



CARE INFRASTRUCTURE IN KENYA:

CASE STUDY REPORT

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INTRODUCTION



This study develops a definition and typology of care infrastructure investments in Kenya. It explores how care work and infrastructure are understood across stakeholders—including national and county governments, communities, civil society, and the private sector—and how it is framed in literature, media, policies, laws, norms, and institutional mechanisms. A key focus is the integration of care infrastructure investments into socioeconomic policies. At both national and county levels, the study identifies relevant laws, policies, and administrative guidelines, assessing their effectiveness. It also analyzes how policymakers, managers, and implementers discuss and engage with care work and infrastructure.

The study highlights past, present, and future government efforts to address challenges in care work. It examines how communities organize care at household and communal levels, considering gender and age factors, and how traditional beliefs interact with national policies. Civil society perspectives on care work emerge from advocacy and program implementation, while private sector initiatives reveal how care work is categorized and valued. Additionally, the study reviews research by government bodies, universities, and policy institutions, particularly regarding the impact of care infrastructure on women's economic empowerment. It also assesses how COVID-19 has influenced care work and infrastructure, with potential short- and long-term effects.

STUDY METHODOLOGY



The research primarily involved a desk review of published and unpublished sources on care work, accessed mainly online. Sources were selected based on their relevance to childcare, eldercare, care for the sick, and domestic work. This was supplemented by 46 key informant interviews with government, civil society, and community stakeholders. The interviews explored current practices, debates, and demands related to care, with informants defining key terminology—care, care work, care worker, and care infrastructure—and outlining their roles in policy and program implementation.

A stakeholder mapping and analysis identified key actors involved in, influencing, or affected by care. Stakeholders were selected based on their alignment with care-related policies and services, including national and county government officials responsible for policy and program implementation, and civil society and private sector actors engaged in care provision and advocacy. Private sector stakeholders included companies, care worker associations, childcare enterprises, and other service providers.

The study categorized stakeholders into three groups: *duty bearers* (government ministries, departments, and agencies), *private sector and civil society*, and *community*. Additionally, they were classified by their focus area: eldercare, childcare, care for the sick, and domestic care work. The research also explored variations in how these groups define and perceive care infrastructure.

Care for the ELDERLY

KEY ACTORS AND DEFINITIONS

There are two main government agencies responsible for care for the elderly in Kenya. The State Department of Social Protection, Pensions, and Senior Citizens Affairs, which sits under the Ministry of Labour and Social Protection, develops policies and oversees programs for older persons. The National Gender and Equality Commission works to reduce discrimination and promote equality for all, including the elderly.



The State Department of Social Protection, Pensions, and Senior Citizens Affairs, defines care for older persons in the Geriatric Bill (2021), as physical, psychological, social, or material assistance aimed at enhancing their quality of life and well-being. 1A caregiver is defined as anyone providing such care.

Other key terminology in the bill include:

- **Community-based care and support services:** Programs ensuring older persons can remain in their residences as long as possible and receive care from family and the community in line with cultural values
- **Home-based care:** Non-residential care provided where older persons reside to maintain their comfort.
- **Respite care:** Temporary care services that offer relief and support to older individuals.

POLICY AND LEGAL FRAMEWORKS

Kenya's framework for eldercare is guided by several key policies, laws, and guidelines operating at national and regional levels. Together they ensure a comprehensive approach to eldercare through legal mandates, policy direction, and institutional support.

National Policy and Legal Frameworks

- **Constitution of Kenya (2010), Article 57:** Mandates the State to uphold the rights of older persons.
- **National Policy of Older Persons and Ageing (2014):** Aims to empower and facilitate older persons' participation in society while ensuring dignity and rights.
- **Geriatric Bill (2021):** Establishes the National Council for Older Members of Society and provides for the care, protection, and empowerment of older persons.
- **Draft Guidelines for Establishment and Management of Older Persons' Institutions (2016):** Offers policy direction on institutional care.
- **Kenya Vision 2030:** The Consolidated Social Protection Fund under the social pillar supports older persons' welfare.

Regional Policy and Legal Frameworks

- **Africa Protocol Draft:** Common African Position on Long-Term Care Systems.
- **African Protocol to the African Charter on Human and Peoples' Rights:** Protects the rights of older persons in Africa.



1 State Department of Social Protection, Pensions, and Senior Citizens Affairs. (2021). Geriatric Bill. https://kenyalaw.org/kl/fileadmin/pdfdownloads/bills/2021/TheGeriatricBill_2021.pdf

ELDERCARE SERVICES

The Kenyan government has introduced several programs and services to support the elderly, including social protection, social insurance, and state-funded residential care:

- **Inua Jamii and Cash Transfers:** The Inua Jamii program provides cash transfers to vulnerable elderly individuals. The Older Persons Cash Transfer started in 2007, offering KSh 2,000 per month to Kenyans aged 70+ who lack a pension. The program has expanded nationwide, serving 833,000 households.²
- **Health and Insurance Initiatives:** Kenya's National Social Security Fund (NSSF) provides retirement benefits, while the National Hospital Insurance Fund (NHIF) covers medical expenses. Some county governments also subsidize NHIF enrollment for elderly residents.
- **State-Funded Residential Care:** The government is piloting state-funded elderly care, starting with the Kirinyaga Rescue Center, with plans to expand nationwide.³ Existing county-run homes include Mji wa Huruma (Nairobi), which houses 50 residents and depends on county funding and donations; Nyumba ya Wazee (Mombasa), managed by the county's Gender and Cultural Affairs Department; and Bahati Home (Trans Nzoia), operating since 1958 but facing infrastructure challenges. Many facilities struggle with insufficient resources to meet residents' needs.

Civil society and faith-based organizations also provide charitable care services for the elderly. Notable examples include Help Age International,

Help Age Kenya, and Cheshire Home, and the Presbyterian and Catholic churches. These actors provide residential and day care services, covering basic needs, healthcare, education, and psychosocial and spiritual well-being. They also advocate for the rights of older persons in Kenya.

KEY ISSUES IN CARE FOR THE ELDERLY

Community Perceptions and Limited Residential Care

State-funded residential care for the elderly is often viewed as a sign of rejection or neglect, as cultural norms prescribe that families—particularly women—should provide care. The National Gender and Equality Commission defines elderly care as services for those who live alone, are ill, or have disabilities,⁴ implying that those living with family may not require formal care.

Government efforts, such as the 2021 establishment of a home for the elderly in

Cultural and gender norms assign caregiving roles primarily to women, exacerbating their economic vulnerability and increasing the burden of unpaid care work.



- 2 Office of the Auditor General. (2018). Performance Audit Report of the Auditor-General on Management of Older Persons Cash Transfer Programme by The Department of Social Development. <https://www.oagkenya.go.ke/wp-content/uploads/2021/09/Management-of-Older-Persons-Cash-Transfer-Programme-2018.pdf>
- 3 Mwangi, I. (2020). Rescue Center for Neglected and Abused Elderly People. Kenya News Agency. August 21. <https://www.kenyanews.go.ke/rescue-center-for-neglected-and-abused-elderly-people/>
- 4 National Gender and Equality Commission. (2016). At Sunset Will it be Home? Audit of Residential Institutions of Older Members of Society in Selected Counties of Kenya. <https://www.ngeckkenya.org/Downloads/Audit%20of%20Residential%20Homes%20for%20Older%20Persons%20in%20Kenya.pdf>
- 5 Kenya National Bureau of Statistics. (2019). Kenya Population and Housing Census 2019. <https://www.knbs.or.ke/2019-kenya-population-and-housing-census-results/>

Kirinyaga, have framed such facilities as responses to elder abuse rather than as comprehensive care solutions. Media coverage has reinforced this perspective, highlighting government plans to address neglect rather than invest in structured eldercare services. These perceptions may explain the government's low investment in care centers, which are mostly concentrated in urban areas, despite 55% of older persons living in rural regions.⁵

Care for elderly individuals with disabilities or chronic illnesses largely falls on families, with few residential facilities available—most run by religious organizations. The burden is further intensified by a shortage of trained caregivers.

FAMILY CARE FOR THE ELDERLY

Due to limited government investment and societal expectations, most elderly care occurs within families. This approach is reinforced by policies like the Older Persons and Ageing Programme under the State Department for Social Development, which promotes family and community-based care to keep older persons within their homes.⁶

CHALLENGES IN FAMILY-BASED ELDERLY CARE

Cultural and gender norms assign caregiving roles primarily to women, exacerbating their economic vulnerability and increasing the burden of unpaid care work. Despite government policies relying on family-based care, there are no structured programs to train or support family caregivers. Limited knowledge on managing long-term elderly care compromises the quality of support older persons receive within their communities.



6 State Department for Social Protection and Senior Citizen Affairs. [n.d.]. Family Promotion and Social Welfare. <https://www.socialprotection.go.ke/family-promotion-and-social-welfare/#>

Care for **CHILDREN**

KEY ACTORS AND DEFINITIONS

The Department of Children Services (DCS) and the National Council for Children Services (NCCS) are the main government agencies responsible for care of children. The DCS, under the Ministry of Public Service, Gender, Special Programs, and Senior Citizen Affairs, oversees child welfare and family services. This includes: education and school feeding programs, advocacy for accessible day care, healthcare and respite care, parenting training, legal assistance, disability support, community outreach, child participation initiatives, and programs to support families financially. The NCCS, is a semi-autonomous government agency responsible for overseeing, regulating, and coordinating all child-related services within the country, including advising the government on matters concerning children's welfare and rights.



In 2014, the DCS published the Guidelines for the Alternative Family Care of Children in Kenya to standardize national guidance for child welfare and protection practitioners, enhancing the quality of family support and alternative care services.⁷ Developed by a technical working group—including representatives from DCS, the NCCS, UNICEF, and other civil society organizations—the guidelines provide key definitions related to care, including:

Alternative care: A formal or informal arrangement whereby a child is looked after at least overnight outside the parental home, either by decision of a judicial or administrative authority or duly accredited body, or at the initiative of the child, his/her parent(s) or primary caregivers, or spontaneously by a care provider in the absence of parents.

Caregiver/carer: A parent or guardian who is charged with the responsibility for a child's welfare.

Care leaver: A young person, typically over 18 years of age, who is leaving or has left a formal alternative care placement. He or she may be entitled to assistance with education, finances, psychosocial support and accommodation in preparation for independent living.

Community-based care: A range of approaches designed to enable children to remain with their own (or extended) family and prevent the need for separation, or to be placed with an alternative family within his or her community.

Continuum of care: A range of services and placement options for children beginning with family preservation or prevention of separation (i.e., remaining with biological parents) through to placement in residential care centers/facilities.

Day care: Care of a child during the day by a person other than the child's parent(s) or legal guardian. It is an ongoing service during specific periods of time, such as the time when parents are at work. It can be provided in nurseries, crèches or childcare providers caring for children in their own home.



7 UNICEF & the Government of Kenya. (2014). Guidelines for the Alternative Family Care of Children in Kenya. <https://bettercarenetwork.org/sites/default/files/Guidelines%20for%20the%20Alternative%20Family%20Care%20of%20Children%20in%20Kenya.pdf>

Family-based care: Short-term or long-term placement of a child in a family environment with one consistent caregiver and a nurturing environment where the child is part of a supportive family and the community.

Formal care: All care provided in a family environment which has been ordered by a competent administrative body or judicial authority, and all care provided in a residential environment, including in private facilities, whether or not as a result of administrative or judicial measures.

Informal care: Any private arrangement provided in a family environment whereby a child is looked after on an ongoing or indefinite basis by relatives or friends (informal kinship care) or by others in their individual capacity, at the initiative of the child, his/her parents or other person(s) without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body.

Interim care: Care arranged for a child on a temporary basis (e.g. while his/her family is being traced where accidental separation has occurred).

Kafaalah: According to Islamic law, the commitment by a person or family to voluntarily sponsor and care for an orphaned or abandoned child. The individual or family sponsors the child to meet his/her basic needs for health, education, protection and maintenance. **Kafil** Refers to an individual who is providing kafaalah to a child as defined above. Normally, the **kafil** is a Muslim.

Kinship care (informal): A private arrangement within an extended family whereby a child is looked after on a temporary or long-term basis by his/her maternal or paternal extended family, without it being ordered by an administrative or judicial authority. Family members include grandparents, aunts, uncles and older siblings.

Kinship care (formal): An arrangement, ordered by an external administrative or judicial authority, whereby a child is looked after on a temporary or long-term basis by his/her maternal or paternal extended family. Family members include: grandparents, aunts, uncles and older siblings.

Out-of-home care: Childcare, foster care or institutional care provided by persons, organizations or institutions to children who are placed outside of their family.

POLICY AND LEGAL FRAMEWORKS

Kenya has a strong legal framework for child rights, anchored in the Constitution of Kenya (2010) and the Children's Act (2022). The Constitution guarantees children's rights to nutrition, shelter, healthcare, protection from abuse, and parental care, while assigning county governments responsibility for pre-primary education and childcare facilities. Article 43(3) mandates social security for those unable to support themselves, and Article 14 ensures citizenship for abandoned children.

The Children's Act (2022) strengthens child welfare by establishing a Child Welfare Fund to support alternative care and social security programs. It prioritizes family- and community-based care through fostering, adoption, custody, kinship care, and kafaalah while mandating county-level child welfare schemes. The Act also ensures free healthcare, education, special care for children with disabilities, and legal aid for children in conflict with the law.

Additional childcare regulations include the Charitable Children's Institutions Regulations (2005) [governing institutional care], Adoption Regulations, Guardianship Rules, and Foster Care Rules, which outline placement, custody, and oversight procedures. The National Plan of Action for Orphans and Vulnerable Children (2007-2010) and National Children Policy (2010) provide a roadmap for family strengthening, community support, legal protections, and child-focused policies.

The Children's Act (2022) strengthens child welfare by establishing a Child Welfare Fund to support alternative care and social security programs.



Broader social policies impact child welfare, including the National Social Protection Policy, which seeks to expand cash transfers and economic empowerment programs, and the Comprehensive National Health Policy (2011-2030), which guarantees health services for children without parental care. The Law of Succession Act secures inheritance rights, while the Sexual Offences Act (2006), Employment Act (2007), and Refugees Act (2006) address child abuse, labor exploitation, and protection of refugee children.

Kenya's legal framework aligns with the UN Convention on the Rights of the Child (UNCRC, 1989), which upholds non-discrimination (Article 2), best interests of the child (Article 3), child participation (Article 12), and survival and development rights (Article 6). The UNCRC also mandates alternative care, protection for children with disabilities, and safeguards for refugee children. While Kenya's laws reflect these principles, gaps in implementation and funding remain challenges in fully realizing child rights.

GOVERNMENT POLICY POSITION ON CARE FOR CHILDREN

The Kenyan government prioritizes family- and community-based care for children, aiming to reduce institutionalization. To achieve this, the NCCS led the development of the National Care Reforms Strategy (2022-2032), launched in June 2022. The strategy focuses on strengthening families, promoting alternative family care, tracing, reintegration, and transitioning children from institutions to family or community-based care.⁸ The strategy is informed by the Kenya National Care System Assessment (2020), which examined formal and informal childcare practices. The study revealed gaps in financing and service provision across key areas such as family reunification, kinship care, foster care, guardianship, adoption, and independent living for child-headed households.⁹ It recommended

family-based placements with a consistent caregiver in a nurturing environment as the most effective form of care.

However, Kenya lacks a comprehensive policy on unpaid care work, which remains disproportionately shouldered by women. The care reform strategy fails to address the gendered burden of care, merely referencing healthcare services for single mothers, divorced women, and widows as a way to prevent child institutionalization. This approach does not effectively reduce, redistribute, recognize, reward, or represent unpaid care work. Additionally, the strategy's framing of childcare as 'family-based' or 'community-based' overlooks the gendered division of labor, assuming that family takes responsibility while failing to acknowledge that women perform most unpaid care work. Without addressing these inequalities, the policy falls short of achieving true care reform.

PARLIAMENTARY DEBATES AND COURT RULINGS ON CHILDCARE

In the absence of comprehensive policies on unpaid care work, courts interpret existing legal frameworks and set precedents for future cases. Most childcare-related rulings focus on child custody and matrimonial property arising from divorce proceedings, while decisions on eldercare, healthcare caregiving, and domestic workers remain scarce. This may be due to fewer legal disputes reaching the courts in these areas compared to family law cases.

Kenya lacks a comprehensive policy on unpaid care work, which remains disproportionately shouldered by women.



8 State Department for Social Protection and Senior Citizen Affairs. (2022). National Care Reform Strategy for Kenya. National Council for Children Services. <https://www.socialprotection.go.ke/wp-content/uploads/2022/06/The-National-Care-Reform-Strategy-for-Children-in-Kenya-2022-2032.pdf>

9 National Council for Children's Services. (2020). Kenya National Care System Assessment. <https://socialserviceworkforce.org/resources/kenya-national-care-system-assessment/>

Childcare support for working mothers

The Health Act (2017) requires employers to provide breastfeeding spaces, a proposal initially rejected by the 9th Parliament due to business opposition.¹⁰ The 10th Parliament passed it, with Health Committee Chair Rachel Nyamai emphasizing its benefits for working mothers and child health.¹¹ Notably, Parliament lacked a daycare center until 2019, when MP Zulekha Hassan brought her baby into the chambers, citing a lack of childcare options and sparking a national debate on childcare support for working mothers.¹²

Recognition of Domestic and Care Work

The High Court of Kenya ruled that housework and care work performed by a spouse entitles them to equal share of matrimonial property upon divorce.¹³ Additionally, in 2012, the court upheld verbal employment contracts, imposing penalties for breaches, reinforcing the recognition of informal labor agreements.¹⁴

Parental Responsibility: Financial vs. Non-Financial Contributions

Initially, courts viewed parental responsibility as equal financial responsibility. In LAO vs OK ARAP M (2019) eKLR, Justice Thande ruled

that both parents must contribute financially, rejecting claims that financial hardship absolves a parent from responsibility.¹⁵ However, later rulings expanded the definition to include unpaid care work. In MK vs CKK (2015) eKLR, the court recognized that a resident parent (often the mother) provides nurturing care, while the non-resident parent contributes financially.

Parental Responsibility: Distribution of Care

In Stella Mukoko Amutabi vs Saijal Shikotra (2022) eKLR, Mombasa Justice John Onyiego ruled that raising children is a shared responsibility, regardless of marital status. The judgment reinforced the principle that no parent has a superior right over the child, ensuring that care work is not left to one parent alone.¹⁶

Unpaid Care Work and Property Rights

In MW vs AN (2021) eKLR, the High Court acknowledged unpaid care work as a valid contribution in matrimonial property disputes.¹⁷ The ruling emphasized that child-rearing, housework, and caregiving have monetary value, particularly in cases where one spouse solely assumes these responsibilities after separation.



- 10 N.A. (2016). Kenyan Law Brings in Breastfeeding Stations in Offices. BBC News. <https://www.bbc.com/news/world-africa-35925118>
- 11 Ibid.
- 12 Micheni, K. (2019). Kenyan MP Sent Out of Chamber for Bringing her Baby. CNN. <https://edition.cnn.com/2019/08/07/africa/kenya-mp-sent-out-of-chamber-baby-intl/index.html>
- 13 Micheni, K. (2019). Kenyan MP Sent Out of Chamber for Bringing her Baby. CNN. <https://edition.cnn.com/2019/08/07/africa/kenya-mp-sent-out-of-chamber-baby-intl/index.html>
- 14 Bhatia, G. (2021). Equality, Family and Unpaid Domestic Work: Kenyan High Court Ruling. The Elephant. October 1. <https://www.theelephant.info/ideas/2021/10/01/equality-family-and-unpaid-domestic-work-kenyan-high-court-ruling/>
- 15 National Council for Law Reporting. (2015). Stella Mukoko Amutabi v Saijal Shikotra. 2015. eKLR. <http://kenyalaw.org/caselaw/cases/view/106889>
- 16 National Council for Law Reporting. (2019). LAO v OK ARAP M. 2019. eKLR. <https://kenyalaw.org/caselaw/cases/view/180843> Ocharo, B. (2022). Judge Overturns Magistrate's Ruling, Backs Man in Child Support Case. Nation. April 8. <https://nation.africa/kenya/counties/mombasa/judge-backs-man-in-row-over-child-support-3775624>
- 17 National Council for Law Reporting. (2019). MW vs AN. 2021. eKLR. <https://new.kenyalaw.org/akn/ke/judgment/kehchc/2021/4051/eng@2021-09-14>

CHILD PROTECTION SERVICES

The Kenyan government has oversees several child protection services, including:

- **Cash Transfer for Orphans and Vulnerable Children (CT-OVC):** Launched in 2004, the CT-OVC program strengthens families by providing monthly cash transfers of KSh 2,000 (about USD \$20) to help caregivers cover child-rearing costs.¹⁸ The program aims to increase school enrollment, improve child health, promote civil registration, and strengthen household capacities. Evaluations have shown positive impacts on children's nutrition, school attendance, and economic resilience of female-headed households.¹⁹ ²⁰ However, challenges include lack of focus on early childhood education, inadequate transfer amounts that do not adjust for inflation, and reduced program coverage—reaching 390,500 households in 2022-23, down from 540,900 in the previous year, despite over 3 million vulnerable children in Kenya.
- **Charitable Children's Institutions (CCIs):** CCIs provide temporary shelter, care, and rehabilitation for children at risk. Kenya has 838 CCIs serving 40,719 children, regulated by the NCCS.²¹
- **Child Protection Centers (CPCs):** Non-residential facilities managed by the DCS, CPCs function as one-stop centers for child protection. Located in six counties, they offer counseling, legal aid, family tracing, and community sensitization.

- **Child Protection Units (CPUs):** Located in police stations, CPUs serve as short-term holding facilities for children in conflict with the law, ensuring separation from adult detainees. Kenya has 23 CPUs in 16 counties, leaving 31 counties without these facilities. Many CPUs remain non-functional or lack child-friendly conditions, forcing children to be detained alongside adults.²²
- **Juvenile Justice System:** Statutory and charitable child holding institutions include rehabilitation centers, remand homes, borstal institutions, probation hostels, and child protection centers.²³ These facilities face serious challenges, including poor infrastructure, overcrowding, and prolonged detention periods.²⁴ Cases have been reported where children were held in dark, unsanitary police cells for months while awaiting hearings.²⁵

Despite existing laws, Kenya lacks a comprehensive childcare and protection policy. Key gaps include rules on child-friendly court procedures, reintegration of children accompanying imprisoned mothers, separation policies for detained children, and provisions for children with disabilities or mental health needs. Limited funding, inadequate policies, and weak implementation hinder their effectiveness, leaving many vulnerable children without adequate support.



18 State Department for Social Protection and Senior Citizen Affairs. Cash Transfer for Orphans and Vulnerable Children. <https://www.socialprotection.or.ke/social-protection-components/social-assistance/national-safety-net-program/cash-transfer-for-orphans-and-vulnerable-children-ct-ovc>

19 Mwasijaji W. (2015). Scaling up Cash Transfer Programmes in Kenya. International Policy Centre for Inclusive Growth. No. 286. https://repositorio.ipea.gov.br/bitstream/11058/15648/1/en_OP286_Scaling_up_Cash_Transfer_Programmes_in_Kenya.pdf

20 Ibid.

21 Department of Children Services. (2019). Child Protection Report 2016-2019. <https://laboursp.go.ke/wp-content/uploads/2021/03/Child-Protection-Report-2016-2019.pdf>

22 National Council on Administrative Justice. (2019). Status Report on Children in the Justice System in Kenya. <https://www.judiciary.go.ke/download/status-report-on-children-in-the-justice-system-in-kenya/>

23 Ibid.

24 Ibid.

25 Ibid.

EARLY CHILDHOOD DEVELOPMENT AND EDUCATION SERVICES

The Constitution of Kenya (2010) mandates county governments to provide Early Childhood Development and Education (ECDE). Most counties implement ECDE through the Nurturing Care Framework, launched by the World Health Organization in 2018, which emphasizes health, nutrition, protection, responsive caregiving, and early learning to support children's development.²⁶

The Kenya Community Health Policy (2020-2030) integrates *nurturing care* as a key component of community health services, defining it as an environment created by caregivers that ensures children's good health and nutrition, protects them from threats and gives them opportunities of early learning through interactions that are emotionally supportive and responsive.²⁷ **Early childhood development (ECD)** is also defined as cognitive, physical, language, motor, social and emotional development a child goes through from conception to eight years.²⁸

Community Health Volunteers (CHVs) who are now referred to as Community Health Promoters (CHPs) play a crucial role in promoting ECDE in Kenya by:²⁹

- Raising awareness on early childhood development and responsive caregiving.
- Identifying and referring children with developmental delays or disabilities.
- Supporting families of children with disabilities through peer networks.
- Providing guidance on early learning using household objects and homemade toys.

- Promoting clean environments, including reducing indoor air pollution from charcoal use.

COUNTY PUBLIC CHILDCARE FACILITIES

Several counties have adopted the Nurturing Care Framework to enhance ECDE, reinforcing community-driven approaches for holistic child development, and setting up childcare facilities:

Tharaka Nithi County: Chuka Market Crèche

Tharaka Nithi County operates a market crèche in Chuka but lacks formal documentation defining care, care work, or care infrastructure. References to childcare appear in the County Gender Mainstreaming Policy and Annual Development Plan (2022-2023), which highlight funding gaps in ECDE and the predominance of women in the sector. However, the crèche is absent from the plan, with third-party reports suggesting it was built to support working mothers by easing their childcare burden and enabling economic participation.^{30 31}

Kakamega County: Inclusive Home-Based Early Learning Project

In 2021, Masinde Muliro University of Science and Technology, funded by Canada's International Development Research Centre, partnered with Kakamega County to launch the Inclusive Home-Based Early Learning Project (iHELP), a hybrid home- and center-based ECDE model. Rooted in the Ubuntu philosophy, the project engages parents, caregivers, and community volunteers in childcare, ensuring early stimulation, safety, and nutrition, including for children with disabilities.



26 WHO, UNICEF, World Bank Group. (2018). Nurturing Care for Early Childhood Development: A Framework for Helping Children Survive and Thrive to Transform Health and Human Potential. <https://www.who.int/teams/maternal-newborn-child-adolescent-health-and-ageing/child-health/nurturing-care>

27 Ministry Of Health Kenya. (2020). Community Health Policy 2020-2030. Kenya-Community-Health-Policy-Signed.pdf

28 Ibid.

29 Ibid.

30 Kenyatta University Women's Economic Empowerment Hub. (n.d.). Enhancing Women's Market Participation and Child Development through the Crèche Programme in Tharaka Nithi County: A Randomised Controlled Trial. Kenyatta University. <http://weehub.ku.ac.ke/enhancing-womens-market-participation-and-child-development-through-the-creche-programme-in-tharaka-nithi-county-a-randomised-controlled-trial/>

31 Njeru, A. (2020). Chuka Market gets Crèche for Traders' Babies. Daily Nation. September 9. <https://nation.africa/kenya/news/gender/chuka-market-gets-cr%C3%A8che-for-traders-babies-1934358>

³² Key features include: community-managed centers, located in homes or communal spaces, where parents contribute food, conduct lessons, and maintain facilities; rotational teaching schedules, with parents leading cultural and self-help activities, while trained teachers handle literacy and numeracy; and, dedicated support for children with disabilities, including Individualized Education Plans and specialized assessments. The model, currently piloted in 24 sites across Kenya, Uganda, and Zimbabwe, is informing Kakamega's expansion of home-based learning centers and broader childcare support initiatives.³³

Siaya County: Smart Start Initiative

Siaya County integrates *nurturing care* into its ECDE programs through the Smart Start Initiative (SSI). Launched in 2013, the SSI defines nurturing care as "a stable environment created by parents and caregivers with support from policies, services and communities that ensures children's good health and nutrition, protects them from threats, gives them opportunities for early learning, through interactions that are emotionally supportive and responsive."³⁴ The SSI was expanded in 2018 following a study tour to Harvard University. The county has since

established a multi-sectoral ECDE coordinating committee and trained health workers, community volunteers, and preschool teachers; launched a Nurturing Care Strategic Plan (2020-2025) and embedded ECDE in the Siaya County Health Act (2020); and, signed an MoU with the Lake Region Economic Bloc Secretariat to scale up nurturing care across 13 counties.³⁵

Busia & Kajiado Counties: Childcare at Border Points

In 2021, Busia County, in partnership with the Collaborative Centre for Gender and Development (CCGD), University of Nairobi, and Ministry of East African Community and Regional Development, launched a childcare center for cross-border traders. This initiative aims to: provide safe childcare for working mothers, freeing them to engage in trade, reduce unpaid care burdens by involving men and institutional support, and lobby county governments for childcare funding and support.³⁶ The Busia border childcare facility, operational since 2022, currently serves 194 children and is expected to inform county and national childcare policies.³⁷ A similar center is under development at Namanga border in Kajiado County.

The Inclusive Home-Based Early Learning Project (iHELP) model, currently piloted in 24 sites across Kenya, Uganda, and Zimbabwe, is informing Kakamega's expansion of home-based learning centers and broader childcare support initiatives



³² Dr Opiyo, Project Principal Investigator. Masinde Muliro University of Science and Technology Inclusive Home-Based Early Learning Project.

³³ Ejuu, G. & R.A. Opiyo. (2022). Nurturing Ubuntu, the African Form of Human Flourishing Through Inclusive Home Based Early Childhood Education. *Frontier Education* 7. <https://doi.org/10.3389/feduc.2022.838770>

³⁴ County Government of Siaya. (n.d.). Nurturing Care. <https://siaya.go.ke/nurturing-care/>

³⁵ Country Government of Siaya. (n.d.). Smart Start Initiative. <https://nurturing-care.org/smart-start-initiative/>

³⁶ Women's Economic Empowerment Hub. (2021). Women's Economic Empowerment Hub Progress Report. University of Nairobi. <https://weehub.uonbi.ac.ke/sites/default/files/cluster1-project1/progress-reportmarchaugust2021.pdf>

³⁷ Ibid.

CASE STUDY: STATUS OF CHILDCARE ENTERPRISES IN BUSIA AND KAJIADO COUNTIES

A 2021 study by the CCGD examined the status of childcare centers in Kenya, focusing on Busia and Kajiado Counties. The study assessed caregiver qualifications, funding, facility adequacy, parental involvement, and challenges faced by childcare centers. Thirty-six centers from both urban and rural areas were selected for analysis.

KEY FINDINGS

- **Urban Dominance:** 96% of childcare centers are in urban areas, mainly operating as daycare centers for children aged 1 to 3 years (64%).
- **Ownership & Management:** Most centers are privately owned (77.8%), with women making up 84% of managers and caregivers. A smaller percentage (8%) are community- or faith-based.
- **Registration Challenges:** Two-thirds of centers are registered, but with inconsistent registration processes across different ministries, making it costly.
- **Funding Constraints:** Parents are the primary funders (91%), with some support from directors, churches, and community organizations. However, 77% of centers reported inadequate funding.
- **Caregiver Training & Curriculum:** While most staff have Early Childhood Development and Education (ECDE) training (64%), 69% of centers lack a structured curriculum, though 72% follow a daily activity schedule.
- **Facilities & Inclusivity:** Most centers have basic age-appropriate facilities but lack special needs infrastructure due to financial limitations. Many centers are hesitant to admit children with disabilities due to the higher care requirements.
- **Parental Involvement:** 91.6% of respondents reported parental engagement in center activities, recognizing the importance of ECDE.
- **COVID-19 Impact:** The pandemic significantly affected attendance and income, highlighting the financial fragility of these centers.

Childcare centers play a crucial role in reducing unpaid care work, enabling parents to engage in economic activities. However, they face challenges related to funding, inadequate facilities, high child-to-caregiver ratios, and lack of special needs provisions.

RECOMMENDATIONS

- **Policy Development:** Establish a county-level framework for registration and regulation.
- **Caregiver Training:** Provide civic education and continuous professional development on early childhood care and development.
- **Financial Support:** The government should subsidize licensing fees, offer affordable loans, and allocate funds for childcare services to cushion centers from financial shocks like COVID-19.

This case study underscores the urgent need for policy interventions and financial support to enhance the quality, accessibility, and sustainability of childcare centers in Kenya.

Source: CCGD, 2023

CHILDCARE INITIATIVES BY NON-STATE ACTORS

UNICEF: Baby-Friendly Workplace Initiative (Kericho)

In 2016, UNICEF and Kericho County Ministry of Health launched a baby-friendly workplace initiative at a private tea plantation to support working mothers. The initiative provided affordable daycare (Ksh 300 / USD \$3 per month), lactation counseling, nursing breaks, and flexible work options. Two daycare centers were established for children aged 3 months to 3 years, with trained caregivers and nearby breastfeeding rooms.³⁸ A 2016-2018 evaluation found that the initiative quadrupled exclusive breastfeeding rates, reduced infant illnesses, and improved maternal well-being and workplace productivity.³⁹ Community outreach through 22 mother support groups and 200+ household visits per month also strengthened child nutrition practices. The program demonstrated a scalable model for integrating maternity and childcare support into business practices.

SOCFINAF: Coffee Estate Crèches

SOCFINAF, a Kenyan coffee producer, has operated childcare facilities since the 1950s as part of its Corporate Social Responsibility policy. It runs nine crèches, serving 631 children aged three months to 6.5 years, with 52 trained caregivers.⁴⁰ Workers' children receive early education, meals, and supervision, enabling women to work without carrying infants. The initiative boosts female productivity and benefits seasonal workers and local women seeking employment. However, migrant seasonal workers have limited access, and facility locations pose

accessibility challenges. Expanding coverage and integrating seasonal workers into collective bargaining agreements could enhance impact.

Red Land Roses: Gitothua Daycare Centre

Founded in 2003 through worker contributions and donor support, Gitothua Daycare Centre serves 70 children, primarily from Red Land Roses employees and low-income families.⁴¹ The company subsidizes 90% of costs, allowing employees to breastfeed on-site.⁴² While the daycare supports working mothers, information on compliance with government childcare regulations is lacking. Further integration with national childcare policies could enhance sustainability and scalability.

Uthabiti Africa: Strengthening the Childcare Sector

Founded in 2019, Uthabiti Africa addresses gaps in Kenya's childcare sector, including low investment, poor regulation, and lack of workforce training. It supports childcare businesses through: facility design guidance for child-friendly centers, data collection on childcare enterprises in Nairobi and Kisumu, and policy and legal reforms, including minimum standards and workforce certification.⁴³ Uthabiti advocates for childcare as essential infrastructure, emphasizing investment in women-led service providers and policy-driven sector development. Uthabiti advocates for childcare as essential infrastructure, emphasizing investment in women-led service providers and policy-driven sector development.



38 UNICEF. (2019). Implementing a Baby-Friendly Workplace Initiative in Kenya. <https://www.unicef.org/kenya/media/2501/file/Baby-Friendly%20Workplace%20Initiative%20in%20Kenya%20Field%20Notes.pdf>

39 Ibid.

40 Cassirer, N. & L. Addati. (2007). Expanding Women's Employment Opportunities: Informal Economy Workers and the Need for Childcare. ILO. https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---travail/documents/publication/wcms_145652.pdf

41 N.A. (2024). Red Lands Roses: "How We Care for Our People Is Evincing in Our Quality Flowers." Thursd. September 9. <https://thursd.com/articles/red-lands-roses-social-impact>

42 Ibid.

43 Grantham, K. & A. Somji. (2022). Childcare Solutions for Women Micro and Small Enterprises. Donor Committee for Enterprise Development. <https://www.enterprise-development.org/wp-content/uploads/Childcare-Solutions-for-Women-Micro-and-Small-Enterprises-MAY-22.pdf>

Domestic CARE WORK

KEY ACTORS AND DEFINITIONS

The Government of Kenya defines a domestic worker (listed as a 'domestic servant') in the Regulation of Wages: Domestic Servants Wages Council Establishment (Order 2018) as, "any person employed wholly or partly in any private household or part of a private household in any of the following capacities, namely cook, house servant (including bedroom and kitchen servant), waiter, butler, children's nurse, valet, footman, chauffeur, bar attendant, groom, gardener, garden labourer, washerman or watchman."⁴⁴



Kenya has an estimated two million domestic workers,⁴⁵ though the actual number may be higher due to a lack of national census data. A survey on domestic workers conducted in 2015 by International Day of the African Child and Youth estimated that 49% of domestic workers in Kenya were aged 18-25 years.⁴⁶ The sector is predominantly female, reflecting traditional gender roles in household labor. Most domestic workers are employed in cities or urban centers by families with young or school-going children.

POLICY AND LEGAL FRAMEWORKS

The Constitution of Kenya (2010) safeguards the rights of employees, including domestic workers. Article 41(2) guarantees fair remuneration, reasonable working conditions, and the right to join and participate in trade unions. The Employment Act (2007) outlines protections for domestic workers, prohibiting child labor and defining fundamental rights such as annual leave of at least 21 days, sick leave of at least seven days on full pay and seven days on half pay, maternity leave of 90 days, and paternity leave of 14 days. Domestic workers are also entitled to at least one rest day every seven days, overtime

pay, and statutory deductions, including 'Pay As You Earn' contributions to the NHIF and the NSSF.

The Labour Institutions Act (2007) establishes wage councils, including the Domestic Workers Wage Council, which is responsible for investigating employment conditions, consulting stakeholders, and making recommendations on minimum wages. The Regulation of Wages (General) (Amendment) Order 2022 sets the minimum wage for domestic workers based on location, with those in Nairobi, Kisumu, and Mombasa earning at least KSh 15,201.65 per month, those in the former municipalities and towns of Mavoko, Ruiru, and Limuru earning KSh 14,025.40, and those in other parts of the country earning KSh 8,109.90. However, these remunerations were revised in 2024 through the legal notice 164 that provide increments as follows ; Domestic workers based on location, with those in Nairobi, Kisumu, and Mombasa earning at least Ksh 16,113.75 per month, those in the former municipalities and towns of Mavoko, Ruiru, and Limuru earning Ksh 14,866.92, and those in other parts of the country earning Ksh. 8596.494



⁴⁴ The National Treasury of Kenya. (2019). Regulation of Wages: Domestic Servants Wages Council Establishment (Order 2018). https://kenyalaw.org/kl/fileadmin/pdfdownloads/LegalNotices/2019/LN2_2019.pdf

⁴⁵ Murogo, E. (2022). Make Decent Work a Reality for Domestic Workers. Nation. June 16. <https://nation.africa/kenya/news/gender/make-decent-work-a-reality-for-domestic-workers-3850156>

⁴⁶ International Day of the African Child and Youth. (2015). Report of Survey: Domestic Workers in Kenya. <https://iday.org/cgi-sys/suspendedpage.cgi>

Domestic workers in Kenya are covered by two major social protection schemes, NHIF that is now renamed to Social Health Insurance Fund (SHIF) and NSSF. The NHIF Act (Cap 255) General regulations requires employers to deduct and remit their employees' monthly contributions to the fund, while the NSSF Act No. 45 of 2013 mandates employers to contribute an equivalent amount to their employee's wage, with a minimum monthly contribution of KSh 200.⁴⁷ On February 2025, new rates⁴⁸ were effected where, employees and employers are now required to contribute 6% of the employee's salary, up to a maximum of Ksh 4,320.

Other legislative frameworks that protect domestic workers include the Employment and Labour Relations Court Act (2011), which established a specialized court to handle employment and labor disputes, the Work Injury Benefits Act (2007), which provides compensation for work-related injuries and diseases, and the Occupational Safety and Health Act (2007), which ensures workplace safety and welfare for all workers.

Kenya has also ratified international treaties to protect migrant workers, including ILO Convention No. 143 on Migrant Workers, ILO Convention No. 97 on Migration for Employment, and the East African Community Common Market Protocol (2010). Additionally, Kenya follows the Intergovernmental Authority on Development (IGAD) Revised Regional Migration Policy Framework and participates in regional migration processes such as the IGAD Free Movement of Persons and Transhumance. To further protect the rights of Kenyan migrant workers, the government has signed Bilateral Labour Agreements with Saudi Arabia, Qatar,

and the United Arab Emirates and has initiated negotiations with Jordan, Kuwait, Oman, and Bahrain.⁴⁹ In response to concerns regarding the treatment of migrant workers, particularly in Gulf states, the government is developing a National Policy on Labour Migration and a Labour Migration Management Bill.

Gaps in the implementation of domestic work laws

Despite the Kenyan government's insistence that all workers, including domestic workers, receive the approved minimum wage, 78% still earn less.⁵⁰ Additionally, there is little data on the extent to which minimum age provisions are enforced. Many domestic workers, often with limited education, are unaware of their rights, leaving them vulnerable to poor working conditions and violations such as denial of time off and unpaid overtime. Notably, 37% of domestic workers do not receive their legally mandated time off.⁵¹ Child labor remains a challenge in the domestic work sector, particularly among girls from impoverished families, who are often forced to work at the expense of their education. With such difficulties, 45% of domestic workers see no long-term career prospects in the sector and view it only as a means of survival.⁵²

The domestic work industry also operates within an unregulated recruitment system, with numerous informal agencies, particularly for nannies, facilitating employment without oversight. Additionally, there is inadequate public awareness of wage orders and enforcement procedures, leaving many employers, both in the formal and informal sectors, uninformed about their legal obligations.



47 Obiria, O. (2022). Ratify C189 to Better our Terms, Demand Domestic Workers. Nation. May 3.. <https://nation.africa/kenya/news/gender/ratify-c189-to-better-our-terms-demand-domestic-workers-3803086>

48 <https://www.nssf.or.ke/notice-to-employers-on-the-updated-nssf-rates>

49 Eng, P.K. & O.G.W. Tum. (2019). Kenya Labour Migration: Trends, Challenges, Management and Potential Areas for Cooperation. Department for Labour. <https://labour.go.ke/wp-content/uploads/2020/01/PS-Presentation-for-Regional-LM-Forum-FINAL..pdf>

50 International Day of the African Child and Youth. (2015). Report of Survey: Domestic Workers in Kenya. <https://iday.org/cgi-sys/suspendedpage.cgi>

51 Ibid

52 Ibid

45%

of domestic workers see no long-term career prospects in the sector and view it only as a means of survival.



GOVERNMENT PROGRAMS FOR DOMESTIC WORKERS

Homecare Management Curriculum Program

The Homecare Management Curriculum was developed jointly by the National Employment Authority (NEA), the National Industrial Training Authority (NITA), and the Kenya Institute of Curriculum Development to equip trainees with the skills needed for home care work in private households, children's homes, hospitals, hostels, and boarding institutions, both locally and abroad.⁵³ The training covers areas such as home care, life skills, child care, homecare nursing, and pre-departure preparation for migrant workers. Launched in September 2018, the program began training in March 2019 and was later revised to include 200 hours of coursework, with 40 hours of practical attachment. During the pilot phase, which ended in March 2020, 67,000 prospective migrant workers were trained, and over 40,000 secured employment abroad.⁵⁴ Training institutions must conduct internal assessments, while external assessment and certification are handled by NITA.

Awareness of the program remains low among domestic workers and the general public. Originally designed for migrant workers, government efforts to promote the training have primarily focused on those seeking employment abroad, with less emphasis on domestic workers within Kenya.

Bilateral Labour Agreements

Kenya has signed Bilateral Labour Agreements for unskilled labor with Qatar, the UAE, and Saudi Arabia. Since 2019, Kenya has trained over 7,000 domestic workers per month for the global job market.⁵⁵

Online Recruitment of Domestic Workers

In 2014, the NEA launched MUSANED, an online recruitment platform for domestic workers seeking employment in Saudi Arabia, aimed at protecting workers, the majority of whom are women.

Pre-Departure Training for Migrant Workers

The NEA has established a pre-departure training program to prepare Kenyan migrant workers for life and work in their destination countries.⁵⁶ Additionally, the number of Labour Attachés seconded to missions in Qatar, Saudi Arabia, and the UAE has increased to two per country, with plans to expand consular support to Jordan, Lebanon, Yemen, and Iraq.

Capacity Strengthening of Recruitment Agencies
In 2019, the International Organization for Migration trained licensed and registered private employment agencies on ethical recruitment based on IRIS standards—the gold standard for ethical recruitment. Private recruitment agencies must also undergo accreditation through NEA.



53 NITA. (2017). NITA Holds Validation of Home Care Management Curriculum. NITA. November 14. <https://www.nita.go.ke/news/NITA/301-nita-holds-validation-of-home-care-management-curriculum.html>

54 N.A. (2020). Kenyan Domestic Workers to Undergo Homecare Management Training. K24 News Media. November 12. <https://www.k24tv.co.ke/news/kenyan-domestic-workers-to-undergo-homecare-management-training-28273/>

55 Murogo, E. (2022). Make Decent Work a Reality for Domestic Workers. Nation. June 16. <https://nation.africa/kenya/news/gender/make-decent-work-a-reality-for-domestic-workers-3850156>

56 National Coordination Mechanism Secretariat. (2020). Kenya Voluntary Country Review Report on Implementation of the Principles and Objectives of Global Compact on Migration. https://migrationnetwork.un.org/sites/g/files/tmzbd1416/files/docs/final_gcm_report_final.pdf

Kenyan Migrant Welfare Fund

The government is planning to establish a Kenyan Migrant Welfare Fund to assist distressed Kenyan workers abroad. The fund will support repatriation, wage payments, reintegration, psychosocial support, enterprise development training, compensation for sickness, death, disability, and injury, as well as education, loans, and legal aid.⁵⁷

DOMESTIC WORK INITIATIVES BY NON-STATE ACTORS

Kenya Union of Domestic, Hotels, Educational Institutions, Hospitals, and Allied Workers (KUDHEIHA)

KUDHEIHA is the only available union for domestic workers in Kenya. Established in 1948, it has around 40,000 members, including 5,000 female domestic workers.⁵⁸ The union provides information dissemination, training on conflict resolution, and advocacy for better working conditions. It also lobbies the Ministry of Labour, offers conciliation services, and equips workers with skills for life beyond domestic work. KUDHEIHA partners with organizations such as the American Centre for International Labour Solidarity and Domestic Workers' Committees in Nairobi. Through door-to-door campaigns and public forums, it raises awareness about workers' rights. However, its activities are largely limited to middle-class and upscale areas of Nairobi, and many domestic workers fear joining due to potential job loss if employers find out.⁵⁹

Centre for Domestic Training and Development (CDTD)

CDTD is a national NGO focused on advocacy, skills training, job placement, education, and protection of domestic workers. Its approach empowers women by providing marketable skills, allowing them to negotiate higher wages and better working conditions.

Association of Skilled Migrant Agencies of Kenya (ASMAK)

Established in 2018, ASMAK is a professional body of vetted and licensed Private Employment Agencies under the National Employment Authority. It advocates for ethical recruitment practices to protect migrant domestic workers.

Kenya National Commission on Human Rights (KNCHR)

KNCHR engages both state and non-state actors to advocate for the ratification of the Convention on Migrant Workers and Members of Their Families. It has also worked with 60 recruitment agencies to promote ethical recruitment and combat human trafficking.

Private Training Institutions

A few privately owned institutions provide domestic work training, mostly operated by individuals or NGOs. However, these institutions lack central government approval and have a limited reach, leaving many domestic workers without access to formal training opportunities.



57 National Employment Authority. [2022]. Designing the Kenyan Migrant Workers Welfare Fund. X. May 23. https://mobile.twitter.com/nea_kenya/status/1528707246301093888

58 Biko, A. [2015]. Access To Justice for Kenyan Domestic Workers. Kituo Cha Sheria. <https://kituochasheria.wordpress.com/2015/10/06/access-to-justice-for-kenyan-domestic-workers/>

59 Oxfam Kenya. [2013]. Report of a Baseline Survey of Women Domestic Workers in Mukuru Informal Settlement - Nairobi Kenya. <https://oxfamlibrary.openrepository.com/bitstream/handle/10546/303287/er-survey-domestic-workers-mukuru-en-010813.pdf;jsessionid=7363952F910FA86AD8558ECBB01D2BD2?sequence=1>

Care for THE SICK

KEY ACTORS AND DEFINITIONS

Kenya's healthcare system is managed through a combination of national and county-level agencies, each with specific responsibilities. At the national level, the Ministry of Health serves as the central government body responsible for health policy formulation, oversight of national referral hospitals, quality assurance, and setting healthcare standards. It manages various departments, including Preventive and Promotive Health, Curative and Rehabilitative Health Services, among others. Another key national body is the NHIF, which is responsible for managing public health insurance in Kenya. It administers multiple schemes, including the Primary Healthcare Fund, the Social Health Insurance Fund, and the Emergency, Chronic, and Critical Illness Fund.



At the county level, County Health Departments play a crucial role in overseeing health service delivery. Their responsibilities include managing county health facilities, ambulance services, and the promotion of primary healthcare. They also handle disease surveillance and response, public health initiatives, and sanitation efforts.

POLICY AND LEGAL FRAMEWORKS

The Constitution of Kenya (2010), under Article 43(1), guarantees every person the right to the highest attainable standard of health, including access to healthcare services such as palliative care. This commitment is reflected in Vision 2030, which aims to enhance the overall well-being of Kenyans by establishing a high-quality, integrated, and affordable healthcare system that upholds the highest standards of care.

The Kenya Health Policy (2014-2030) seeks to develop and implement integrated health service provision mechanisms to enhance comprehensive disease control. Similarly, the Kenya Health Act (2017) reinforces the progressive realization of access to promotive, preventive, curative, palliative, and rehabilitative health services, ensuring a more inclusive healthcare system.

The Kenya Cancer Policy (2019-2030) underscores the importance of optimal diagnostics, treatment, palliative care, and survivorship support for cancer patients, as outlined in Objective 5. Additionally, the Nurses and Midwifery Act (Cap 257) establishes the professional qualifications required for registration with the Nursing Council of Kenya, specifying that individuals must complete a prescribed course of instruction and pass an approved examination. The Act also formally recognizes palliative care nursing as a specialist discipline, further reinforcing the country's commitment to comprehensive healthcare services.

Home-based care

The Kenya National HIV/AIDS Strategic Plan (2000-2005) defines **home-based care** as "the care given to the sick and affected in their own homes and care extended from the hospital or health facility to their homes through family participation and community involvement."⁶⁰ This care includes physical, psychological, and spiritual support, extending medical services beyond health facilities.



60 Kenya National AIDS Control Council. (2000). The Kenya National HIV/AIDS Strategic Plan 2000-2005. https://clr.africanchildforum.org/policy%20per%20country/kenya/kenya_hiv_aids_2000-2005_en.pdf

In 2002, the Ministry of Health, in partnership with the National AIDS Control Council, developed National Home-Based Care Policy Guidelines to support people living with HIV/AIDS (PLWHA).⁶¹ At the time, the HIV pandemic had escalated from a public health crisis to a personal, family, and community emergency, necessitating a shift in care responsibilities. Home-based care became a key strategy, easing pressure on an overburdened healthcare system while ensuring continued support for PLWHA through partnerships with individuals, families, and communities.

The policy guidelines integrate home-based care into existing health services, outlining guiding principles, service components, and programmatic standards. They define home-based care, set requirements for service delivery, and specify key services, including clinical care to ensure continuity of treatment, nursing care to assist with daily needs and end-of-life support, and social support through information sharing, support groups, and referrals to welfare, economic, and legal services.

The COVID-19 pandemic further underscored the need for home-based care, as hospitals prioritized critical cases, forcing those with mild symptoms to recover at home. Limited medical facilities, alongside rising cases of cancer, chronic illnesses, and other life-threatening conditions, highlighted the urgency of a comprehensive home-care policy. While communicable diseases remain a concern, non-communicable diseases, injuries, and violence-related conditions are expected to drive Kenya's disease burden, making long-term care solutions a key policy priority.

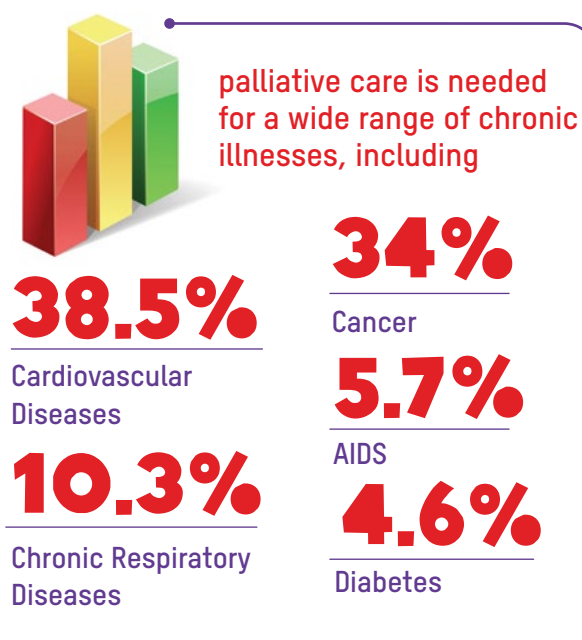
Despite their significance, Kenya's home-based care policies lack gender-sensitive approaches and fail to address caregiver recognition and compensation. They do not clarify the government's role in funding, supporting, or compensating families that take

on responsibilities typically handled by public health facilities, effectively shifting the burden of care onto unpaid caregivers. Additionally, the guidelines provide little direction on psychosocial and economic support for caregivers and patients, factors that significantly impact the quality of care.

Palliative care

Palliative care in Kenya has evolved since the 1990s, when the Nairobi Hospital Hospice opened its doors. According to the World Health Organization (WHO), palliative care is needed for a wide range of chronic illnesses, including cardiovascular diseases (38.5%), cancer (34%), chronic respiratory diseases (10.3%), AIDS (5.7%), and diabetes (4.6%).⁶² Other conditions requiring palliative care include kidney failure, chronic liver disease, multiple sclerosis, Parkinson's disease, dementia, and drug-resistant tuberculosis.

The establishment of the Kenya Hospice and Palliative Care Association (KEHPCA) has played a crucial role in expanding palliative care services, advocating for policy improvements, increasing access to essential medicines, and integrating



61 Ministry of Health. (2002). National Home-Based Care Policy Guidelines. http://www.policyproject.com/pubs/countryreports/Ken_HBC.pdf

62 World Health Organization. (n.d.). Palliative Care. <http://www.who.int/cancer/palliative/definition/en/>
Cartmell, K., Doherty, E., Gikaara, N. et al. (2023). Kenyan Palliative Care Providers' and Leaders' Perceptions of Palliative Care Research Needs and Support to Facilitate Rigorous Research. BMC Palliative Care 22(135). <https://doi.org/10.1186/s12904-023-01199-0>

palliative care into Kenya's healthcare system. The Ministry of Health later developed a Palliative Care Policy, aiming to enhance the quality of life for patients with life-limiting conditions by addressing physical, psychosocial, and spiritual suffering through early identification, assessment, and pain management.

The policy emphasizes advocacy and communication, ensuring palliative care services are available at all levels through public awareness and engagement with policymakers and healthcare workers. It highlights leadership and governance, calling for strategic policy frameworks, coordination, oversight, and accountability in service delivery. The government has committed to providing holistic, culturally appropriate palliative care, with most services expected to be delivered at the community and primary care levels.

The policy also stresses access to essential medicines and equipment, in line with WHO and national essential medicine lists, ensuring affordability and availability across all healthcare levels. Human resources and education remain critical, requiring a well-trained, multidisciplinary workforce capable of delivering palliative care services. Additionally, health information systems and research are essential for evidence-based decision-making, helping maximize limited resources and develop innovative solutions. Lastly, healthcare financing calls for adequate resource mobilization from all stakeholders to support implementation, monitoring, and sustainability.

Despite policy advancements, access to palliative care remains limited. According to KEHPCA, over 800,000 Kenyans need palliative care, yet only 14,500 receive services, with less than 5% of children in need accessing pediatric palliative care.⁶³ Key challenges include insufficient budget allocation, lack of government compensation for healthcare providers, and gaps in policy implementation. Awareness remains low, both

among patients and healthcare professionals, with misconceptions that palliative care is only for end-of-life support. Many government facilities are overstretched and under-resourced, and some professional regulatory bodies do not fully recognize palliative care or offer career progression opportunities in the field.

Mental healthcare

The UN Convention on the Rights of Persons with Disabilities protects individuals with mental and intellectual impairments, ensuring their inclusion in development programs. In line with this, the Kenya Mental Health Policy outlines key rehabilitation measures, including expanding community-based rehabilitation services, supporting families and caregivers, creating social integration programs, and improving education and vocational training opportunities for persons with mental health and neurological disorders. The policy also calls for social protection programs and disability benefits for affected individuals.

Kenya's mental health infrastructure remains limited, with few specialized facilities and inadequate resources. Mathari National Teaching and Referral Hospital is Kenya's only public psychiatric hospital, with over 600 beds and serves as a national teaching and referral facility.⁶⁴ It provides child and adolescent mental health services, forensic psychiatry, community psychiatric services, drug rehabilitation, and psychosocial management. Other mental health institutions include the Jacaranda School for Mentally Handicapped, a public primary school providing education for children with autism, Down syndrome, and cerebral palsy.⁶⁵ Child Mental Haven, located in Nairobi, is Kenya's first mental health hospital for children and adolescents.⁶⁶ It offers science-based interventions through a multidisciplinary approach, addressing a range of conditions. Treatment includes educational and occupational therapy, psychotherapy, and medication when necessary to ensure holistic healing and recovery.



63 Ministry of Health. [2002]. National Home-Based Care Policy Guidelines. http://www.policyproject.com/pubs/countryreports/Ken_HBC.pdf

64 Ministry of Health. [n.d.]. Mathari National Teaching and Referral Hospital. <https://www.mntrh.go.ke/>

65 Jacaranda School for Mentally Handicapped. [n.d.]. <https://nfdk.or.ke/jacaranda-school/>

Community health

In 2006, Kenya adopted a Community Health Strategy to promote individual and community well-being by emphasizing disease prevention. Recognized as a flagship project in Vision 2030 and enshrined in the Health Act (2017), community health is now the first level of healthcare service delivery in Kenya. The strategy aims to bring healthcare closer to households, improving preventive, promotive, and rehabilitative services.

A Community Health Unit (CHU) covers 5,000 people and is staffed by one Community Health Assistant and ten Community Health Volunteers (CHVs).⁶⁷ CHVs provide health education, monitor pregnant women and children, track chronic illnesses, and conduct health assessments such as blood pressure and nutrition checks. Although CHVs receive training, tools, identification, and sometimes stipends, their work remains largely unpaid and unrecognized. Originally called Community Health Workers (CHWs), the term was changed to volunteers to align with labour laws, leaving them without formal compensation.⁶⁸

Unlike countries such as Ethiopia, South Africa, Nigeria, Malawi, and Rwanda, Kenya lacks a CHW program that formalizes their role and provides a sustainable career path. Development partners like Red Cross, Amref Health Africa, and USAID have provided monthly stipends of KSh 2,000–3,000 through community and faith-based organizations. In 2016, Amref Health Africa advocated for formal recognition of CHWs, working with county governments in Kajiado, Nakuru, Homa Bay, and Siaya to integrate CHWs into the workforce.⁶⁹ It also partnered with the



Since 2019, Mombasa County has enrolled all CHWs in NHIF, aiming to increase health insurance coverage from

**26.7% TO 60%
BY 2022**



⁶⁶ Child Mental Haven. [n.d.]. <https://childmentalhaven.org/>

⁶⁷ Ministry of Health. (2020). Kenya Community Health Strategy 2020–2025. https://www.health.go.ke/wp-content/uploads/2021/01/Kenya-Community-Health-Strategy-Final-Signed-off_2020-25.pdf

⁶⁸ Shiroya-Wandabwa, M., Kabue, M., Kasungami, D., Wambua, J., Otieno, D., Waka, C., Ngindu, A., Ayuyo, C., Ki-gondu, S., Oliech, J. & I. Malonza. [2018]. Coaching Community Health Volunteers in Integrated Community Case Management Improves the Care of Sick Children Under-5: Experience from Bondo, Kenya. *International Journal of Integrated Care* 18(4). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6333163/>

⁶⁹ Amref Health Africa. [2016]. Amref's Campaign for Community Health Workers. <https://amref.org/dearminister/wp-content/uploads/2018/10/Dear-Minister-by-Community-Health-Workers.pdf>

Institute of Human Resources Management to draft a scheme of service for CHWs and push for legislation in Parliament and Senate.⁷⁰

Several counties have initiated efforts to recognize and compensate CHVs. Nairobi County passed the Community Health Services Act (2019), outlining qualifications, responsibilities, and remuneration.⁷¹ CHVs are paid for eight days of work per month, contingent on meeting an 80% performance target, and receive health insurance through NHIF.⁷² Nyandarua County announced a monthly stipend of KSh 3,000 from July 2022, along with tools and training to improve service delivery.⁷³ Machakos County allocated KSh 84 million in the 2020-21 budget to provide CHVs with KSh 2,500 per month.⁷⁴ Since 2019, Mombasa County has enrolled all CHWs in NHIF, aiming to increase health insurance coverage from 26.7% to 60% by 2022.⁷⁵

Despite these efforts, CHVs face inconsistent or inadequate remuneration, with no standardized guidelines for compensation.⁷⁶ Stipends are

often arbitrary and insufficient, failing to reflect their workload.⁷⁷ Additionally, support for CHVs is not anchored in policy, making it dependent on government pronouncements rather than formal budget allocations. For example, Mombasa's CHV health insurance program is not included in county budget documents such as the County Fiscal Strategy Paper or Programme-Based Budget (2021-2022).

Community-based health strategies redistribute the care burden from households to the wider community, offering insights for child and eldercare policies. Legal recognition of CHVs, as seen in the Health Act (2017) and Nairobi's Community Health Services Act (2019), has led to remuneration through county initiatives. This recognition has also strengthened advocacy for improved wages and worker protections. Furthermore, capacity building and skills development are critical to enhancing the quality of care, providing valuable lessons for training other care workers, including childcare and eldercare providers.



- 70 Amref Health Africa. (2017). CHWs– A Call for Integration into the Formal Health Workforce. <https://amref.org/blog/chws-call-integration-formal-health-workforce/>
- 71 Nairobi City County. (2019). Community Health Services Act, 2019. <https://www.ariseconsortium.org/wp-content/uploads/2021/07/Nairobi-City-County-Community-Health-Services-Act-2019.pdf>
- 72 Steege, R., Wairutu, J. & L. Okoth. (2021). Nairobi's CHVs to receive monthly stipend, July 9th 2021. ARISE. <https://www.ariseconsortium.org/nairobis-chvs-to-receive-monthly-stipend/>
- 73 N.A. (2022). Community Health Volunteers to get Ksh. 3000 Monthly Stipend. Metropol. March 25. <https://metropoltv.co.ke/effective-july-1-2022-the-volunteers-will-take-home-the-token-of-appreciation-for-their-service/>
- 74 Owiti, G. (2021). We'll Pay Community Health Volunteers Soon – Machakos Official. The Star. February 9. <https://www.the-star.co.ke/counties/eastern/2021-02-09-well-pay-community-health-volunteers-soon--machakos-official/>
- 75 County Government of Mombasa. (2021). Fiscal Strategy Paper 2022/2023. <https://www.mombasaassembly.go.ke/wp-content/uploads/2021/12/Msa-CFSP-2022-Final.pdf>
- 76 Lusambili, A.M., Nyanja, N., Chabeda, S.V. et al. (2021). Community Health Volunteers Challenges and Preferred Income Generating Activities for Sustainability: A Qualitative Case Study of Rural Kilifi, Kenya. BMC Health Serv Res (21)642. <https://doi.org/10.1186/s12913-021-06693-w>
- 77 Ibid.

Care for PERSONS WITH DISABILITY

KEY ACTORS AND DEFINITIONS

The legal definition of a 'person with a disability' in Kenya is outlined in the Persons with Disabilities Act (2003). According to the Act, a person with a disability is defined as "an individual with a physical, sensory, mental, or other impairment, including any visual, hearing, learning, or physical incapability, which has a substantial and long-term adverse effect on their ability to carry out ordinary day-to-day activities."⁷⁸



In Kenya, the primary government agencies responsible for the care of persons with disabilities are the Ministry of Labour and Social Protection, specifically its State Department for Social Protection, and the National Council for Persons with Disabilities (NCPWD). The NCPWD, established under the Persons with Disabilities Act No. 14 (2003), operates as a state corporation mandated to promote and protect the rights of persons with disabilities, ensuring they have equal opportunities and can lead dignified lives.⁷⁹ To access government support, individuals must register with the NCPWD and obtain an identification card. The Council, through the National Development Fund for Persons with Disabilities, provides various services to improve the lives of PWDs, including assistive devices, economic empowerment initiatives, education assistance, and infrastructure support.

POLICY AND LEGAL FRAMEWORKS

Kenya's Constitution and legal framework safeguard the rights of persons with disabilities, ensuring their dignity, equality, and inclusion in all aspects of life. Article 54 guarantees their right to respect, access to education, and participation in society. Article 27 upholds the right to equality and prohibits discrimination

based on disability, while Article 232 mandates equal opportunities for persons with disabilities in public service appointments, training, and career advancement.

The Children Act (2022) explicitly protects children from discrimination based on disability, reinforcing their right to care and education. The Basic Education Act (2013) ensures free and compulsory primary education while recognizing the need for accommodations for children with disabilities. The Teachers Service Commission Act (2012) prohibits denying learning materials or remedial teaching based on ability. The Persons with Disabilities Act (2003) promotes dignity, non-discrimination, full acceptance, and active participation of persons with disabilities in society.

Several policies further strengthen disability rights, including the National Plan of Action (2015-2022) for implementing recommendations on disability rights, the National Children Policy (2010), the Special Needs Education Policy (2009), and Sessional Paper No. 14 (2012) on education and training. These frameworks collectively demonstrate Kenya's commitment to fostering an inclusive and equitable society for persons with disabilities.

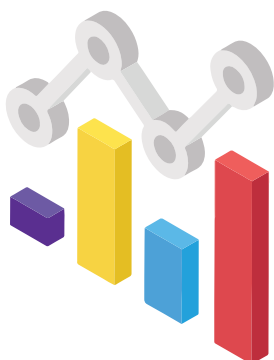


⁷⁸ National Council for Law Reporting. (2003). Persons with Disabilities Act. https://www.un.org/development/desa/disabilities/wp-content/uploads/sites/15/2019/11/Kenya_Persons-with-Disability-Act.pdf?utm_source=chatgpt.com

⁷⁹ National Council for Persons with Disabilities. (n.d.). ncpwd.go.ke

There are several key challenges with respect to Kenya's policy and legal frameworks to support persons with disabilities. First, Kenya lacks comprehensive data on the number, nature, and socio-economic conditions of persons with disabilities, making it difficult to design effective policies and track progress. The incomplete mapping of disability prevalence further limits targeted interventions, especially in rural and marginalized areas. There is also a shortage of trained professionals and inadequate facilities, with many healthcare institutions lacking occupational therapists, special education teachers, and accessible infrastructure. Additionally, insufficient public funding for mental health services has weakened institutional care, leaving many without adequate treatment and support. Another major gap is the absence of a structured home-based care framework, leaving families and caregivers without proper training, financial assistance, or policy guidance.

The incomplete mapping of disability prevalence further limits targeted interventions, especially in rural and marginalized areas.



GOVERNMENT PROGRAMS FOR PERSONS WITH DISABILITY

Cash Transfer for Persons with Severe Disabilities (PWSD-CT)

The PWSD-CT program aims to improve the livelihoods of persons with severe disabilities by providing cash transfers to caregivers, thereby reducing the financial burden on households. Targeting both children and adults who require full-time caregiving, the program disburses KSh 2,000 per month, paid in bi-monthly installments of KSh 4,000 through Kenya Commercial Bank and Equity Bank.⁸⁰ The program has three main objectives: strengthening the capacity of caregivers, improving the livelihoods of families, and reducing poverty among households with persons with severe disabilities. The program, which covers all 47 counties, has led to improvements in nutrition, healthcare, housing, and education for beneficiaries, as well as raised awareness of individuals with severe disabilities, helping them gain recognition in their communities.⁸¹

Heshima Children's Center

Founded in 2008 in Nairobi, Heshima Children's Center provides physical, occupational, and speech therapy for children with various disabilities, including mental disabilities.⁸² The center focuses on improving the quality of life for these children, supporting their development and integration into society through specialized therapeutic services.

80 Social Protection. (2024). Persons with Severe Disability Cash Transfer, PWSD-CT. <https://socialprotection.org/discover/programmes/persons-severe-disability-cash-transfer-pwsd%E2%80%93ct>

81 Ibid.

82 Heshima. (n.d.). <http://www.heshima.org/>

Care for REFUGEES AND STATELESS PEOPLE



KEY ACTORS AND DEFINITIONS

Kenya hosts one of the largest refugee populations in Africa, with most refugees residing in two major camps—Dadaab, near the Somali border, and Kakuma, near the South Sudanese border.⁸³ Despite this, the Kenyan government has repeatedly issued ultimatums to the United Nations High Commissioner for Refugees (UNHCR) to close the camps, citing security concerns.⁸⁴

While Kenya does not explicitly define *care for refugees*, UNHCR describes refugee healthcare as essential, scientifically sound, and socially acceptable medical services that are made universally accessible through community participation and at a cost sustainable for both the country and the individuals receiving care.⁸⁵

POLICY AND LEGAL FRAMEWORKS

Kenya has ratified several international conventions, including the 1951 Refugee Convention, which outlines the rights and protections of refugees.⁸⁶ Domestically, the Refugee Act (2006) defines the legal status, rights, and privileges of refugees in Kenya. However, the government has yet to integrate refugees into social protection programs.⁸⁷ Instead, refugee care is largely donor-funded, with UN agencies, international governments, and humanitarian organizations providing food aid, healthcare, education, and resettlement

support. Refugees outside designated camps, however, receive little to no assistance, relying on informal family and community networks for survival.

In November 2021, Kenya enacted the New Refugee Act, granting refugees from the East African Community greater rights, including the right to work and freedom of movement.⁸⁸ While this law marks progress, implementation remains stalled. If enforced, it could allow over 500,000 refugees to earn a living rather than depend on humanitarian aid, enabling organizations to focus on long-term self-reliance programs. The law also permits refugees to apply for work permits and relocate from camps, but the government continues to treat them as temporary residents. As a result, many refugees outside camps face arbitrary arrests, unlawful detentions, and human rights violations.

Despite legal provisions, severe restrictions on employment persist. The Refugee Consortium of Kenya (2012) reported that work permits for refugees are rarely issued, except in isolated cases.⁸⁹ This forces many refugees into informal employment, where they face exploitation and job insecurity. Additionally, Kenya's encampment policy limits refugees' freedom of movement, making it even harder for them to secure sustainable livelihoods outside designated settlements.⁹⁰

83 Integral Human Development. (2020). Country Profile: Kenya. <https://migrants-refugees.va/country-profile/kenya/>

84 Ibid.

85 UNHCR. (2009). UNHCR's Principles and Guidance for Referral Health Care for Refugees and Other Persons of Concern. https://medref.unhcr.org/ressources/footer/SOP_unhcr.pdf

87 UNHCR. (1951). The Refugee Convention, 1951 <https://www.unhcr.org/4ca34be29.pdf>

87 Government of Kenya. (2006). The Refugees Act, 2006. <https://www.refworld.org/pdfid/467654c52.pdf>

88 Ikanda, F.N., Abdirahman, A.M. & J. Kuhnt. (2025). Refugee Securitization and the Challenges of Formal Integration: Case of Somali refugees in Kenya and Ethiopia. *Comparative Migration Studies* 13(5). <https://comparativemigrationstudies.springeropen.com/articles/10.1186/s40878-024-00419-7#:~:text=In%20November%202021%2C%20Kenya%20enacted,are%20yet%20to%20be%20implemented>

89 Library of Congress. (n.d.). Refugee Law and Policy Kenya. https://maint.loc.gov/law/help/refugee-law/kenya.php#_ftn82

90 Ibid.

National Care-Related RESEARCH AND DATA COLLECTION



KENYA NATIONAL BUREAU OF STATISTICS

The Kenya National Bureau of Statistics (KNBS) is the principal government agency responsible for collecting, analyzing, and disseminating statistical data in Kenya. As the official source of national statistics, its work significantly influences government investment in care infrastructure. However, KNBS and its predecessor, the Kenya Bureau of Statistics, have historically not prioritized the collection and analysis of data on paid and unpaid care work.

Currently, KNBS is undertaking two major initiatives that will provide critical insights into the value of unpaid care work, helping to recognize, reduce, and redistribute care responsibilities in economic planning and policymaking. These efforts include the National Time Use Survey and the Quarterly Labour Force Survey, both of which will contribute to a more comprehensive understanding of care work's role in Kenya's economy.

National Time Use Survey

KNBS is conducting the country's first Time Use Survey in collaboration with the State Department for Gender, the National Gender and Equality Commission, the Council of Governors, and Oxfam. The survey is financially and technically supported by the UN Women's Women Count Programme. The survey has three main objectives: to analyze gender differences in time use patterns, focusing on paid and unpaid work; to generate data that improves the measurement of household production in National Accounts, shaping macroeconomic policies; and to support reporting on Sustainable Development Goal (SDG) 5.4.1, which tracks the proportion of time spent on unpaid domestic and care work by sex, age, and location. KNBS defines **unpaid care work** as "activities related to providing services for household or family members," in line with the

International Classification of Activities for Time Use Statistics 2016.

QUARTERLY LABOUR FORCE SURVEY

The KNBS publishes the Quarterly Labour Force Survey (QLFS), which examines labor market participation among Kenyans aged five years and above. It tracks employment, unemployment, labor underutilization, and inactivity. According to the 2019 QLFS, 8.3 million people (31%) aged 15-65 years were outside the labor force due to schooling, incapacity, or household work. While the survey did not provide gender-disaggregated data, GROOTS Kenya, a civil society organization, reported using Kenya Integrated Household Budget Survey (KIHBS) 2015/16 data that 13.1% of all inactive persons were housewives or engaged in household work.⁹¹

Kenyatta University Women Economic Empowerment Hub (KU-WEE Hub)

The KU-WEE Hub is conducting research in Tharaka Nithi County to evaluate the effectiveness of a crèche program in Chuka market, designed to support women traders by enabling them to balance childcare and income-generating activities.⁹² The hub conceptualizes care work as 'home production' and 'non-market production,' defining '**childcare**' as the provision of essential goods and services for child development. It

91 GROOTS Kenya. [n.d.]. Unpaid Care Work. <https://genderdatakenya.org/unpaid-domestic-care-work/>

92 Kiruja. L.G. (2022). Participation, Psychosocial Wellbeing, and Child Development Through the Crèche Programme in Tharaka Nithi County. Kenyatta University. <http://weehub.ku.ac.ke/wp-content/uploads/2022/04/PILOT-STUDY-REPORT-ON-FLFP-IN-THARAKA-NITHI-COUNTY.docx.pdf>

highlights the tension between increased female labor market participation and the reduction of time spent on care work, which impacts human capital formation.

The study explores models that measure both women's labor force participation and their contribution to care work using household survey data. It examines interventions such as village childcare centers, which could help women enter the labor force while enhancing child health, preschool learning, and long-term educational outcomes. Another area of focus is mobile phone subsidies, which have been linked to greater investment opportunities, economic empowerment, and improved conflict resolution within families. The research aims to demonstrate how daycare centers enhance women's workforce participation, strengthen livelihoods, and promote child development. The hub argues that policies for women's economic empowerment must account for gender disparities in labor earnings and the value of unpaid care work, ensuring that policies address the true cost of women's time in non-market production.

University of Nairobi Women's Economic Empowerment Hub (UON-WEE Hub)

The UON-WEE Hub has been conducting research to support women in cross-border and international trade, particularly within EAC and COMESA trade agreements.⁹³ Policy recommendations from women traders include establishing affordable childcare centers at border trade points and creating safe, government-funded shelters with essential facilities. These recommendations have been partially addressed through the Busia and Namanga Daycare Centers project, which advocates for public investment in early childhood education and the redistribution of

care work. Initial findings reveal that 47% of businesswomen in Busia and Kajiado needed childcare services, yet only 6.3% had access. Many were forced to bring children to work, open their businesses late, close early, or miss work altogether due to childcare responsibilities. High costs, poor quality, and the lack of facilities were the main barriers to accessing childcare.

The UON-WEE Hub advocates for government investment in public childcare, gender-responsive budgeting, and increased funding for care-related sectors (such as health, education, water, social services, and food security). Key findings show that no legal framework exists to quantify or compensate unpaid care work, limiting women's participation in productive labor. National and county governments allocate insufficient funding to women's economic empowerment initiatives, with continued budget cuts to social safety programs. Additionally, women's participation in budget-making processes remains weak, affecting resource allocation for care services.

University of Nairobi Department of Economics

The University of Nairobi's Department of Economics conducted a study on 'Counting Unpaid Work in Kenya: Gender and Age Profiles of Hours Worked and Imputed Wage Incomes.'⁹⁴ Findings revealed that men spend more time in household enterprises and earn higher wages, while women dominate farm work. Gender gaps in unpaid labor earnings increase with age, highlighting the need for policy interventions to recognize and compensate unpaid care work. Gender gaps in unpaid labor earnings increase with age, highlighting the need for policy interventions to recognize and compensate unpaid care work.



93 UON-WEE Hub. (2022). Priority Agenda for Women's Economic Empowerment. University of Nairobi. <https://weehub.uonbi.ac.ke/sites/default/files/2022-08/Womens-Priority-Agenda-for-WEE.pdf>

94 Muriithi M.K., Mutegi R.G. & G. Mwabu. (2017). Counting Unpaid Work in Kenya: Gender and Age Profiles of Hours Worked and Imputed Wage Incomes. The Journal of the Economics of Aging 17. <http://erepository.uonbi.ac.ke/handle/11295/102384>

Community Care

UNDERSTANDINGS AND ARRANGEMENTS

DEFINITIONS OF CARE, CARE WORK, AND CARE WORKERS

Key informants from Samburu, Digo, Tugen, Luhya, Maasai, and Islamic communities define care as a collective responsibility where community members support one another to ensure comfort and well-being. In the Digo community, care work is seen as a service that enables individuals to develop their capacities and pursue meaningful aspects of life. However, definitions of care are largely shaped by gender roles, with women handling reproductive and domestic responsibilities, while men focus on productive roles that provide for the family.



Although caregiving is primarily assigned to women, young boys and girls also contribute to household responsibilities. Among the Samburu, men may care for other men when they are sick, though cultural norms generally discourage men from direct caregiving roles. Women and girls bear the primary responsibility for care work, including cooking, cleaning, fetching water and firewood, and caring for children, the elderly, and the sick. Men, on the other hand, are traditionally responsible for providing leadership, financial support, and security while managing family wealth, including cattle and land.

However, modernization and technological advancements are gradually shifting these roles. The introduction of piped water, rainwater harvesting, and alternative cooking fuels like gas and charcoal has reduced some of the physical burden on women and girls. Education and urbanization have also influenced changes, though deeply ingrained cultural attitudes about gendered care responsibilities persist.

Unpaid care work

Unpaid care work remains a family and community expectation, particularly for childcare, eldercare, and nursing the sick. Mothers, daughters, and grandmothers provide childcare as an unpaid, gendered responsibility, with many considering home care as a routine duty that does not require compensation. Children are also expected to participate in caregiving as part of their household responsibilities.

Paid care work

In both urban and some rural households, women and girls are frequently employed as domestic workers to provide childcare, household cleaning, and other caregiving services. In contrast, men and boys are rarely involved in care work and are instead paid for livestock management and cattle herding.

Care infrastructure

Despite advancements in technology and education, traditional gender norms still shape caregiving roles. In rural communities, village care systems revolve around livestock management, water and firewood collection, cooking, and childcare, all of which remain largely women's responsibilities. Cultural norms strongly discourage men from engaging in childcare and domestic care work. A respondent from Samburu illustrated this belief, stating: "When a child cries and a man is nearby, he will not hold the baby. Instead, he will call for his wife or another woman to do so, even if she is busy with other duties."

Urbanization and the increasing economic participation of women have introduced paid care services, allowing those who can afford it to outsource domestic responsibilities. However, these shifts have had limited impact on long-standing gender attitudes, which continue to define caregiving as primarily a woman's role.

MEDIA COVERAGE AND Depictions of Care

Kenyan media largely reflects society's traditional views on care work, reinforcing gender stereotypes rather than challenging them.



Historically, care work has been portrayed as women's responsibility, with little critical examination of its unequal distribution. Mwangi (2016) analyzed 24 commercials aired on Kenya's Citizen TV network during prime-time news, finding that women were predominantly depicted as homemakers, mothers, or housewives, while men were shown relaxing in the living room, watching television, or reading.⁹⁵ Advertisements further reinforce these stereotypes—baby products and household cleaning brands often target women, with campaigns such as 'Be a Dettol Mom with Antiseptic Liquid.' When men are shown performing non-traditional care roles, such as holding a baby, it is often framed as unusual or humorous.⁹⁶

Despite this entrenched pattern, media coverage of unpaid care and domestic work has improved in recent years, reflecting ongoing advocacy efforts by civil society organizations. Citizen TV (April 9, 2022) featured a story on Peninah Ndegwa, who, with UNICEF-Kenya's support, established a Gikomba daycare facility to assist working mothers. The Star Newspaper highlighted

a childcare center at Kisumu Women's Prison, built by the Carter Foundation at a cost of KSh 8 million.

Legal recognition of UCDW has also gained media attention. On December 7, 2021, The Republic covered a landmark divorce ruling, where a High Court judge awarded Mary Wambui half of her marital home as compensation for 13 years of unpaid domestic work. Meanwhile, the Daily Nation has published articles such as 'Unpaid Care and Domestic Work Isn't Just for Women' and 'Proposed Unpaid Care Work Policy to Protect Women,' signaling a shift in public discourse.

Kenya's media operations are guided by Articles 33 and 34 of the Constitution, which protect press freedom and editorial independence. The Media Council of Kenya Act (2013) further promotes non-discrimination and equal representation of men and women in news coverage. Article 16 mandates fair treatment of both genders as news subjects, while Article 24 holds editors accountable for content, including advertisements.



⁹⁵ Mwangi, Z.M. (2016). Gender and the Mass Media: An Analysis of Gender Representation in Tv Commercials Aired During Prime Time News on Citizen Tv Station. <https://erepository.uonbi.ac.ke/handle/11295/99473>

⁹⁶ Ibid.

KENYA'S ECONOMIC PERFORMANCE AND POSSIBLE IMPLICATIONS for Care Infrastructure



HISTORICAL ECONOMIC TRENDS AND GENDERED IMPACTS

Kenya's economic decline in the 1980s led to a rise in poverty from 48% in 1980 to 56% by 2001.⁹⁷ Structural Adjustment Programs imposed by the International Monetary Fund resulted in cuts to health and education spending, disproportionately affecting women and girls. The introduction of user fees in hospitals further reduced access to healthcare. In 2002, the government introduced the Economic Recovery Strategy (2003-2007) to address these challenges, focusing on macro-economic reforms, public service efficiency, social equity, and governance improvements. However, these policies were gender-blind, failing to account for women's unpaid care work or address inequalities in labor and resource distribution.⁹⁸

ECONOMIC GROWTH, PERSISTENT INEQUALITY, AND CARE BURDEN

Despite steady economic growth since 2005, poverty remains high, and the care burden on women and girls has intensified. Policies such as Kenya's taxation regime favor the wealthy, with USD \$1.1bn in annual tax exemptions and incentives benefiting millionaires, nearly twice the 2015/16 health budget. Meanwhile, investment in sectors that reduce unpaid care work—such as health, education, and social protection—remains inadequate.

The 2021/22 national budget allocated only 11% (KSh 406bn of KSh 3.3tn) to early education, health, agriculture, social protection, and water—critical sectors for reducing the care burden. Apart from education, which requires high recurrent expenditures, other sectors have

seen minimal investment, keeping the burden of care on women.

From 2018 to 2022, Kenya's health budget never exceeded 4% of total spending, forcing families—especially women—to shoulder the costs of home-based care.⁹⁹ The agriculture sector, where women provide most of the labor, received only 3.2% of the budget, compared to Uganda's 3.4%, despite Kenya's larger population and greater climate challenges.¹⁰⁰ Comparatively, national security received 50% of the combined allocations for health, social protection, poverty reduction, and women's empowerment programs. The education sector allocated 2.9% (KSh 103.96bn) to early learning and basic education, an amount insufficient to reduce household spending on education, which currently covers 33% of total costs.¹⁰¹ The lack of clear budgeting



97 Ministry Of Planning And National Development. (2003). Economic Recovery Strategy for Wealth And Employment Creation 2003-2007. Government of Kenya. <https://www.dkut.ac.ke/downloads/honorary-page/Economic%20Recovery%20Strategy.pdf>

98 Ibid.

99 University of Nairobi Women Economic Empowerment Hub. (2021). Evaluation of the Annual National Budget Processes and documents Policy Statement and Its Implications on Allocation of Resources to Sectors that Support Childcare & Women's Work. <https://weehub.uonbi.ac.ke/weehub/evaluation-annual-national-budget-processes-and-documents-policy-statement-and-its-implications>

100 Ibid.

101 Ibid.

guidelines for ECDE further limits investment in childcare. Funds meant for ECDE are often diverted to secondary and tertiary education, as seen in Meru County's 2022/23 budget, where tertiary scholarships were funded under the ECDE vote.¹⁰²

SOCIAL PROTECTION AND UNDERFUNDING OF KEY SECTORS

Kenya's cash transfer programs for vulnerable populations fall short of demand. In 2021, the Department of Social Protection could only support 26,800 households with vulnerable children, despite an estimated 3 million vulnerable children nationwide. Similarly, the Uwezo Fund and Women Enterprise Fund are grossly underfunded relative to their target populations. The water sector was allocated 2.1% of the budget (KSh 78.28bn) despite Kenya's severe water scarcity. Inadequate investment in irrigation and sanitation particularly affects women in marginalized areas, who depend on water for agriculture and household care. The food and agriculture budget received 1.7% of total spending (KSh 61.2bn), exacerbating food insecurity, a burden disproportionately borne by women responsible for household meal provision.

ENERGY AND THE GENDERED IMPACT OF TAXATION

The reintroduction of 16% VAT on Liquefied Petroleum Gas (LPG) in 2021 impacted 2.47 million urban and 413,240 rural households, pushing many to revert to firewood and charcoal—a shift that increases unpaid care work for women and girls, who must collect firewood while facing health risks and exposure to gender-based violence.¹⁰³

WEAK GENDER MAINSTREAMING IN PUBLIC SPENDING

The State Department for Gender, responsible for integrating gender perspectives across government, has seen declining budgets over multiple years—from KSh 4.9bn in 2018/19 to KSh 3.67bn in 2021/22.¹⁰⁴ This chronic underfunding limits efforts to institutionalize gender-responsive policies. The Women Economic Empowerment Policy aims to support women's transition from care work to paid employment through initiatives such as linkages with the private sector, affordable childcare centers, and skills training.¹⁰⁵ However, the policy lacks a framework to measure care work's contribution to the economy.¹⁰⁶ Notably, the KNBS is missing as a stakeholder, despite conducting a Time Use Survey to quantify unpaid care work.

RIISING DEBT LEVELS AND IMPACT ON CARE

Kenya's public debt has surged, from KSh 84bn in 1990 to KSh 8.2tn in 2021, due to large-scale infrastructure projects.¹⁰⁷ This expansionist fiscal policy has diverted resources away from health, social protection, and agriculture, further shifting the care burden onto women. As the government prioritizes debt servicing and infrastructure, sectors critical to reducing unpaid care work continue to experience stagnation or decline in budget allocations. This neglect perpetuates gender inequality, forcing women to subsidize the state through unpaid labor, rather than benefiting from policies that recognize, reduce, and redistribute care responsibilities.



102 County Government of Meru. [2022]. Budget Estimates 2022-2023. <https://meru.go.ke/assembly/index.php/budget/file/946-budget-estimate-financial-year-2022-2023>

103 Global Health Research Group. [2022]. COP26 and SDG7 Goals Under Threat: 16% VAT on LPG Reverses Progress Made in Clean Cooking Adoption in Kenya. https://cleanafrica.com/wp-content/uploads/2024/11/VAT-on-LPG-Policy-Brief_Jan-7-2022.pdf

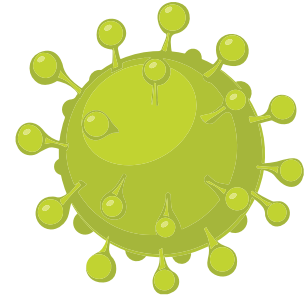
104 State Department for Gender and Affirmative Action. [n.d.]. <https://gender.go.ke/functions/>

105 Ministry of Public Service and Gender. [2020]. Women's Economic Empowerment Strategy 2020-2025. <https://gender.go.ke/wp-content/uploads/2021/04/Women-Economic-Empowerment-Strategy-2020-2025-RE-vised-10th-march.pdf>

106 Ibid.

107 Central Bank of Kenya. [n.d.]. Public Debt. <https://www.centralbank.go.ke/public-debt/>

COVID-19 PANDEMIC IMPACTS ON Care Policies



During economic crises, such as the COVID-19 pandemic, women and vulnerable groups, including persons with disabilities, are disproportionately affected compared to men. Government containment measures, such as stay-at-home orders, school closures, and movement restrictions, significantly increased care responsibilities for women and girls. They also bore the primary burden of caring for COVID-19 patients in the government's home-based care system, further straining their time and resources.

At the peak of the pandemic, 1.7 million Kenyans lost their jobs, with those in the informal sector being the hardest hit. The health and socio-economic impacts of COVID-19 prompted the Council of Governors—a body coordinating the 47 county governments—to develop the County COVID-19 Socio-Economic Reengineering Recovery Strategy (2020/21–2022/23).¹⁰⁸ Each county has since adapted the strategy to support recovery efforts during and after the pandemic.

One of the key areas highlighted in the strategy is housing, which is recognized as essential for strengthening home-based care systems and cushioning households from future economic shocks. The strategy outlines several interventions to improve housing conditions and economic stability. It emphasizes the need to promote home ownership to protect families from rent-related financial crises, particularly during periods of economic uncertainty. Additionally, counties are expected to designate and approve urban areas based on different needs, incorporating urban planning strategies that boost investment and stimulate economic activity in modern sectors. These urban development efforts must be supported by essential infrastructure, including roads, water, and electricity, to ensure sustainable growth.

CONCLUSION

This case study on care infrastructure in Kenya highlights the critical role of care work in shaping the country's social and economic landscape. Care services—including childcare, eldercare, care for the sick, and support for persons with disabilities—are essential for individuals, families, and communities. However, care work remains undervalued, underfunded, and disproportionately borne by women, reinforcing gender inequalities and limiting economic opportunities.

Despite Kenya's legal and policy frameworks supporting care services, implementation gaps persist. Many care-related programs face chronic underfunding, inadequate regulation, and weak enforcement mechanisms. Government investments in social protection schemes, early childhood education, and healthcare remain insufficient to meet the growing demand for quality care services. Additionally, informal care arrangements continue to dominate, placing a heavy burden on families, particularly women and girls, who provide unpaid care with little recognition or support.

The findings underscore the need for a more integrated and gender-responsive approach to care infrastructure. Key recommendations include:

- **Increased Public Investment:** Allocating greater financial and human resources to care services, including expanding affordable childcare, eldercare, and healthcare options at national and county levels.
- **Policy Strengthening and Implementation:** Enforcing existing laws and policies while addressing gaps in areas such as home-based care, social protection, and domestic work regulations.
- **Recognition and Valuation of Care Work:** Incorporating unpaid care work into national economic planning through data collection, time-use surveys, and gender-responsive budgeting.
- **Strengthened Public-Private Partnerships:** Encouraging collaboration between government, private sector, and civil society to develop sustainable and scalable care solutions.
- **Capacity Building and Workforce Support:** Enhancing training, wages, and working conditions for paid caregivers, while providing financial and psychosocial support to unpaid caregivers.

As Kenya moves toward a more inclusive and equitable society, care infrastructure must be recognized as a critical pillar of development. By addressing structural challenges and investing in care systems, the country can advance gender equality, improve livelihoods, and foster economic resilience for all.



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