



**Tunza Bora**  
*We Care*

**TUNZA BORA PROJECT:  
STRENGTHENING DAY CARE  
ECOSYSTEM TO ENHANCE  
EMPLOYMENT OF YOUNG  
WOMEN ESPECIALLY  
TEENAGE MOTHERS IN THE  
INFORMAL SETTLEMENTS OF  
NAIROBI AND KISUMU**

BASELINE SURVEY REPORT



In partnership with  
**Canada**



JUNE 2023

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## Message from the National Coordinator



It has been 5 years since the Nurturing Care Framework for Early Childhood Development was launched at the 71st World Health Assembly in May 2018; a framework for helping children SURVIVE and THRIVE to TRANSFORM health and human potential. Significant progress have been made to implement the framework. In Kenya, the National Care Reform Strategy for Children in-Kenya-2022-2032 has been developed by the government. Much still needs to be done by all stakeholders.

The report presented in this document is the result of dedicated consultations by Organization of African Youth-Kenya (OAY) with childcare stakeholders including the government, care givers, entrepreneurs, researchers, parents, civil society organizations among others. The assessment process was conducted in collaborating with the County Government of Kisumu and Nairobi. There is growing interest in childcare in Kenya.

This report demonstrates that there is growing demand for childcare services. In informal settlements, in particular, where the study was conducted -Kisumu and Nairobi -the poor quality of services amidst growing demand and changing family structures borders a crisis in Kenyan childcare ecosystem. Few care givers have basic training, most facilities are not registered/formal, feeding programs are not well structured, there is waste management challenge, the sector is not coordinated and governed and licensing fees are not affordable.

Many entrepreneurs, mostly women, are taking up the opportunities. Parents are equally seeking both affordable and quality services. The County governments of Kisumu and Nairobi are in the process of developing policies and laws for the sector to ensure child protection and also generate revenue from the regulations. The report underscores the opportunities in the sector that can be harnessed for realization of child growth and development, creation of employment opportunities, economic growth and contribution to realization of Sustainable Development Goals (SDGs).

With the right interventions and technology adoption, Kenya will realize improved sector coordination and child friendly quality services for better child development outcomes.

Michael Asudi  
National Coordinator,  
Organization of African Youth-Kenya



## Acknowledgements



This report marks the beginning of a journey to improve the childcare ecosystem in Kenya. It highlights the different types of childcare services in Kenya and the authentic experiences of childcare entrepreneurs. Kenya has made strides in devolving and funding early childhood education, however, this is only for children above 3 years. Throughout the process of collecting data, analysis and developing this report, OAY recognized the role childcare entrepreneurs play in society and the need to improve this ecosystem.

The **Organization of African Youth** appreciates the significant and strategic input of stakeholders implementing the Tunza Bora Project and their indispensable support.

Sincere gratitude to the **Government of Kenya** through the **County Government of Kisumu, Nairobi City County** and specifically the **Early Childhood Education Department** for the technical guidance.

Special appreciation to **Global Affairs Canada** and **World University Service of Canada (WUSC)** for their invaluable support and commissioning of funds that facilitated this Assessment and the team of consultants under the leadership of **Joyce Wesonga, Stella Ndugire, Joshua Mutiso, and Janet Ndeto** for their technical assistance.

Immense appreciation to the entire Organization of African Youth Team under the guidance of **Michael Asudi, Lynette Ouma, Margaret Akinyi, and Sheila Chepkirui**. The invaluable support from the Organization of African Youth **Staffs and Volunteers** was also instrumental in the assessment and development of the report.

OAY is indebted to the project's core team for their expertise and time. We thank volunteers by WUSC to OAY-**Barack Owino, Consolata Akoth** and **Kevin Odhier** for their guidance and advice throughout the process. We are also grateful to the childcare entrepreneurs and the research assistants for their willingness to provide insights and gather crucial data for the development of this report.

We would like to acknowledge our indebtedness and render the warmest appreciation to the team of other stakeholders, including Civil Society organizations and YSOs, for immensely contributing to the delivery of this assessment report. Finally, we thank the partners who supported the process as knowledge experts, including **Uthabiti Africa** and **Tiny Totos**.

OAY commits to continue working with all partners and stakeholders in implementing the report's recommendations under #TunzaBora; We Care Programme.

Sheila Yegon  
Programs Officer,  
Organization of African Youth-Kenya



## Foreword

The County Government of Kisumu (CGK) is proud to have worked with Organization of African Youth-Kenya (OAY) in conducting the rapid assessment report of status of Childcare services in the County. The county supported the process through approval of the study, technical review of the assessment tools, participation in the study and Key Informants and review of draft report.

The partnership between the County Government and OAY primarily targets improvement of childcare ecosystem in the county and Kenya at large. We appreciate the efforts of World University Services of Canada (WUSC) in funding the assessment whose report will inform current and future OAY's work in the sector. The County Government is particularly happy that the report will support community level engagements, development of training guide for care givers and parental engagement. In particular, full implementation of the report will ensure that care givers in realization of physical, cognitive, social, emotional, and imaginative requirements of every child, in their diversity, in all their stages of developmental.

The report, which mainly focused on informal settlements where most providers are home-based, provides an eye opener on the emerging and systemic gaps in the sector. While demand for the services exist, quality of the services must be prioritized, for the best interest of the child. In particular, the assessment report calls for prioritization of learning and play, parental engagement, ECDE work force development, improved child protection and responsive regulation. Currently, the County Government of Kisumu is in the process of development of Childcare legislation that will greatly improve the childcare ecosystem. Some of the recommendations from this report will inform the process.

The assessment report findings and recommendations are in line with the County Government of Kisumu priority and The National Care Reform Strategy for Children in Kenya to ensure provision of high quality and accessible child care so that all children grow and are nurtured in safe and supportive environment. Evidently, more stakeholders need to invest in not only affordable facilities but also quality childcare services.

Finally, we affirm our commitment to partner with OAY in realization of recommendations of assessment report. We call upon more partners and stakeholders to support the implementation of the report's recommendations.



THADIUS O. OMOLLO  
DIRECTOR EARLY CHILDHOOD DEVELOPMENT AND EDUCATION  
COUNTY GOVERNMENT OF KISUMU



## Executive summary

This baseline survey was conducted in December 2022. The purpose of the survey was to establish baseline benchmarks for the project objective against which monitoring progress would be measured as well as promote learning within OAY and partners. The baseline applied a mixed methods approach comprising of qualitative and quantitative methodologies. The baseline team carried out primary data collection from 33 childcare centres within Nairobi and Kisumu counties.

The findings are summarized below.

- Among the childcare centres covered, 63.6% (n=33) were home-based childcares, 24.2% were Centre-based, while 12.1% were primary-school-based childcare facilities.
- On average, the childcare centres had 16 children, with some centres having up to 55 children to low as three (3) children.
- Majority (43.1%) of the children found in the childcare facilities were aged between one (1) and three (3) years.
- Overall, 45.2% of the centres' activities included physical visits by others, 38.7% regularly held parents meetings while 38.7% of the centres had hosted a training. About 56.5% (n=23) said that training had been very helpful to their institutions.
- About 71.9% (n=32) of the centres were keeping records of the children, including their history and contacts of their parents.
- Most of the caregivers/ECD teachers - 88% (29) - reported having given advice to parents on nutrition matters, child health and child behaviour management, with most parents listening and adhering to the guidance.
- About 62.5% (20) of surveyed childcare facility owners were untrained on offering quality caregiving services.
- Against the established counties' licensing requirements for the childcares or childcare facilities, 78% (25) were reported to be unregistered with three (3) of the childcare providers unaware of the requirements for licensing.
- Only a few are 34% (11, Nairobi-6, Kisumu-5) of childcare caregivers reported being linked to Community Health Volunteers (CHVs) with the major services promoted by the CHVs being vaccinations, deworming and nutrition supplementation.
- About 66% (21) of the childcare facility owners had access to mobile phones, and the internet. Most 99% (31) of the childcare facility owners believe that embracing technology would enhance both service delivery, safety and comfort within the childcare facilities.
- About 96.9% (n=32) of the childcare facility owners said that their centres were receiving more enrolments, day by day.
- About 35.5% (n=31) of the centres had increased the childcare fees/charges as a result of increased cost of running the centres, owing to the tough economic situation in Kenya and globally.



## 1. Introduction

### 1.1 Context of Childcare Ecosystem in Kenya

At global level, Nurturing Care Framework for Early Childhood Development was launched in 2018 at the World Health Assembly and adopted in Kenya in the same year. The Framework provides a whole society, and whole of government approach towards ensuring that children not only survive but thrive and live to transform. The framework has largely contributed to enhanced growth in the sector. The Framework focusses on five main principles namely; building on what exists, being flexible, developing programmes with families and with an understanding of the wider community, reflecting diversity, providing equity in access, assuring quality, and being cost-effective. Early childhood care and education is rapidly expanding in Kenya with increasing attention to children's development at policy, programme and family levels, efforts have been made to streamline the sector, with ECDE being a devolved function (Constitution of Kenya, 2010). It was envisioned in the Constitution that County Governments would license the childcare service providers. Several organizations have also stepped in to further the agenda through provision of capacity building, advocacy and research. However, gaps still exist.

Daraja Civic Initiatives Forum (DCIF) and Mukuru Child Wellness Centre established that most home-based childcare centres surveyed were neither registered nor regulated. They also identified potential stressors for young children enrolled at surveyed ECDE levels (school-based), including: poor physical facilities, inadequate food/nutrition, poor safety and security measures, bullying, among others.

Access to childcare services promotes women's economic empowerment and advancement of gender equality.

According to a recent African Population and Health Research Centre (APHRC) study; “for women with young children, employment and involvement in income generating activities often depends on availability of affordable childcare. This is particularly true for Kenyan mothers living in resource-limited urban areas, who may lack kin support for childcare, and who rely on low-paying jobs in the informal sector.”

A 2021 Forbes survey showed that 63% of parents could not afford childcare fees, 33% struggled to find childcares and only 10% offered quality services. Secondly, another APHRC study indicated that the difference in childcare use between groups surveyed indicated that cost was an important barrier to use. Evidently, downtrodden young mothers were not able to improve their livelihoods, while social and technological innovations that could create more jobs for young women in the childcare sector remained untapped.

A 2022 report from the First National Policy Conference on Early Childhood Care, Education and Development, organized by Uthabiti Africa, revealed that informal childcare centres have sprung up in urban informal settlements to meet the growing demand for childcare as more women engaged in employment. The report further unearthed the fact that childcare workforce had inadequate training and childcare facilities were of low quality, putting young children at risk of suboptimal health and development.

Young mothers in urban informal settlements continue to face several socio-economic challenges due to systemic poverty, marginalization that were exacerbated by COVID-19. They face barriers to access decent jobs and/or education due to challenges in the childcare ecosystem including lack of quality service provision, unsteady supply, unaffordability concerns and knowledge gaps on early child development.

## 1.2 Project Description

OAY has initiated a project that seeks to strengthen the childcare ecosystem for improved quality, supply and affordability. This will be achieved through innovations that strengthen the ecosystem, connect parents to services, expand communities/home-based services and offer linkages to opportunities for young mothers. OAY's project will be implemented in Nairobi and Kisumu targeting young mothers aged 18-34 years.

### Project Goal:

Enhanced employability and wellbeing of young mothers' in informal settlements through innovations that strengthen the childcare ecosystem in Kenya.

### Objectives

1. Generate evidence on quality, supply and affordability in the childcare ecosystem and its contribution to economy, gender equality and wellbeing of young mothers.
2. Strengthen social and technological innovations in the childcare ecosystem for improved quality, child development outcomes, access and sector connectedness.
3. Support demand creation for childcare services and linkages to opportunities for enhanced wellbeing of young mothers and their children.



## 2.0 Baseline Survey Purpose

The project's baseline survey was conducted in a participatory and gender segregated manner in all of the selected project sites. The main purpose of the baseline survey was to establish baseline benchmarks for the project objective against which monitoring progress would be measured as well as promote learning with OAY and partners.

The baseline assessment interrogated the status of childcare centres based on the elements of **quality, business practices and sustainability, social and technological innovation, parental and community engagement** and the role of government especially in the informal settlements.

These results of the baseline survey will be shared within OAY and to the community, national and county governments among other key stakeholders. The subsequent evaluations will provide a comparative analysis to measure progress after the project lifespan.

### Baseline Target Groups

- Young mothers aged 18-34 years
- Childcare centre Owners,
- Boys and girls
- Line government ministries representatives
- The local administration
- Religious leaders



## 3.0 Baseline Methodology

The baseline applied a mixed methods approach comprising of qualitative and quantitative methodologies. In light of the prevailing COVID-19 restrictions, the baseline team adhered to all existing guidelines outlined by the Government of Kenya - Ministry of Health - during the process. The baseline team carried out primary data collection within Nairobi and Kisumu counties. The raw data was grouped and analysed based on the elements of **quality, business practices and sustainability, social and technological innovation, parental and community engagement and the role of government** that were being interrogated.

### 3.1 Quantitative data collection methods

The baseline was a beneficiary-based survey where data collection targeted childcare centres. Some of the methodologies used to collect quantitative data included questionnaire administration and direct observations. Quantitative data was collected from all the 33 childcare centres targeted and an observation checklist was utilised.

### **3.2 Qualitative data collection methods**

The baseline team conducted Key Informant Interviews with sixteen (16) key stakeholders (Childcare entrepreneurs, employees of childcare centres, young parents (aged 18-34, and some teenage mothers), relevant government officers, local/village administrators and Religious leaders within the counties to complement the quantitative survey and provide additional information (triangulation). Focus group discussions (FGD) were conducted with six (6) groups which included childcare parents (Young Mothers). Purposive sampling was used to select the groups.

### **3.3 Documents Review**

The baseline survey also involved a review of secondary data sources in order to complement the quantitative survey. Part of the secondary data sources reviewed included:

1. Internal documents sourced from ongoing implementation such as the proposal documents and other reports.
2. External documents including Nurturing Care Framework for Early Childhood Development, National Strategy and Action Plan and County Integrated Development Plans (CIDPs), among others.



## 4.0 Findings, Discussions and Presentation

### 4.1. Background information

The baseline survey covered 33 childcare centres in Nairobi and Kisumu (Table 1). Among the childcare centres covered, 63.6% (n=33) were home-based facilities, 24.2% were centre-based, while 12.1% were primary school-based childcare facilities. Most, 73.3% (n=30) of the childcare centres had not changed their physical location since January 2022. About 26.7% (n=30) of the childcare centres had been relocated. Most of the childcare centres were relocated from one physical location to another, and others were relocated from a rented plot to a school compound.

**Table 1: Survey Location**

County	Sample (n)	Percentage
Nairobi	19	57.6
Kisumu	14	42.4
Total	33	100.0

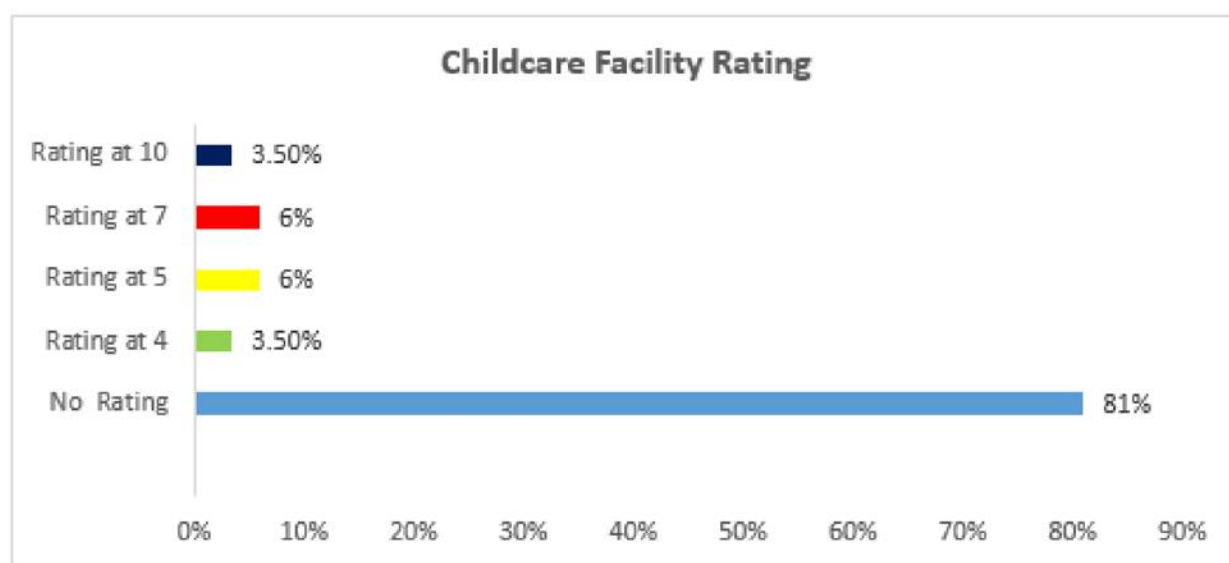
### 4.2 Quality of services

The quality of the services in this study was assessed based on the elements of child-friendly environment and premise, human resource and staff capacity, play and feeding and service rating.

#### 4.2.1 Child friendly environment and premise.

9.7% of the childcare centres had done renovations in their institutions. The results were also confirmed by the observation checklist, where 19.3% (n=31) of the centres had renovated the physical infrastructure of their institutions as well as moved to a new premise.

When asked to rate their facilities most of the caregivers (81%) could not rate their facilities, citing a lack of play areas and adequate caregiving spaces as shown in Figure 1 below.



*Figure 1: Childcare facility rating*

#### 4.2.2. Human resource and staff capacity

The results revealed that 35.5% (n=31) of childcare facility owners worked alone - with no help at their centers. About 41.9% (n=31) employed two (2) adult workers to help them run the centres while 12.9% employed only one person. About 6.5% employed three (3) staff and 3.2% of the childcare facility owners interviewed had employed five (5) adult employees. On average, the ratio of teachers (workers) to children was 1:13.

When the childcare facility owners were asked to indicate which activities were most helpful for their childcare centre, 56.5% (n=23) said trainings were most relevant to their institutions. Some mentioned a training that had been conducted by Uthabiti Africa to impart knowledge on good hygiene practices and providing responsive caregiving for young children. As a result of the trainings conducted at the centres, many childcare facility owners who had been trained reported feeling empowered to effectively run the facilities and provide quality care services. More on Figure 2.

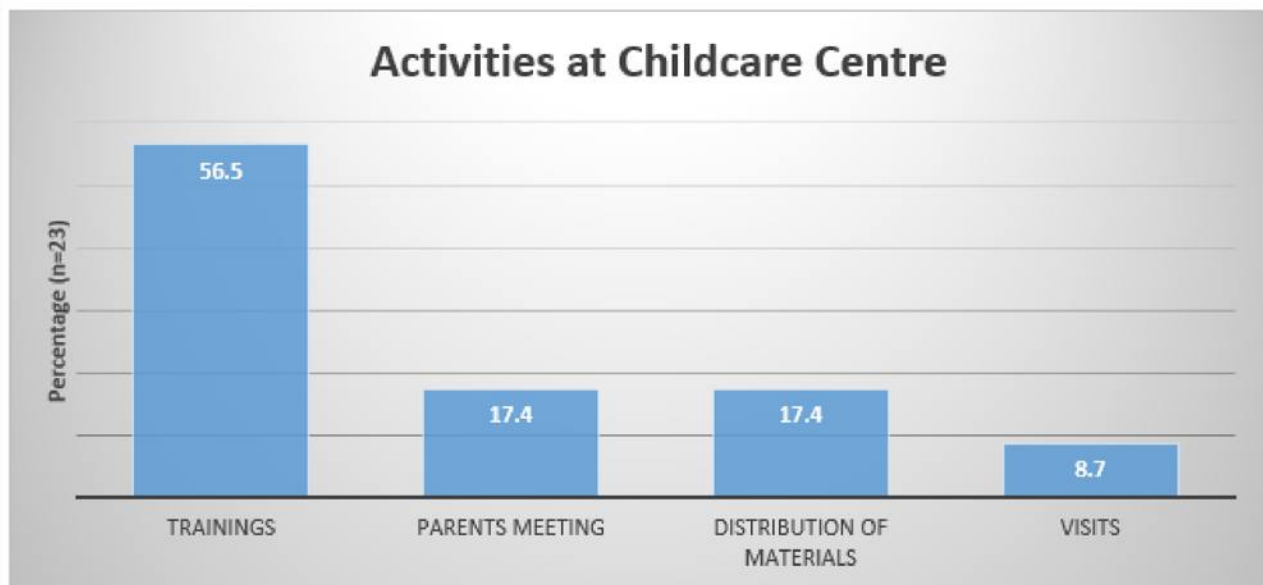


Figure 2: Activities at Childcare Centre

62.5% (20) of surveyed childcare facility owners were untrained on caregiving services. Most of the childcare facility owners had learned on the job and through observation in other similar childcare facilities. A majority of 94% of childcare facility owners who had been trained however reported undertaking basic, short term relevant training by NGO's. Only 1 respondent had attained formal ECDE training and qualification at certificate level.

According to the caregivers some of the services sought ranged from essential to basic, including cases requiring first aid skills (if proper training were offered). Only 9% (3) of the facilities surveyed reported being able to offer first aid services in case an accident occurred within their facilities.



Figure 3 below shows the areas of interest for training



Figure 3: Graph showing area of interest for training by childcare facility owners

#### 4.2.3. Play/ feeding

There was distribution of supplies such as play materials in 22.6% of the childcare centres. The distributions of materials such as toys in school-based centres was reported as helpful in promoting children developments. 9% of the children were divided into playgroups with lesser (41%) caregiver involvement in play activities with children and responsive feeding (5%).

Medicines and nutritional supplements provided to the centres helped to treat sick children, and supplement nutritional requirements of needy children from the centres. From the study several models were being used for the feeding within the childcare centres with:

1. Parents requested to bring food along with the children
2. Cooking within the premises
3. Provision of snacks by both parents and the child care givers

However, for cases of parents bringing food along with children it was reported that sometimes the food is either spoilt or unhealthy foods. In the instances where food is provided, some of the childcare reported cooking the same type of food for the children daily.

#### 4.2.4 Service Rating

The respondents were requested to rate the quality of their services as per statements in Table 3 using a scale of 1-5 where 1=strongly disagree, 2=disagree, 3=neutral, 4=Agree, 5=strongly agree (Mean >4). From the analysis, most of the childcare facility owners strongly agreed with the statements given. Table 2 summarizes the results of the service rating.

Table 2: Service Rating

Self-rating	Average Mean
<b>The overall safety of your childcare for the children?</b>	4.3
<b>The overall cleanliness of your childcare?</b>	4.6
<b>The quality of your relations with the children?</b>	5.0
<b>How protected the children are here?</b>	4.7
<b>How happy the children are here?</b>	5.0
<b>How stimulated are the children here?</b>	4.5
<b>How good a caregiver is you?</b>	4.8
<b>How committed are you to these children?</b>	4.8
<b>Total Average</b>	<b>4.71</b>

Most childcare facility owners were satisfied with the overall safety and cleanliness of the childcare as shown by mean of 4.3 and 4.6 respectively. The childcare facility owners said that children were happy to be at their centres and their relationship with children were good and of quality. Childcare facility owners are committed to children and children are well stimulated.

### 4.3. Business practices and Sustainability

The quality of the services in this study was assessed based on the elements of licencing, charges and profitability, demand and enrolment and record keeping. These elements contribute to profitability and stability of the business.

#### 4.3.1 Licencing

Against the established counties' licensing requirements for the childcares - 78% (25) - were reported to be unregistered with three (3) of the childcare providers un-aware of the requirements. Reasons for non-compliance was reported as follows:

- High registration fees
- Pre-requirement of being registered under a school
- A vigorous mandatory assessment

The childcare facility owners could associate the benefits of registrations as including:

- Provision and sense of security
- Regulation and Certification
- Chance for skill advancement

Respondents reported the fears they experienced as including:

- Strict and rigid regulations
- High cost
- Kenya Revenue Authority (KRA) Taxation
- Reduced profit margins
- Harassments by the regulators/enforcers
- Fear of the unknown



### 4.3.2 Charges and profitability

The childcare facility owners were asked whether they had increased the school fees rates since the inception of the centres. The result revealed that 35.5% (n=31) of the centres had increased the fees. Most centres had increased the fees to Kshs 100 per day from Kshs 50, Kshs 70 and Kshs 30. Some of the reasons for the increase in charges included:

- Rise in the cost of running the childcare facilities due to the prevailing hard economic situation.
- Increase in pricing due to upgrading from a home-based facility to a centre-based.
- Increase in rent of the childcare facility premises

As a result, childcare facility owners revealed that most parents had initially complained about the fee increment, but later complied. Among the childcare centres where fees was increased, 27.7% (n=11) reported that some parents transferred their child to another centre.

### Analysis on profitability

Among the childcare facility owners who reported to have increased the fee, 60% reported to make more money, 40% made about the same amount while 10% made less.

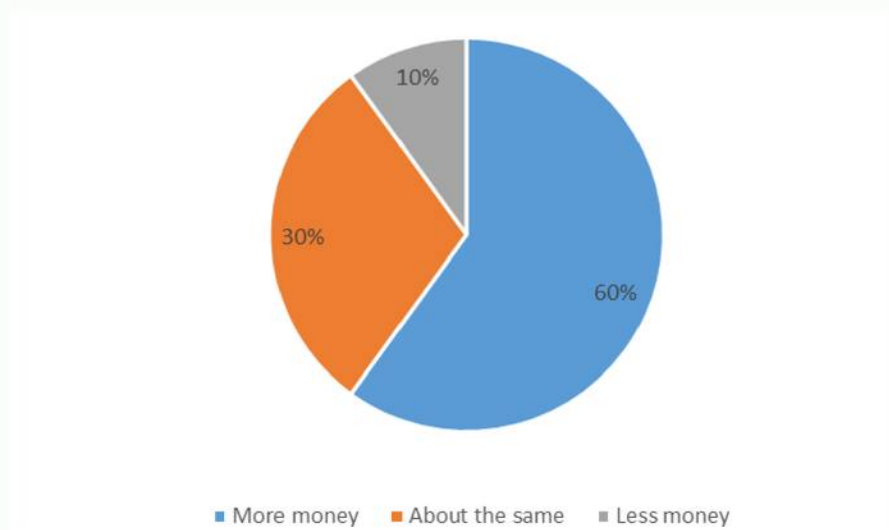


Figure 4: Analysis of profitability

### 4.3.3. Demand and enrolment

Averagely, the childcare facilities had 16 children with some centres having as many as 55 and others as low as three (3). Majority (43.1%) of the children enrolled at the childcare facility were aged between one and three years; 29.2% of the children were aged over three (3) years while 5.2% were below the age of six (6) months. These findings were confirmed from the observation checklist data, which showed that 28.5% (n=28) of the centres had children aged below six months. The results are summarized in Table 2.

Table 3: Children Age

Age	Frequency	Percentage
Under 6 Months	28	5.2
6-12 Months	120	22.5
1-3 years	230	43.1
Over 3 years	156	29.2
Total	534	100.0

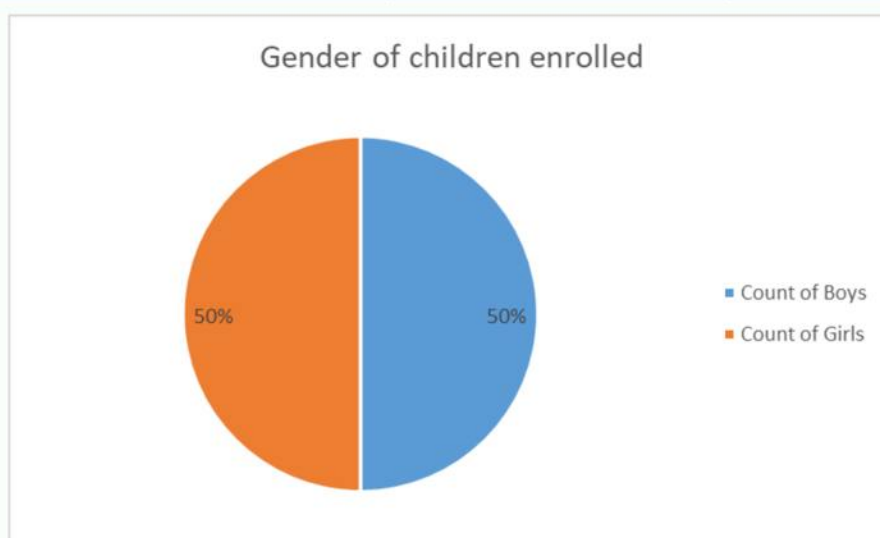


Figure 5: Gender of children enrolled

The survey sought to establish whether the centres were growing in terms of number of children that parents enrolled. About 96.9% (n=32) of the childcare facility owners said that their centres were enrolling more children each. Parents referred other parents to the centres making the population increase at every centre. Further, 70.4% (n=27) of the childcare facility owners said that they took in all the children the parents brought while 29.6% said that they had to turn away some children. Some of the reasons for turning away children included:

- Age: Age was a key reason as to why some childcare facility owners had to turn away some children. One of the childcare facility owners reported that they only enrolled children below age three and therefore any child above three (3) years was not taken in. Another added that they only enrolled children aged above one year, hence turning away those aged below one (1) year. Another childcare owner added that they had only enrolled children aged above six months. Therefore, different childcare centres had set different ages for the children to be enrolled.
- Other children were turned away due to illness,
- Disability as the centres lacked adequate facilities for them.
- Dropping and picking time for the children was also another reason which made the childcare facility owners turn away some children.

When parents were asked about awareness of existing childcare centres and if they trusted them, only 42% affirmed.



#### 4.3.4 Record keeping

The findings revealed that 71.9% (n=32) of the centres kept records of the children, their history and contacts of their parents. Most childcare facilities recorded the children's daily attendance, their names, age, time reported in and signed out. They also recorded the parent's details such as names, Identification (ID) number and phone number, where they lived and their next of kin. The centres recorded the health statuses of the children, daily payments by the parents and expenses incurred. 60.9% updated the records regularly, 34.8% (n=23) were updated from time to time, while 4.3% rarely updated the records.

##### Method of record keeping

The centres that keep records are using informal paper-based registers to keep their records.

#### Update of Children Records

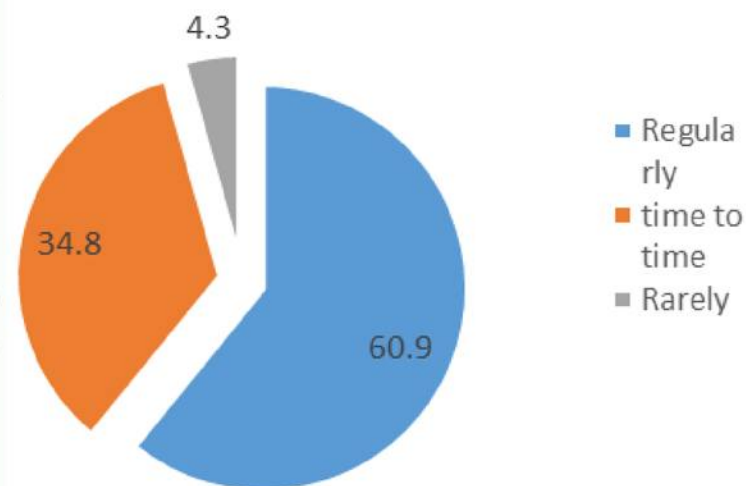


Figure 6: Updating of children's records

#### 4.4. Social and technological innovation in the ecosystem.

##### 4.4.1. Use of technology

The study revealed that most 66% (21) of the childcare facility owners had access to mobile phones and the Internet.

Some respondents reported being trained by Tiny Toto's and adopting utilisation the M-Toto app in managing their facilities. Some respondents cited the high cost of internet as a barrier to utilisation of digital applications. Further, the respondents indicated that they found some training materials having complicated charts and not user-friendly.

##### 4.4.2 Opportunities for usage of technology to enhance demand

Key informant respondents acknowledged the role of technology in improving demand and service delivery.

*"Technology is very key, service delivery can be improved through rating of these day cares online hence pushing them to provide better services".* (Gender officer, Kisumu County).

99% (31) of the childcare facility owners believed and reported that embracing technology in childcare service provision would enhance service delivery, safety and comfort within the childcare facilities with some positive benefits being:

- Ease in communication with parents
- Accessibility to E-learning tools
- GPS location of the facilities
- Marketing of the facilities to their prospective consumers
- Enhanced record-keeping
- Edu-tainment (i.e. educational cartoons programs)
- Skills development among childcare facility owners
- Digital literacy programs

From the survey it is clear that technology can be leveraged on to increase demand for childcare services through digital marketing on social media platforms like Facebook adverts and WhatsApp's group's advertisements. Incorporation of technology into this sector and provision of necessary training to all relevant stakeholders would stimulate use and improved service delivery.

#### 4.5. Parental and community engagement

The parental and community engagement aspect in this study aimed to assess level and nature of parental involvement and existence of feedback mechanisms.

Most of the childcare facilities reported a positive parental obligatory participation upon their request. Most requests made to parents included provision of diapers and food items. 88% (29) reported giving advice to parents on nutrition, child health and child behaviour management. Reports received indicated that a majority of the parents were taking positively the advice offered to them and were responding appropriately. Only 53% (17) of childcare facilities reported inviting the parents to discuss child progress with most attending from time to time.

The issues discussed included:

- Timeliness,
- Child safety,
- Nutrition,
- Child welfare
- Fees payments,

58% (19) of the childcare facilities acknowledging these engagements were helpful.

The childcare facility owners were requested to indicate all the activities conducted or which had occurred at the childcare centres within the year that the study was conducted. Figure 1 summarises results.

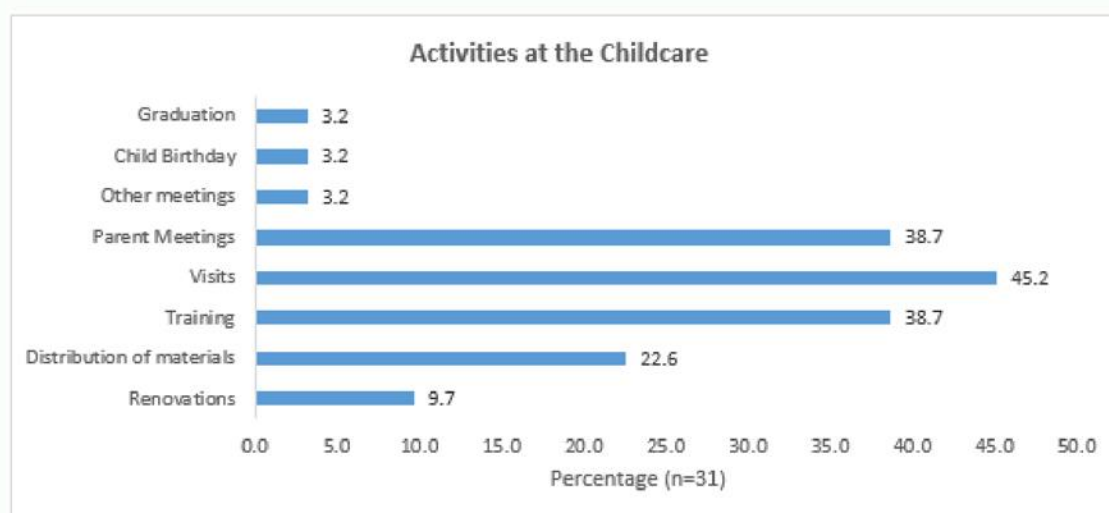


Figure 7: Activities at the childcare



Results in Figure 2 revealed that 45.2% of the facilities had hosted physical parent visits, 38.7% of the facilities held parents meetings while 38.7% of the facilities had hosted a training.

17.4% reported that the parents meetings were helpful and 8.7% said that parental visits at their centres were of great importance. The parent meetings helped the childcare facility owners to receive feedback from parents, which improves relationships between parents and childcare facility owners.

Further, visits by doctors from the local community hospital helped in checking the health status of the children. Only a few 34% (11) of childcare caregivers reported being linked to CHWs with the major services promoted by the CHWs being vaccinations, deworming and nutrition supplementation. A further 9% CHW's (3) were reported as being linked to the parents, offering growth monitoring and counselling services support. 90% of the total childcare facilities population who faced child related illness showed a strong linkage with health facilities to enhance timely access to immediate medical support.

#### **4.6. Support needed from Community/Government**

The support needed from community and government, aspect in this study aimed to assess the role of government in enhancing the childcare ecosystem from the perspective of the childcare facility owners.

The childcare facility owners were requested to indicate the kind of support they expected or anticipated require from the community and the government, in an ideal situation. The findings are listed below in order of priority:

- Playing materials for children such as toys
- Provided with bedding such as mattresses
- Provided with bigger space for playing ground and rooms as well as construct more classrooms.
- Awareness creation to community especially on Early childhood education
- Learning materials
- Offer Security personnel
- Introduce feeding program
- Affordable licensing
- Clean energy cooking resources
- Renovation of the centre
- Training of the caregivers
- A networking platform
- Emergency rooms



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## 5.0 Conclusions & Recommendations

### 5.1 Conclusions

The survey revealed that most childcare centres in the surveyed were primarily home-based childcare and that only a few were primary school-based childcare. Most children at the childcare centres were aged between six (6) months and three (3) years. In most home based childcare, owners worked alone at their centres and only a few employed trained teachers.

The activities mainly carried out at childcare centres included training, centre visits, parents meetings and distribution of materials. Training are most preferred by childcare facility owners for they offer knowledge on how to practice good hygiene, responsive caregiving and increasing knowledge on running their centres more effectively.

Most centres keep essential records of the children and parent's details, with some of details being children's daily attendance, children's name, age, time brought in and signed out. The parent's details such as name, ID number and phone number, residence and next of kin were recorded. The centres also record the health status of the children, daily payments by the parents, expenses incurred and most of the records were regularly updated.

Childcares owners regularly requests parents to provide diapers and food items for the children. With a majority of parents responding or turning up for the meetings when called upon. Most ECD teachers or childcare caregivers gave advice to parents on nutrition, child health and child behaviour management – which the parents took positively.

Quality of the childcare services was still trailing behind with most childcare facility owners being untrained on responsive caregiving and offering quality services. Most of the childcare facility owners had learned on job and others through observation in similar childcare facilities. Most childcare centres were unregistered with some of the childcare providers un-aware of the requirements for licensing.

Childcare facility owners cited the reasons for non-compliance as being high registration fees, Pre-requirement of being registered under a school and a vigorous mandatory assessments. Further, only less than half of childcare caregivers reported being linked to CHVs, with the major services promoted by the CHVs being Vaccinations, deworming and nutrition supplementation. However, a strong linkage between childcares and health facilities for immediate medical support exists.

Most childcare facility owners targeted had access to mobile phones and the Internet. They believed that embracing technology would enhance both service delivery, safety and comfort within the childcare facilities, with some positive benefits cited being: Ease in communication with parents, accessibility to E-learning tools and enhanced record-keeping. Technology can also help market facilities to their prospective consumers and develop skills among childcare facility owners.

Childcare centres reported that they were receiving more enrolments daily and parents were happy to refer other parents to the centres - making the population to increase at every centre. Some of the childcare centres increased the fees as result of increases in the cost of running the childcare and hard economic situation in Kenya and globally. As a result, most parents complained about the school fees increment but later they complied.



## 5.2 Recommendations

The survey recommends the following:

### Improving quality of childcare services

1. More training sessions with childcare facility owners and caregivers to reinforce knowledge on good hygiene practices, responsive caregiving and knowledge on running quality services.
2. The study revealed that only a few childcare facility owners had been trained on caregiving services. This study recommends all childcare facility owners to be trained on responsive caregiving and quality service provision.
3. Since the feeding programs are not well structured with the risk of food poisoning and malnutrition, it's recommended that a well laid plan may be structured by the counties in collaborations with ECDs. Further trainings may be needed on nutrition to empower both the caregivers at the day cares and even parents on nutritional dietary requirements the age bracket.
4. Given the growing demand for childcare services and mushrooming of facilities, there is need evidence generation on improving quality and regulations while ensuring affordability of childcare services especially in informal sectors.

### Improved business practices and sustainability

1. It is further recommended that the childcare centres may form local unions among themselves. Such will be critical in advocating for changes and services they may require from both county and national governments as well as ECDs and Child departments.
2. The stakeholders should improve the health outcomes of the children and local communities: There is need for providing training and capacity building on environmental sustainability that can help empower the child care facilities and local communities to act and drive change toward the promotion of environmental conservation and commitment to instituting climate change adaptation measures, waste management and reduction of pollution exposures.

### Adoption of social and technological innovation

1. Further, childcare centres should establish an IT department by creating a space and employing a person to manage IT matters in the facilities.
2. Since most records of the children and parent's details are recorded on books, this study recommends digitalization of the registration process to ensure the data is safe and readily available.
3. Since most childcare facility owners have access to mobile phones and internet, the study recommends more sensitization on embracing technology on delivery and safety and comfort within the childcare facilities. Equally the childcare need more capacity building on how technology may become a major tool for both administrative and advertisements.
4. Stakeholders and childcare centres should come up with a website or a mobile APP that will link parents and childcare centre. For example a platform where parents can search registered centres within their localities and enquire information before visiting the centre of the choice.

### Enhanced parental and community engagement

1. Improvement of parental involvement and creation of feedback mechanisms such as parents meetings.
2. Improved linkage with the health sector such CHW's to enhance public health in childcare facilities.
3. Behaviour change communication targeting community members on:
  - (1) Safety of childcare facilities to create demand
  - (2) To improve perceptions on childcare facilities as income generating activities to improve profitability
  - (3) Childcare as an intervention on unpaid care work



## Government and community support

1. Only a few facilities were registered therefore more sensitization should be done on need to register the childcare centres – though without deterring those that cannot meet certain required standards.
2. The county government should make the licensing affordable, flexible and reduce the turnaround time in the license processing.
3. Since most day cares reported either not having facilities or child friendly materials, it is recommended that county governments and other stakeholders may support in such establishments. Equally routine checks and supervision should be made to this childcare to see if they meet the policy standards.
4. The national government together with the county government should come up with the standard national policies governing the childcare centres across all the counties.

### 5.3 Donor and Partners







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