups, nurseries, or crèches.

The study revealed that, in the last five years, there has been an increasing trend in the establishment of home-based childcare (HBCC) facilities in Nairobi and an upward trend for the center-based facilities in Kisumu. Additionally, data collected by Uthabiti Africa reveal that HBCCs are most commonly used especially in urban informal settings.

The Childcare Workforce in Kenya
The data in this report was analyzed from 62% of total number of childcare microenterprises enumerated by Uthabiti Africa. So far, Uthabiti Africa has enumerated over 7,006 childcare microenterprises as of February 2023.
Table 1: Total number of caregivers enumerated in Nairobi and Kisumu.

Figure 1: Number of caregivers with disabilities
Socio-demographic Characteristics of the Respondents

- **Gender**
  
  Overall, about nine in ten respondents (90.4%) were female, but this varied across the two types of childcare facilities as shown below.

![Figure 2: Type of Childcare Facility run by Gender](image)

The findings show that 92% of the childcare profession is dominated by women and of the two types of childcare facilities, the women prefer to run the homebased childcare facilities. Some of the women said they found it easy to operate HBCCs because of their availability at home and the convenience of having not to set up a space away from home. Home Based Childcare facilities are also preferred by parents who prefer to keep their children within the proximity and neighborhood of their homes.

- **Age**
  
  About one third of the respondents (34.3%) were aged between 35 and 44 years and notably, one in ten (9.6%) were aged over 55. This shows that a large number of the childcare facilities are run by young women (18-49) who are in their reproductive age. While a majority of the facilities are HBCCs and operate largely under the radar, it is possible that these women also end up missing out on other important services and information including Sexual Reproductive Health care and services among others. Investing in childcare therefore also enables the women access other personal services they would otherwise miss while operating within the hidden ecosystem of childcare.

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Education

73.5% of the childcare workers had received some form of training after leaving school, with 65.3% receiving training not related to childcare. The types of training received included: tailoring, theology, nursing, catering, computer, leadership, and hairdressing. Out of those who received training, 56% received certificate courses, 10% received diploma courses, and 33% were not certified. The types of training received included tailoring, theology, nursing, catering, computer, leadership, and hairdressing. Out of those who received training, 56% received certificate courses, 10% received diploma courses, and 33% were not certified. The average number of years of experience in childcare work was 4 years, with a significant difference between center-based (6 years) and home-based centres (3 years).

Majority of the caregivers who got the training attained skillling through workshops organized by players in the sector. These include; first aid, learning through play, care for child development and nutrition. It is evident that caregiver skillling on childcare has not been a driver to entry and ownership of childcare businesses.
It is also clear that caregivers have pieces of information and not comprehensive information on caregiving. This presents an opportunity for the government and key actors in the sector to invest in skillling the childcare workforce right from availing an accessible national curriculum to supporting the actual skilling of childcare workforce.

- **Disability Status**
  Three in 100 caregivers (2.7%) had some form of disability; the most common of which was mobility and physical impairments (58% of those with disability). While physical disability may have been one reason that kept them at home and HBCC provides an opportunity for them to engage in paid work. More investment in HBCC provides an opportunity for women including women who are unable to work outside their homes for some reason to access paid work. The data on disability is low and signifies the need to have a more systemic collection of data on disability as it is felt there is a likelihood of having more disabled children.

- **Nature of Childcare Services**
  The study found that the type of childcare centres varied across counties, with Kisumu having a higher prevalence of center-based facilities, and Nairobi having more home-based facilities. The type of center was significantly associated with the location. Most centres (78%) operated during the day, with a higher proportion of home-based centres (30%) operating both day and night compared to center-based facilities (7%). The study also found that 71.6% of the Center based childcare facilities had activity schedules outlined for the children.

The median number of children in center-based care was 15 while the median number of children in home-based care was 6, and this difference was significant. About 61% of respondents received some form of assistance with childcare, with paid assistance being the most reported (85%). Paid assistance was also used whenever the caregivers stepped out to run errands or attend meetings.

![Figure 5: Distribution of Type of Centre by Location](image-url)
Nanny Survey

The median age of the nannies was 28 years, with almost half (45.1%) being aged between 25 and 34 years. Approximately half (48.4%) were located in Nairobi and a majority 59.8% had secondary education. About one in three (36.3%) had a bank account and a similar figure had NHIF membership (30.7%). The median current pay was KES 9,000 (USD 90), with over half (57.3%) earning between KES 7,500 (USD 75) and 10,000 (USD 100). More than half were previously in some form of occupation (business, employed, farming) while 44.7% were unemployed.

The findings show that this was a profession of a last resort for them and they did not have any skills and certifications aligning to their work. Further, the findings showed that majority of the respondents did not earn the minimum wage as stipulated in the Labour Institutions Act, No. 12 of 2007 and the subsequent Regulations of Wages Order, 2022 which gives the minimum wage as stipulated and this could possibly indicate potential breach of the rights in this cadre of childcare workers.

Sociodemographic characteristics on the children

Contrary to popular opinion that children from birth to 3 years are taken care of at home until they reach the school going age of 4 years – data from the Uthabiti Africa database showed that children are left with paid caregivers. The database further shows that the 7006 childcare micro-enterprises take care of 116,181 children accounted for from the 7006 childcare facilities. The children’s ages range between birth and three years approaching 4 years. Out of these, 2144 children have some form of disability. The table below highlights this situation.

Figure: Children in the Uthabiti Africa Database

<table>
<thead>
<tr>
<th></th>
<th>Girls</th>
<th>Boys</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nairobi</td>
<td>9710</td>
<td>7310</td>
</tr>
<tr>
<td>Kisumu</td>
<td>54308</td>
<td>45185</td>
</tr>
</tbody>
</table>

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Children to Caregiver Ratio.
Under centre based childcare facilities, the stand-alone facilities’ children to caregiver median ratio was 7:1 in Nairobi and 8:1 in Kisumu. In those attached to pre-schools, the median ratio was 16:1 in Nairobi and 14:1 in Kisumu. In home-based childcare facilities (HBCC), the median ratio was 6:1 in Nairobi and 3:1 in Kisumu. The findings show that home-based childcare facilities have low capacity due to the limited spacing of the facility.

Remuneration for Childcare Services
Data received from Uthabiti Africa’s database shows that the standard monthly fee of childcare stands at around Ksh.1000 (USD 10), which is considered reasonable by most families. Parents however prefer to make the payments daily, which is an average of Ksh.50 (USD 0.5). Some parents still however fail to pay the daily fee leading to instability and poor quality of services in the sector. The absence of standard guidelines and policies is perhaps the reason for irregular payment for childcare services. Strengthening the system by establishing a supportive policy environment, enhancing financial inclusion for the workforce and skilling the workforce could dignify childcare and enhance quality service delivery thus increasing remuneration for the workforce.
**Effects of Covid-19 on Childcare Workers**

The COVID-19 pandemic had a major impact on the global economy, including the childcare sector. With the closure of all forms of learning institutions, parents had to manage childcare needs within their families. This resulted in many households having to work longer hours or cut down on working hours to balance between the demands of childcare and paid work.

Childcare workers were particularly affected by the pandemic, losing income streams due to restrictions such as lockdowns, school closures, and working from home. The impact of the pandemic was felt by both genders, but due to women's greater involvement in care work, the effects were more significant for them. Women working in the childcare sector reported losses in work and reductions in income, as well as the loss of certain rights such as time off. The pandemic had a significant impact on the economic security and stability of families, especially those in the lower income bracket.

**Financial and Professional services**

The findings showed that 86% of the childcare entrepreneurs were in need of childcare skillling/training, 95.6% lacked and required business development skillling and mentorship, 94.7% wanted skills on how to better design/renovate their facilities to become more child friendly and accommodating to all children., (94.7%), (90.3%). were unbanked and needed access banking services Only (28.2% and 6.0% respectively). Access to asset loans, education loans, and health loans was limited.

Low access to financial and banking services is perhaps one of the reasons why the women are unable to access services like skillling, certification and registration of their businesses. Investing in childcare by creating financial inclusion interventions is likely to enable the childcare micro entrepreneurs deliver quality care and attract more clients.
Working Conditions

The working conditions for childcare workers was investigated and the findings showed that most respondents (87.3%) lived in their own houses, with over half (56.9%) having their homes double as the childcare facility. Most caregivers (75%) worked for most of the month and an average of six days per week. The majority (61%) of caregivers were expected to work 7-12 hours in a day, with 36% expected to work over 13 hours. Only 3% worked 1-6 hours in a day. This indicates that the majority of childcare workers work more than five days and longer hours than the standard 8 hours and may not have strict work schedules. They do not have the advantage of taking leaves or rests and therefore are likely to get burn out or even exposed to mental health risks.

RECOMMENDATIONS

• **Legal, Policy and Regulatory framework.** It is clear that there is a need for a more comprehensive and inclusive policy framework for childcare services in Kenya. The current legislation is heavily focused on the needs of children and fails to recognize the unique challenges faced by childcare providers. The high cost of compliance, poor enforcement of existing policies, and lack of recognition of the informal status of most childcare services have created a gap in the support and protections for these workers.

• **It is important to address the policy gaps** in order to ensure the rights, protections, and well-being of childcare workers. This can be achieved through consultation and collaboration between relevant stakeholders and by working to ensure the robust implementation and enforcement of employment and labor legislation.

• While Government has put in place the National Gender Equality Act 2011, **Gender equality** may never be achieved without investing in paid, and unpaid care in order to re-distribute the care burden thereby enabling more Women to enter the Labor Market.

• **The Council of Governors should take lead in the development of a National Childcare Framework** that will support counties plan and develop their county specific policies on childcare. This framework should be comprehensive enough to include the caregivers and address the unique challenges faced by childcare providers.

• As devolved units, County governments are mandated to take up the development of **county specific policies and frameworks** to ensure effective provision of childcare services. Additionally, evidence-informed mapping efforts can provide valuable information to counties on the most vulnerable groups in the childcare workforce, which can be used to target support and protections where they are needed most.
Training and Certification

- While private entities have developed specific curricula, modules and manuals. Harmonizing, piloting and rolling out of a comprehensive national curriculum and guidelines that are accessible by all levels and categories of childcare providers would enhance childcare workforce skilling and certification for delivery of quality services to all children including those with special needs and disabilities. Additionally, there is need to ensure that there is customized training for domestic childcare workers who may be constrained to take part in place-based training.

- Government agencies such as Kenya National Qualifications Authority (KNQA), Kenya Institute of Curriculum Development (KICD) and National Industrial Training Authority (NITA) should adopt curriculum delivery models that will enhance access to skills by all childcare workers while recognizing prior learning experience, on job training and the various levels of education. This would provide childcare workers with recognition for their skills and qualifications and help to raise the overall quality of care in the sector.

Prioritize the needs of Home-Based Childcare (HBCC) Providers

- Home-based childcare facilities and domestic care workers are least acknowledged by policies across the country, yet they are most utilized by families according to the findings of this report.

- Establishing the most favorable ways to regulate HBCCs including the implementation of minimum wages will enhance their access to financial services for improving their services and also skills to enhance the quality of work. Regular supportive supervision to HBCCs will be made easier if they are supported to register and are acknowledged as an important services sector.

Role of the County in delivering on Childcare Facilities

- The 47 County governments are mandated to develop of county specific legal frameworks to ensure effective provision of childcare services.

- Fast tracking the establishment/review of existing County policy and legal frameworks would enable counties to include childcare and ring fence funds to enhance the thriving of childcare ecosystem at county level.

- With policies in place, county resources should be redistributed to not only put emphasis on Technical and Vocational Education and Training (TVETs) and Pre-Schools but also on Childcare services which focus on the most critical years. Additionally, evidence-informed mapping efforts can provide valuable information to counties and enhance informed budgeting and CIDP processes.
Financing and Investment

- Increased allocation to county budgets would enable them allocate funds to support the establishment of model childcare facilities or services particularly in underserved areas and for the children with special needs. It will also enable the County Governments should adopt a gender transformative budgeting approach that goes beyond allocating capitation for pre-schools and TVETs to looking at women and enablers of women economic empowerment and how to support childcare as a triplicate boost to the counties’ GDP.

- Additionally, provision of tax incentives to companies supporting childcare would encourage businesses to establish and invest in childcare, as it would reduce their tax liability. Collaborative resourcing and pooling of resources to address the childcare gaps will increase private sectors’ investment on childcare thus increasing outcomes.

- Government investment on childcare economy should include public education on the importance of investing in quality childcare services. This could include campaigns that highlight the socio-economic benefits of quality early childhood care, quality Early Years Education and quality Maternal and Child health services.

Areas of Further Research

The data collected by Uthabiti over the last few years offers the potential for systematic collection of data across a broad range of areas relating to childcare including caregiver health and well-being, maternal health and well-being as well as child health and well-being. For Uthabiti, priority for policy reforms and advocacy has to be the further enumeration of childcare micro-enterprises and the further generation of evidence to justify substantive investments in empowering caregivers.
Other priorities include the following:

1. Why do parents prefer HBCC especially for younger children as opposed to Center Based Childcare services?
2. Domestic workers in many instances double up as nannies. What does this look like in the light of delivery of quality childcare services?
3. Implementation of minimum wages for domestic care workers. What can be done to monitor enforcement.
4. Documentation of narratives for different categories of female childcare workers, to the most vulnerable (creative methodology needs to be applied)
5. Research on the status of childcare and childcare workers in rural communities would highlight the status of childcare workers in rural areas and pilot community-based childcare.
6. Parental involvement – what are the determining factors of childcare arrangements that families select/prefer? What other childcare arrangements exist?
8. The extent to which childcare programs in Kenya are inclusive of children with disabilities and the challenges that hinder their participation and early interventions.
9. What are the Sexual Reproductive Health Right Needs for Women in Childcare including Primary caregivers.
10. Women organizing and impact of quality childcare and growth of income levels for micro enterprises.
11. Disability in the childcare ecosystem.
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