

A Training and Quality Support Program for Childcare Providers in Kenya



Abstract

Quality childcare in low-income settings can improve children's development, support women's economic participation, and generate broader societal benefits. Yet in many informal communities, childcare is expensive, low-quality, and difficult to improve at scale. This brief presents preliminary findings from a randomized evaluation of Kidogo's training and support program for childcare centers in Kenya.

Results suggest improvements in care quality and provider sustainability, with some gains spreading to competing providers as well. However, the program has not yet affected prices, enrollment, or revenue, pointing to a persistent challenge: improving quality costs money that neither providers nor families can easily absorb. Final results are expected by late 2026.

KEY FINDINGS

One year after program launch, preliminary findings suggest:

- **Care quality improved significantly among participating providers**, with gains in hygiene and safety, learning materials, food provision, and the overall child experience.
- **Quality improvements spread to nearby competitors:** Non-participating providers in the same communities became more likely to offer food and showed improvements in child engagement and daily activities as they learned about improvements in Kidogo centers.
- **Childcare center survival rates increased:** Childcare providers were more likely to survive. Home-based childcare providers in particular were 46 percent less likely to close, and those that did exit the market tended to be lower-quality on average, suggesting that competition pushed the market toward higher-quality care.
- **Prices, enrollment, and revenues were not affected:** Providers are unable to raise fees because they believe many families will not pay more.
- **External financial support, such as public financing, may be necessary** to increase the quality and affordability of childcare.

Introduction

Access to quality, affordable childcare can deliver what researchers and development organizations describe as a "triple dividend": it improves outcomes for young children during a critical developmental window; frees parents, especially mothers, to participate in the workforce; and generates employment in the care economy. Benefits can build over time and [across generations](#). Yet in many low-income urban and peri-urban communities across Kenya, the childcare landscape is fragmented and informal, with parents reporting an unmet need for care. One challenge may be perceptions of poor quality, and specifically concerns of child health and safety. Independent providers often operate with limited resources and are barely profitable, making it difficult to invest in improvements. Parents want reliable care where their children can be safe, but have inconsistent income streams and may be cautious to pay for services that are of unknown quality.

Programs that offer training and continuous support for a diverse range of caregivers to improve and maintain the quality of childcare provided in their centers may offer a cost-effective solution to improving quality, and increasing use of childcare services where it is needed.

The Kidogo Program

Kidogo is a Kenya-based non-profit social enterprise that works with home-based, stand-alone, and school-based childcare providers in informal urban and peri-urban communities. These providers primarily serve children under 5; children 3 and under are generally not yet served in informal communities by the public school system.

The program unfolds in two phases. In the first phase, providers receive three months of intensive training and on-site mentorship covering health and safety, nurturing and responsive care, and early education practices, as well as business management and personal empowerment skills. In the second phase, providers who have demonstrated quality improvements and sustained engagement are invited to become Kidogo members and adopt its brand as a way to build reputation in the community. Members receive facility renovations, monthly deliveries of subsidized, fortified porridge, growth monitoring for children, and continued training and mentorship, in exchange for a small monthly fee. They are also visited once per term for quality assurance.

Most participating providers are women-led and serve children from low-income households in informal communities.



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Evaluation Design

Researchers are partnering with IPA to conduct a randomized evaluation of the Kidogo program. The study aims to determine whether the program improves the quality of care and sustainability of participating providers; whether those improvements spread to nearby competitors; and whether the program affects broader outcomes such as pricing, enrollment, and revenue.

The study covers 51 communities within urban and peri-urban areas across Kenya, home to over 1,000 home-based and school-based childcare providers. Communities were randomly assigned to either receive the Kidogo program or serve as a comparison group. This random assignment allows researchers to attribute observed differences in outcomes directly to the program rather than to other factors. Data collection for longer-term outcomes is ongoing, and final results are expected by late 2026. These preliminary findings represent short term impacts 8-10 months after the introduction of the intervention.

Preliminary Findings

CARE QUALITY

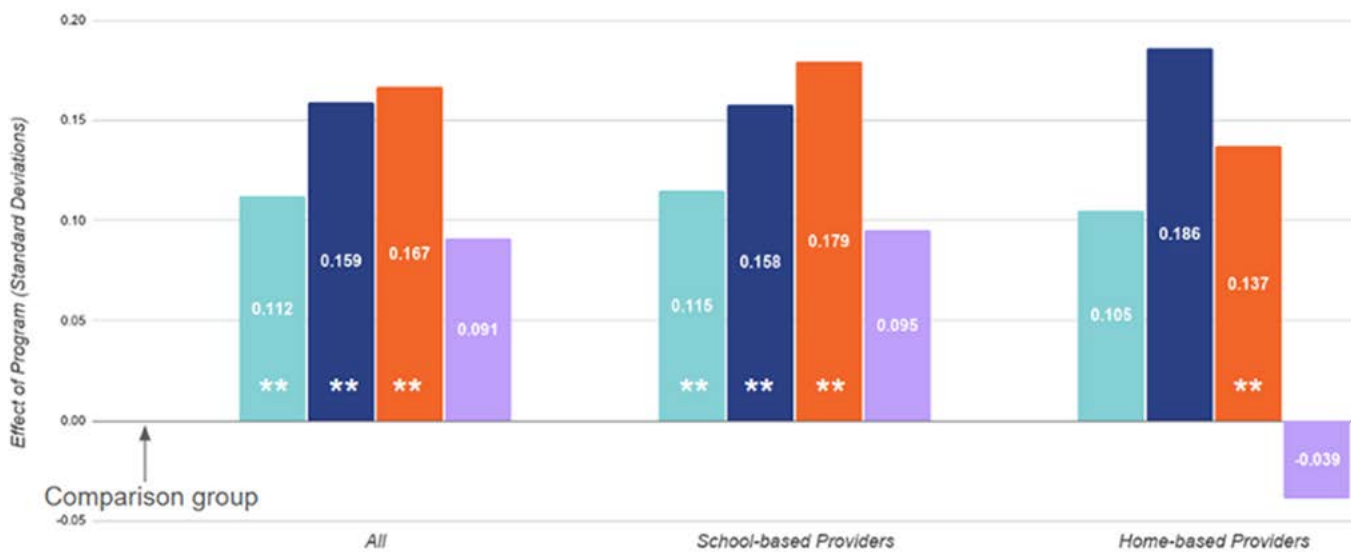
Participating providers showed significant improvements across multiple dimensions of care quality, including hygiene and safety practices, availability of toys, books, and hands-on learning tools, quality of the child experience, and food provision.

On food provision specifically, the program increased

the share of providers offering meals by 12 percentage points (up from a starting rate of 70 percent). Child hunger during the day fell by 7.8 percentage points (from a starting rate of 15 percent). Over-medication—a common practice used by overwhelmed caregivers to calm children—declined by 9.7 percentage points (from a starting rate of 26 percent).

Impact of Kidogo's Training Program on Provider Care Quality

Kidogo's Program Overall Improves Provider Care Quality



Note: ** indicates statistically significant

Legend: Overall (teal), Safety (dark blue), Toy Availability (orange), Child Experience (purple)

QUALITY AMONG COMPETITORS

In intervention communities, competitor centers - those that did not join the Kidogo program - also improved their quality in terms of the child experience and became more likely to provide food. These results suggest that firms compete over quality within the market, so that the treatment benefits spill over into non-participant centers. However, one area of concern was found: Over-medication of children increased among non-participating home-based providers, which may indicate that competitors, which did not participate in the training, want to improve quality but lack the capacity to do so.

PROVIDER SURVIVAL

One of the clearest early results is that the program helped higher-quality providers stay in business. The effects are driven by home-based providers. The likelihood that home-based childcare centers closed fell by 15.2 percentage points, a 46 percent reduction compared to the comparison group. Notably, the providers who did close had lower quality scores at the start of the study, on average. This suggests that the program and the competitive pressures it created are pushing the market toward higher-quality care.

PRICES, ENROLLMENT, AND REVENUE

Despite quality gains, the program did not produce meaningful changes in prices charged, number of children enrolled, or revenue earned by providers. Providers report that they are unable to raise fees because a large share of the families they serve would be unwilling or unable to pay more. As a result, providers absorbed some costs of quality improvement on their own, which raises questions about whether these upgrades can be sustained without outside financial support. There has also been no impact on price, enrollment, or revenue for competitors.

Policy Implications

These findings offer important insight for policymakers, donors, and program designers working to improve the quality and accessibility of childcare in Kenya and other low- and middle-income settings.

Quality can be improved. Training, mentorship, and support can lead to measurable gains in hygiene, learning environments, and the overall child experience - including reduction in hunger, even in settings with limited resources and regulation.

Cost absorption is a real challenge. When families cannot afford higher fees and providers cannot raise prices, the costs of quality improvement fall entirely on providers without additional intervention.

Public and/or philanthropic investment is likely necessary. Where universal childcare or early childhood education is not available, subsidies from governments, NGOs, or philanthropic donors may be needed to improve the quality, as neither parents nor firm owners are able to absorb all associated costs.

Competitive pressure matters. The spread of quality improvements to non-participating providers suggests that market incentives can amplify program impact. Policymakers should consider how to harness this in broader quality improvement strategies.

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