



**MINISTRY OF GENDER, CULTURE, THE ARTS AND HERITAGE  
STATE DEPARTMENT FOR GENDER AND AFFIRMATIVE ACTION**

# **NATIONAL CARE POLICY**

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## ABBREVIATIONS AND ACRONYMS

AU	African Union
BETA	Bottom-Up Economic Transformation Agenda
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
CRC	Convention on the Rights of the Child
CSOs	Civil Society Organizations
CSW	Commission on the Status of Women
DHS	Demographic Health Survey
ECDE	Early Childhood Development and Education
EAC	East African Community
GDP	Gross Domestic Product
GRPS	Gender Responsive Public Services
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immuno-Deficiency Syndrome
ILO	International Labour Organization
KNBS	Kenya National Bureau of Statistics
LTC	Long-Term Care
M&E	Monitoring and Evaluation
MCDAs	Ministries, Counties, Departments and Agencies
MTRH	Moi Teaching and Referral Hospital
NCPWD	National Council for Persons With Disabilities
NGEC	National Gender and Equality Commission
NGO	Non-Governmental Organizations
PWDs	Persons With Disabilities
SDGAA	State Department for Gender and Affirmative Action
SDGs	Sustainable Development Goals
TUS	Time Use Survey
UN	United Nations
WASH	Water, Sanitation and Hygiene
WEE	Women's Economic Empowerment

## DEFINITION OF TERMS

**Ageing society:** A process which increases the proportion of old people within the total population.

**Care sector:** Refers to a broad category of industries and services that focus on providing care, support, and assistance to individuals who require help due to age, illness, disability, or other circumstances.

**Care supported infrastructure:** Care-related systems, services and facilities that support and enable the provision of care. This includes, but is not limited to, hospitals, schools, nursing homes, community Centres, as well as sustainable energy, water, and transport and information and communications technologies.

**Care work:** Broadly defined as consisting of activities and relations involved in meeting the physical, psychological and emotional needs of adults and children, the old and young, frail and able-bodied. Care Work consists of direct and indirect care activities.

**Cash-for-care:** is a form of social policy or program in which individuals who provide care for dependent family members, such as children, elderly relatives, or individuals with disabilities, receive benefits from the government or other institutions.

**Cash transfer:** Refers to interventions to respond to the needs of vulnerable people by giving them cash.

**Child:** Means an individual who has not attained the age of eighteen years.

**Childcare:** Refers to the provision of supervision, care, and support for children during the daytime or when parents or guardians are unavailable due to work, school, or other commitments.

**Decent work:** It involves opportunities for work that is productive and delivers a fair income, security in the workplace and social protection for all, better prospects for personal development and social integration, freedom for people to express their concerns, organize and participate in the decisions that affect their lives and equality of opportunity and treatment for all women and men.

**Direct care work:** Face-to-face, personal care activities (sometimes referred to as “nurturing” or “relational” care), such as feeding a baby, nursing a sick partner, helping an older person to take a bath, carrying out health check-ups or teaching young children.

**Domestic work:** Refers to tasks and responsibilities carried out within a household to maintain a functional living environment.

**Domestic worker:** Refers to a person employed to execute a variety of household services for an individual or a family.

**Flexi hours:** Refers to a work schedule arrangement that allows employees adjust the number of hours worked per day or week, within certain limits set by the employer.

**Gender-responsive:** A policy or a program that fulfils gender norms and relations that are considered and measures are taken to actively reduce the harmful effects of gender norms, roles and relations including gender inequality.

**Indirect care work/domestic work:** Activities which do not entail face-to-face personal care, such as cleaning, cooking, doing the laundry and other household maintenance tasks (sometimes referred to as “non-relational care” or “household work”), that provide the preconditions for personal caregiving.

**Long-Term Care (LTC):** Defined as the health and supportive services provided to people unable to practice self-care, usually over months or years. It includes personal care, social services, transportation, medical and rehabilitative care.<sup>1</sup>The difference between long-term care and curative or rehabilitative care is that the latter aim to change a person's medical condition, while long-term care simply compensates for a long-term disability.

**Paid care work:** Care work performed for profit or pay within a range of settings, such as private households (as in the case of domestic workers), and public or private hospitals, clinics, nursing homes, schools and other care establishments.

**Palliative healthcare:** An approach that improves the quality of life of patients (adults and children) and their families who are facing problems associated with life-threatening illness.

**Persons with severe disabilities:** Refers to individuals who experience significant limitations in one or more areas of functioning, which may include physical, cognitive, sensory, or developmental impairments.

**Severe disability:** Refers to a significant limitation in an individual's ability to perform basic life activities due to a challenge in one or more areas of functioning.

**Social infrastructure:** Refers to the physical and organizational structures, facilities, and systems that support and enhance social well-being, cohesion, and quality of life within communities.

**Time poverty:** It is a concept that individuals or households work long hours without choice because of poverty or would be at risk of falling into poverty if they reduce their working hours below a certain time-poverty line. Time poverty is thus understood as the lack of enough time for rest and leisure after accounting for the time that has to be spent working, whether in the labor market, doing domestic work, or performing other activities such as fetching water and wood fuel.

**Unpaid care work:** Caring for persons or undertaking housework without any explicit monetary compensation.

**Vulnerable persons:** Are individuals who are at a higher risk of harm, exploitation, or marginalization due to various factors that limit their ability to protect themselves or advocate for their own interests.

**Workplace legal and policy frameworks:** Refer to the rules, regulations, guidelines, and standards established by employers and government authorities to govern the conduct, rights, responsibilities, and relationships of individuals within a workplace setting.

**Workplace:** A physical or virtual location where employees perform their job duties and tasks.



## FOREWORD



The responsibility of unpaid care work falls disproportionately on women. The unequal gendered distribution and low status of care work constitutes a key barrier to women's social, political, and economic empowerment. As our nation strides forward in an era of progress and development, it is imperative that we address the foundational needs of our society with inclusion, compassion, foresight, unwavering commitment and affirmative action. Among these essential

needs is the provision of care. A fundamental pillar upon which the well-being of individuals, families, and communities' rests.

In a bid to recognize the significance of care, we have embarked on the formulation of our Nation's first comprehensive National Care Policy. This Policy represents a pivotal milestone in our journey towards fostering a society that is inclusive, equitable, and supportive of all its members, regardless of age, gender, ability, or circumstance.

At the heart of this policy lies a profound recognition of the diverse caregiving responsibilities that permeate every facet of our society. Whether it is the nurturing care provided by parents to their children, the compassionate support extended by families to their elderly members, or the dedicated assistance offered to persons with disabilities – each act of care embodies our shared humanity and binds us together as a Nation.

In charting the course for our national care policy, we are guided by a steadfast commitment to the principles of dignity, equity, and social justice. We recognize that access to quality care services is not merely a privilege, but a fundamental human right that must be safeguarded and upheld for all.

This Care Policy is a testament to the government's resolve to confront the systemic challenges that hinder the realization of care as a universal right. It seeks to invest in Recognizing care work, Reducing the burden of care work, Redistributing care work, Rewarding care work through decent jobs and Representing those undertaking care work. This is an endeavor to dismantle

barriers in access to care while addressing inequalities in caregiving responsibilities, with a bid to promote the empowerment of individuals and communities to thrive.

This policy requires commitment not only by the government, but other stakeholders such as the private sector, CSOs, trade unions and development partners in its implementation. As we embark on the implementation of this policy, the government commits to its goal and objectives, knowing that it holds the potential to catalyze transformative change across our nation. By investing in care, we invest in the well-being of our people, the strength of our families, and the prosperity of our nation as a whole.

**Hon. Aisha Jumwa Katana, EGH**  
**Cabinet Secretary**  
**Ministry of Gender, Culture, the Arts and Heritage.**

## ACKNOWLEDGEMENT



In a rapidly evolving world, characterized by demographic shifts, changing family structures, and socio-economic transformations, the importance of care has never been more pronounced. The National Care Policy represents a foundational document that reflects our collective commitment to fostering a society that values and supports the well-being of all its members. Rooted in principles of equity, dignity, and social justice, this policy sets forth a comprehensive framework for addressing the diverse caregiving needs of our population and ensuring access to quality care services for all.

As we embark on this journey towards a more caring and compassionate nation, we do so with a sense of purpose and determination, knowing that the successful implementation of this policy will have profound implications for the future of our society. It is our sincere hope that this policy will serve as a guiding light, illuminating the path towards a more inclusive, equitable, and caring future for generations to come.

The development of the National Care Policy has been a collaborative endeavour that has brought together the collective wisdom, expertise, and dedication of numerous individuals and organizations. We extend our heartfelt gratitude to all those who have contributed to this monumental effort.

We would like to express our deepest appreciation to the policymakers, government officials, and experts whose leadership and guidance have been instrumental in shaping the contours of this policy. Your tireless efforts and unwavering commitment to the well-being of our nation have been indispensable in driving forward this initiative.

We are immensely grateful to the caregivers – the unsung heroes of our society – whose selfless dedication and compassion form the bedrock of our caregiving

system. Your voices, experiences, and insights have been central to the development of this policy, ensuring that it is grounded in the realities of everyday life.

Furthermore, we acknowledge with gratitude the contributions of our development partners, whose technical expertise, financial support, and collaboration have been invaluable in facilitating the development and implementation of this policy.

Finally, we express our profound appreciation to the citizens of our nation – the ultimate beneficiaries of this policy – whose resilience, courage, and unwavering belief in a better future have inspired us throughout this journey.

**Anne N. Wang'ombe**  
**Principal Secretary**  
**State Department for Gender and Affirmative Action**

## EXECUTIVE SUMMARY

The care economy entails a diversified range of productive work with both paid and unpaid work activities for care that is necessary for the physical, psychological and social wellbeing of primary care dependent groups such as children, the elderly, persons with disability and persons who are ill. Growing populations, aging societies, changing families, women's secondary status in labour markets and shortcomings in social policies demand urgent action on the organization of care work from governments, employers, trade unions and individual citizens. The care economy can be compared to an iceberg where the most important part that accounts for three quarters of total care is invisible and unremunerated.

The responsibility of unpaid care work falls disproportionately on women. Global statistics reveal that women perform 76 percent of all unpaid care work, which implies that they do over three times more work than men. Statistics from the Kenyan Time Use Survey (KNBS 2021) indicate that Kenyan women spend 4 – 5 hours per day on unpaid care work as compared to about 1 hour for men, which is about 4 times more time for women than men. If we add up all forms of work (paid and unpaid), Kenyan women work 7 -8 hours whereas men work 6 -7 hours, resulting in a gender gap of 1.16 - this implies that women work 1.16 times more than men.

The unequal gendered distribution and low status of care work constitutes a key barrier to women's social, political, and economic empowerment. Unpaid care work is a key factor in determining both whether women enter into and stay in employment and the quality of jobs they perform. The disproportionate responsibility for care work (especially unpaid work) results in time poverty and significant opportunity costs, particularly among the poorest and most marginalized women and girls. The unequal distribution of unpaid care work also reinforces gender inequalities and dependence, which increases their vulnerability and risk of violence. The Commission on the Status of Women (CSW) first took up the issue of women's unpaid work in the early seventies-then phrased the issue as the 'family responsibilities of working women' and their 'double burden'.

Kenya has ratified various international treaties and instruments that address the issue of gender equality and care work.

The importance of addressing unpaid care work is well articulated in the Sustainable Development Goals (SDG 5 Target 5.4.1), which commits the member states to recognize and value unpaid care and domestic work through the provision of public services, infrastructures and social protection policies and the promotion of shared responsibilities within household and family as nationally appropriate. The Kenyan Constitution also explicitly provides for shared responsibility of both parents to care for their children. The Government's priority areas including the social pillar of vision 2030 and the Medium-Term Plan IV focuses on the social inclusion of vulnerable groups who include women, children, Persons With Disabilities and the elderly. Moreover, the Bottom-up Transformation Agenda (BETA) of the Kenya Kwanza Government incorporates the president's 9 Point Agenda on Women that promotes Women Economic Empowerment.

The goal of this policy is ***to promote gender equality through establishment of a care system that supports the well-being and dignity of all Kenyans, recognizes and rewards care work***". The policy has four objectives, namely: Recognize and value unpaid care work; Redistribute and Reduce care work to achieve gender equality and empowerment of women and girls; Promote Reward and Representation of paid care workers; and Promote provision of public care systems.

This policy provides a framework for addressing care work by focusing on ten key thematic areas as detailed in chapters two and three. The identified priority areas are expected to guide the government's efforts in addressing the needs of the care economy in Kenya and ultimately lead to a more equitable society.

# CHAPTER ONE

## 1.0 INTRODUCTION

### 1.1 Background

Care work is a crucial element for human wellbeing as well as an essential component for a vibrant sustainable economy with a productive labour force. It entails both paid and unpaid care work activities that are necessary for the physical, psychological and social wellbeing of society, especially primary care dependent groups such as children, the elderly, persons with disabilities and the sick (ILO & UN Women, 2021<sup>1</sup>).

Care work and care responsibilities affect women and men in different ways depending on their circumstances that include; gender roles, working status, age, sex, health status, disability and marital status. Changing social-economic structures and practices are critical to recognizing the value of care, reducing the disproportionate burden of unpaid care work, and redistributing care responsibilities among the government, private sector, communities and households. Care work should be recognized as a universal right as well as an essential building block for economic, social wellbeing and sustainable development as it is pertinent to the future of decent work (ILO 2018<sup>2</sup>).

According to the Kenya Time Use Survey report (KNBS, 2021), the proportion of time spent by women on unpaid care and domestic work is about five times higher (18.7%) compared to men (3.6%). That is, women spend 4 hours 30 minutes as compared to men who spend 54 minutes on such activities. The analysis by residence shows that women in both rural and urban areas spend more time than men on the activities. Further analysis, indicates that the proportion of time spent on unpaid work by girls age 15-17 years, is four times as much (15.2%) as that of boys (4.2%) in the same age group. Elderly women age 65 years and above spend about three hours (12.0%) on unpaid domestic and care work, while their male counterparts spent about an hour (3.3%) at national level. Therefore, women's responsibilities for unpaid care work reflect constraints imposed by gendered cultural norms, insufficient public care services and infrastructure, and inadequate social protection policies. According to the Kenya National Care Needs Assessment report (UN Women, 2022), the care sector contributed 6.8 percent of GDP at current

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<sup>1</sup> UN Women and ILO (2021). UN Women – ILO Policy Tool - A Guide to Public Investments in the Care Economy.

<sup>2</sup> ILO. (2018). Care work and care jobs for the future of decent work / International Labour Office – Geneva

prices in 2021 (slightly lower than 7.1 percent in 2017). The care sector is an important source of employment for women. About 19% of working women were employed in education, 16% were employed by households as domestic workers and 6% were employed in health and social work activities (UN Women, 2022). The care sector is generally characterized by informal working arrangements, poor working conditions, and higher risk of sexual harassment the study reports.

The burden of unpaid care work is a key factor in determining the entry and retention of women in employment. Care work can be rewarding, however, when in excess, it is tedious, hampers the economic opportunities and wellbeing of unpaid carers as well as diminishing their overall enjoyment of human rights (ILO, 2018). The disproportionate responsibility for unpaid care work results in time poverty, significant opportunity costs and reinforces gender inequalities. It also enhances dependence, vulnerability and risk of violence among women and girls.

Government investment in the care economy will support gender equality, reduce poverty and inequalities, increase women's labour force participation, create decent jobs and ensure well-being of both caregivers and care receivers. To achieve this, the government shall promote the implementation of public care services, care-friendly policies, guarantee access to time- and labour-saving technologies and infrastructure. The National Care Policy is, therefore, expected to provide a comprehensive framework for implementing policy actions that address unpaid and paid care work in the country.

## **1.2 Policy Goal and Objectives**

### **1.2.1 Policy Goal**

To promote gender equality through establishment of a care system that supports the well-being and dignity of all Kenyans, recognizes and rewards care work.

### **1.2.2 Policy Objectives**

The objectives of this policy are to:

- i. Recognize and value unpaid care work;
- ii. Redistribute and reduce care work to achieve gender equality and empowerment of women and girls;
- iii. Promote reward and representation of paid care workers; and
- iv. Promote provision of public care systems.



### 1.3 Rationale of the policy

The Constitution of Kenya recognizes and protects human rights and fundamental freedoms, including provision and access to care. The government acknowledges the significance of the care sector to economic development. The National Care Policy has been developed to promote gender equality through the establishment of a care system that supports the well-being and dignity of all Kenyans, recognizes and rewards care work.

The government has established and implemented various legislations, policies and institutional frameworks to address care and support needs of the dependent groups. Despite these efforts, there are still gaps that need to be addressed.

The TUS indicates that women bear more responsibility on care, more so unpaid care work, resulting to time poverty and significant opportunity costs. This undermines their rights thereby denying them opportunities to engage in productive activities thus perpetuating gender inequalities in the Country.

The development of the National Care Policy will thus guide investment in the Care economy and contribute to the overall economic growth by increasing productivity. The investment in the care sector has the potential to create numerous job opportunities, particularly for women who dominate this field. Furthermore, it will support families in balancing work and caregiving responsibilities thereby improving overall quality of life, fostering social cohesion and stability of life. The policy will also enable quality healthcare as provided for under Social Health Insurance Act (2023). Policies that prioritize healthcare provision, especially in underserved areas, can lead to better health outcomes for individuals and communities, reducing healthcare disparities and improving overall public health.

The care policy will also guide the government on valuation and remuneration of unpaid care work particularly among the marginalized communities thereby directly impacting on poverty reduction efforts.

### 1.4 Guiding principles

The key guiding principles are derived from the Constitution of Kenya, Vision 2030, and other sectoral policies, legislations, international and regional instruments which include:

- i. **Gender equality:** Addresses power relations, and gender division of labour that informs the right to care for men and women;
- ii. **Decent work:** Addresses productive work for women and men in conditions of freedom, equity, security and human dignity, and advocates for fair income;
- iii. **Human dignity:** Incorporates the human rights-based approach as a guide in the development and implementation of care policies;

- iv. **Equality, equity and non-discrimination:** This principle links to the fundamental of human rights, it applies to the right to care, equal access to care in a fair and dignified manner;
- v. **Social justice:** Considers multiple dimensions of discrimination and oppression in the care and provision of care including historical and exclusionary power relations; and
- vi. **Transparency, accountability and sustainability:** Seeks to promote policies and systems of care policy that are environmentally sustainable, socially just and economically viable in the long term.

## 1.5 Policy Approach

The following approaches will be employed in realizing the objectives of this Policy:

- i. Build institutional and human resource capacity to recognize, reduce, and redistribute care work in public and private sectors;
- ii. Apply a life-cycle approach to care work, acknowledging that individuals face different vulnerabilities at different stages in life and require varying care needs;
- iii. Sensitize and create awareness on social norms regarding the sharing of responsibilities of unpaid care work;
- iv. Comply with legal and institutional frameworks on unpaid care and domestic work;
- v. Employ multi-Sectoral approach through partnership and collaboration with stakeholders across various sectors;
- vi. Develop gender responsive planning and budgeting; and
- vii. Generate data and indicators that are disaggregated by sex, age and disability status.

## 1.6 Legislative and Policy Context

This policy is guided by relevant national, regional, and international legal and policy instruments that promote gender equality and the empowerment of women.

### 1.6.1 Constitution of Kenya

The Constitution of Kenya has various provisions that support the care economy as follows: Article 41 provides for the rights by workers to fair labour practices, fair remuneration as well as reasonable working conditions; Article 43 guarantees access to highest attainable standards of health which includes the right to healthcare services; and Article 57 provides for the older members of the society to receive reasonable care and assistance from their family and the State among other provisions.

### **1.6.2 Kenya Vision 2030 and Fourth Medium Term Plan**

The Kenya Vision 2030, which is Kenya's long-term development blueprint is being implemented through successive five-year Medium-Term Plans. The Vision 2030 is currently being implemented through the Fourth Medium Term Plan (MTP IV 2023 - 2027). The MPT IV (2023 – 2027) has prioritized the development of the National Care Policy which will promote recognition and valuation of unpaid care work in the country.

### **1.6.3 Bottom-up Economic Transformation Agenda**

The National Care Policy is anchored and aligned to the Bottom-Up Economic Transformation Agenda (BETA) which focuses on economic turn around and inclusive growth. BETA prioritizes 5 sectors which are: Agricultural Transformation; Micro, Small and Medium Enterprise (MSME); Housing and Settlement; Healthcare; Digital Superhighway and Creative Industry. The women agenda has been identified as a key enabler to the realization of BETA priorities.

The policy will contribute to the achievement of the BETA priorities by promoting gender equality through establishment of a care system that supports the well-being and dignity of all Kenyans, through recognizing and rewarding care work.

### **1.6.4 Sectoral laws and Policies**

This Policy is anchored on the national legislations and policies that reflect a holistic approach in addressing care in Kenya. These are:

- i. The Employment Act, (2007);
- ii. The Labour Relations Act, (2007);
- iii. Occupational Safety and Health Act, (2007);
- iv. Domestic Workers' Regulations, (2015);
- v. Social healthcare Insurance Act, (2023);
- vi. Persons with Disabilities Act, (2003);
- vii. Children's Act, (2022);
- viii. NSSF Act, (2013);
- ix. The National Policy on Gender and Development, (2019);
- x. National Social Protection Policy, (2011);
- xi. National Policy on Older Persons and Aging, (2014);
- xii. Kenya Palliative Healthcare Policy, (2021-2030); and
- xiii. Kenya Community Health Policy, (2020-2030).

### **1.6.5 Africa Union Agenda 2063**

The African Union Agenda 2063 is a blueprint for transforming Africa into the continent we want. Aspiration six is about an Africa whose development is people-driven, relying on the potential of African people, especially its women and youth, and caring for children. It aspires to be an inclusive continent where no child, woman or man will be left behind or discriminated against based on gender, political affiliations, religion, ethnicity, or other retrogressive considerations. It envisions an Africa where every woman will be empowered in all spheres, with equal social, political, and economic rights. The goal under aspiration six is to achieve full gender equality in all spheres of life by strengthening the role of Africa's women through ensuring gender equality and parity in all spheres of life (political, economic and social); and eliminating all forms of discrimination and violence against women and girls. The policy will strengthen care interventions in order to attain the aspirations of African Union Agenda 2063.

### **1.6.6 United Nations Sustainable Development Goals**

The 2030 Agenda for Sustainable Development Goals (2015) sets out the urgency of achieving gender equality through its 17 goals (SDGs), and establishes a transformative vision towards economic, social and environmental equality and sustainability. The achievement of gender equality is cross-cutting and inseparable from the rest of the Agenda's goals.

SDG 5 calls for the recognition and valuation of unpaid care and domestic work in one of its targets (SDG 5 target 5.4). The redistribution and valuing of care is also linked to efforts to eradicate poverty and implement social protection systems for all (SDG 1), end hunger, achieve food security and improved nutrition, and promote sustainable agriculture (SDG 2).

The provision of quality care is also critical to ensuring healthy lives and promoting well-being for all at all ages (SDG 3), ensuring inclusive and equitable quality education and promoting lifelong learning opportunities for all (SDG 4), and promoting sustained, inclusive and sustainable economic growth, as well as full and productive employment and decent work for all (SDG 8).

Investing in the care economy also contributes to building resilient infrastructure, promoting inclusive and sustainable industrialization and fostering innovation (SDG 9), reducing inequality within and between countries (SDG 10), combating climate change and its impacts (SDG 13), promoting peaceful and inclusive societies for

sustainable development, facilitating access to justice for all and building effective and accountable inclusive institutions at all levels (SDG 16), and strengthening the means of implementation and revitalizing the Global Partnership for Sustainable Development (SDG 17).

### **1.6.7 Treaties and Conventions**

The national care policy will contribute to the implementation of various international and regional treaties and conventions including:

#### **1. EAC Treaty**

The Treaty establishing the East African Community in Article 5 on the objectives commits to mainstreaming gender in all endeavors and enhancement of the role of women in cultural, social, political, economic and technological development. Article 121 takes cognizance of the role played by women in socio-economic development and commits Partner States to take measures that shall eliminate prejudices against women and promote Equality of female gender with that of the male gender in every respect.

#### **2. Universal Declaration of Human Rights (1948)**

The convention aims to ensure everyone has the right to an adequate standard of living and the right to social security, including the right to the enjoyment of his or her Economic Social and Cultural Rights (ESCR). Parties are obliged to undertake national effort and international cooperation to ensure mothers and children are entitled to care, special assistance and social protection.

#### **3. ILO Convention No. 100 - Equal Remuneration Convention, (1951)**

The Convention focuses on gender discrimination in employment and outlines principles for the equal remuneration for work of equal value independent of whether it is performed by men or women.

#### **4. ILO Convention 102 on Social Security (minimum standard) (1952)**

The convention establishes the minimum standard on social security, providing the content of the right to social security with nine branches of protection related to the contingencies covered: health care, sickness benefits, unemployment, maternity, occupational disease or accident at work, survivors, disability, old age and family benefits. In the case of maternity protection, medical assistance during pregnancy and childbirth, and the need to guarantee periodic payments in cases of suspension of earnings, for a minimum of 12 weeks.

#### **5. Beijing Declaration and Platform for Action (1995)**

It stresses the importance of unpaid work and recommend its measurement with an aim to support policies focused on unpaid care. In this regard, countries are required to conduct regular time-use studies to measure, in quantitative terms,

unremunerated work, including recording those activities that are performed simultaneously with remunerated or other unremunerated activities.

### **3. The Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) (1979)**

The convention requires countries to eliminate discrimination against women and girls in all areas and promotes women's and girls' equal rights. Additionally, countries should ensure that women caring for children have access to adequate social and economic benefits and receive all necessary assistance when caring for elderly parents or relatives. Further, it encourages for institutionalization of supporting social services that enable parents to combine family obligations with work responsibilities and participation in public life. The convention also promotes the establishment and development of a network of childcare facilities.

### **4. ILO Convention No.156, concerning workers with family responsibilities, (1981)**

The convention commits governments to develop or promote community services, public or private, such as childcare and family assistance services and facilities. States should develop community services, public or private, for child and family assistance. Parental leave, reduction of working hours, flexible working hours, and leave for illnesses of children or direct relatives.

### **5. Convention on the Rights of the Child (1989)**

The convention establishes the responsibility of both parents in the care of the children, both have common obligations regarding the upbringing and development of the child. This recognition is linked to the necessary provision by the State of the infrastructure of care for the working condition of the parents.

### **6. ILO Convention No.183, Maternity Protection Convention, (2000)**

The convention is to ensure working women have adequate protection, as well as maternity leave and benefits, helping to balance their paid work responsibilities and unpaid work, where paid maternity leave should be a minimum 14 weeks.

### **7. Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa (Maputo Protocol) (2005)**

The protocol detail wide-ranging and substantive human rights for women covering the entire spectrum of civil and political, economic, social and cultural as well as environmental rights. Recognizes that both parents are responsible for the upbringing and development of their children, and that this is a social function in which both the State and the private sector have a secondary responsibility.

### **8. Convention on the Rights of Persons with Disabilities (2006)**

Recognizes the right of persons with disabilities to receive the support necessary for the realization of their rights and for autonomy and independence It establishes the responsibility of States to provide support to persons with disabilities, as well as to their families and caregivers. Ensure access to appropriate training, counselling, financial

assistance and respite care services for people with disabilities and their families living in poverty

#### **9. Domestic Workers Convention, (ILO - 189) (2011)**

The convention recognizes the labour and social rights of domestic workers, including the right to minimum wage, the right to a safe and healthy working environment, and the right to social protection. This includes increasing paid job opportunities for women and men workers with family responsibilities, greater scope for caring of ageing populations, children and persons with disabilities.

#### **10. ILO Convention No. 190 on Violence and Harassment. (2019)**

The convention provides a global framework to prevent, remedy and eliminate violence and harassment in the world of work that threatens equal opportunities, and are unacceptable and incompatible with decent work.

### **1.7 Scope of the policy**

This policy has been developed for adoption by Ministries, Departments, Agencies and Counties, private sector, civil society organisations, development partners and all other relevant stakeholders. Care work consists of two overlapping activities: direct, personal and relational care activities, such as feeding a baby or nursing an ill partner; and indirect care activities, such as cooking and cleaning. Unpaid care work is work provided without a monetary reward. Unpaid care is considered as work and is thus a crucial dimension of the world of work. Paid care work is performed for pay or profit. They comprise a wide range of personal service workers, such as nurses, teachers, doctors, domestic workers and personal care workers.

### **1.8 Policy Development Approach**

The development of the National Care Work Policy in Kenya was spearheaded by a steering committee and a multi-sectoral technical working group, established by the State Department for Gender and Affirmative Action (SDGAA). This process was undertaken through a consultative and participatory approach, involving various stakeholders from the public sector, private sector, academic and research institutions, civil society organizations, Non-Governmental Organizations (NGOs), and development partners.

To enable proper conceptualization and derivation of the thematic areas in the care policy, several initiatives were undertaken by key stakeholders. These initiatives included: -

- i. Undertaking of Time-Use Survey to provide insights into the amount of time individuals spent on unpaid care work and to understand gender disparities in caregiving responsibilities.

- ii. Undertaking of the National Care Assessment to assess the current state of care work in Kenya, identify challenges, and propose policy recommendations.
- iii. Capacity building of national and county government gender and planning officers on gender statistics and unpaid care work, ensuring they had the necessary skills and knowledge to contribute effectively to the policy development process.

In addition, the development of the National Care Work Policy entailed workshops by the technical working group and a national consultative forum. These workshops provided opportunities for stakeholders to discuss and refine the policy framework, ensuring it was comprehensive and responsive to the needs of all stakeholders.

Finally, stakeholders' consultations were held to validate the draft policy before submission of the same to the Cabinet Secretary for further action.



## CHAPTER TWO

### 2.0 SITUATIONAL ANALYSIS OF CARE WORK IN KENYA

This section presents a situational analysis of care work in Kenya through the following policy priority areas.

#### 2.1 Measurement of unpaid care work

The Kenyan Time Use Survey, conducted by the Kenya National Bureau of Statistics in 2021, shed light on the intricate dynamics of unpaid care work and its gender disparities within the country. According to the findings, individuals aged 15 years and above spent approximately three (3) hours per day on unpaid work, with a notable gender discrepancy. The proportion of time spent by women on similar activities is about five times higher (18.7%) compared to men (3.6%). This significant difference underscores the gender inequalities entrenched within the labour landscape, particularly concerning unpaid care work.

Moreover, the survey unveils stark contrasts in participation rates in non-System of National Accounts (SNA) productive activities, where women's involvement significantly outweighs that of men. Nationally, the participation rate stands at 68.7%, with women constituting 93.5% and men 42.7%.

Despite the progress made in measuring care work in 2021, Kenya has not undertaken a similar exercise to track the changing pattern of time use between women and men. Currently, the valuation of care work is not captured in the National Accounts. This undervalues the contribution of women, who shoulder the bigger responsibility of unpaid care work, to national Gross Domestic Product (GDP).

#### 2.2 Employment and Labour Policies and Regulations

Employment in Kenya is governed by the general law of contract, as much as by the principles of common law. Employment is basically perceived as an individual relationship negotiated by the employee and the employer according to their specific needs. Several laws have been passed specifically regulating different aspects of the employer-employee relationship. These laws define the terms and conditions of employment.

The Employment Act (Cap. 226) and the Regulation of Wages and Conditions of Employment Act (Cap. 229) make rules governing wages, leave and rest, health and safety, the special position of children and women and termination of employment. Gender power play however significantly influences employment

patterns, with women commonly bearing the brunt of caregiving duties. This phenomenon stems from entrenched socio-cultural norms and expectations.

While the Employment and labour policies and regulation provide a foundation for safeguarding employee rights, their efficacy in addressing caregivers' needs remains limited. The regulations regarding working hours, leave entitlements, and workplace safety often fall short in accommodating the unique challenges faced by caregivers, especially in terms of flexibility and support.

### **2.3 Social Protection**

The Bill of Rights in the Constitution of Kenya, guarantees all Kenyans their social, economic and cultural rights and binds the state to provide appropriate social security to persons and their dependents.

According to the Kenya Vision 2030, Social protection is crucial for workers as it covers family benefits, health care and provides income security in the event of such contingencies as sickness, unemployment, old age, disability, accidents, maternity, loss of the breadwinner and social assistance programmes.

Vulnerable groups such as children, women, the elderly, and Persons with Disabilities are more likely to be living in poverty and facing social exclusion. Thus, social protection programs are essential in ensuring that these groups have access to basic needs such as healthcare, education, and housing.

The Kenya National Social Protection Policy (2011) contributes to Government efforts towards reducing poverty and the vulnerability of the population to economic, social, and natural shocks and stresses. It plays an important role in increasing access to social welfare services – not only for those with no predictable income but also for those in employment and the self-employed who need a financial cushion against future risks such as loss of employment, injury at work, loss of assets, sickness and other related situations.

The Policy aims at helping individuals and households reach a better balance between care-giving and productive work responsibilities. This is critical for the achievement of national and international human welfare thresholds such as the guarantees provided by the Constitution, the United Nations Sustainable Development Goals (SDGs), and other international agreements including the Universal Declaration of Human Rights (1948), that identify social protection as a fundamental human right for all citizens. This is also in line with the East African Community and African Union commitments to social policy interventions.

The Policy recognized and built on existing social protection initiatives such as education bursaries, school feeding programmes, fee waivers in public health facilities, Orphans and Vulnerable Children's (OVC) programme, older persons' cash transfer and Social Health programs among others. Other interventions are Social Protection schemes that include but are not limited to: The National Social Security Fund (NSSF), the Civil Service Pension scheme, various retirement benefit schemes provided under the Retirement Benefits Authority (RBA) Act, the Social Health Insurance Fund (SHIF), and cash transfer programmes.

Broadly, the measures undertaken in Social Protection aim to ensure that all people have the requisite financial cushion to enable Kenyans maintain a decent living standard. This includes access to healthcare during and after active productive ages, income security provided through household and child benefits that facilitate access to nutrition, education, and healthcare, income security through social assistance for older persons, people with disabilities, and those in active age groups who are unable to earn sufficient incomes in the labour market.

Social protection interventions are provided by different stakeholders including Government ministries and agencies, County Governments, the private sector, communities, households, and other non-state actors.

However, the social protection measures rarely cater for care-givers such as those providing assistance to PWDs, the terminally ill and the aged. The COVID19 pandemic further highlighted the high relevance and lack of consideration of these issues, the fragile nature of care systems and policies including the unfair and unequal distribution of paid and unpaid care responsibilities, sustained mostly by households and particularly by women as primary caregivers in private and public spaces.

## **2.4 Child Care**

The Kenya government has taken several measures to support child care, this includes the early childhood development policy that outlines the government's commitment to providing quality early childhood development services, and ensure all children have access to quality care, protection, and education in their early years. The national integrated early childhood development policy which provides a holistic approach to early childhood development including health, nutrition, early learning and protection services.

While these initiatives represent significant efforts by the government of Kenya to support childcare and early childhood development, challenges like limited

resources, infrastructure and unequal access to services still exist. This presents us with an opportunity invest in childcare to ensure that all the children in Kenya have the chance to thrive in their early years. Therefore, addressing childcare needs is essential for supporting families, promoting gender equality and ensuring the wellbeing of children and caregivers.

Childcare is an essential service that parents rely on so that they can work, attend school, or participate in training while knowing their children are well cared for in a stable and nurturing environment. Caring for children, especially when they are younger, requires more time, energy, and various skills. Data from all over the world shows that women who provide a disproportionate share of unpaid parental care (ILO, 2018). Access to childcare is likely to increase women's labour force participation especially where there are no additional barriers to women employment outside the home. Childcare may enable women who already work for pay to be more productive in their existing jobs and businesses, or shift to more desirable work that is not compatible with childcare responsibilities.

The Kenya Time Use Survey reveals that women in households with one or more children below 6 years spend more than seven times on non-SNA activities than men in similar households. Moreover, women spend 9 times more time on childcare and instruction activities compared to men (KNBS, 2021). Thus, childcare could be an important intervention to support women business-owners.

Childcare is often under-reported, as it is carried out simultaneously with other care activities by women. This under-reporting may result in an under-estimation of the intensity of work and time taken in childcare activities. The Early Childhood Development and Education (ECDE) centres form an important part of the overall mechanism covering childcare by the education system.

Care services for under four (4) year-olds remain the missing link that would ensure women stay and re-enter employment. Majority of day-care centres are staffed by informal care workers with high children-care worker ratio ranging from 8:1 to 32:1 with only 20 percent of the caregivers not having received any f training<sup>3</sup> (UN Women, 2022). This undermines the quality of the care services.

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<sup>3</sup> UN Women. (2022). National Care Needs Assessment - Kenya - Preliminary Report. Nairobi: UN Women.

Daycare centres are mostly private and largely serve the under (4) year-olds who are not taken care of by the ECDE centres. However, the quality of private childcare services is not regulated by requirements such as mandatory registration, licensing, zoning, children-caregiver ratio and penalties for noncompliance with laws. In the absence of public sector provision of childcare for children under (4) year-olds, these services remain unpaid care services within the households or the community, or informal (domestic workers, privately hired childminders or nannies, besides private creches).

## 2.5 Health care

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO). The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.

Article 43(1) of the Constitution of Kenya provides for a right to healthcare. Health care services include preventive, curative, rehabilitative and palliative services. Rehabilitative services aim at restoring one to a previous state or normal state of functioning. Palliative care is an approach that improves the quality of life of patients (adults and children) and their families who are facing problems associated with life-threatening illness. It prevents and relieves suffering through the early identification, correct assessment and treatment of pain and other problems, whether physical, psychosocial or spiritual. Palliative care is aimed at improving the quality of life of the patient but does not necessary aim to cure the illness which is likely terminal.

In Kenya, about 800,000 citizens are in need of palliative care every year. Unfortunately, only about 14,552 (1.8 percent) of these citizens are accessing these services. Access to palliative care is even more limited among children with less than 5 percent of pediatric patients having access (MOH, 2021).

In many cases, long-term care is provided at home by informal caregivers including family and friends to chronically ill patients<sup>4</sup> or PWDs including palliative care for those with terminal illness. Patients who require long-term care have limitations in performing basic activities of daily living (BADLs) on their own, such as eating, dressing, bathing, getting out of bed and lying down, going to the bathroom, and containing physiological needs; or the instrumental activities of daily living (IADLs),

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<sup>4</sup> As defined by WHO (2015), "long-term care systems enable older people experiencing significant loss of capacity to receive the care and support of others consistent with their basic rights, fundamental freedoms, and human dignity."

which allow a person to live independently, such as preparing their own meals, cleaning, washing clothes, taking medication, walking or taking transportation to the medical centre, shopping, and using technology and communication devices, among others.

Most family caregivers regard their role as “natural,” or as a frustrating and burdensome but unavoidable part of family life. They may not even be recognized as caregivers, but as wives or husbands, sisters or brothers, children, intimate partners, companions, or others. When care is assumed by the family, it involves intimate relationships, a private space in which it is performed, the absence of monetary exchange (usually), and an almost total lack of external regulation.

Research on informal healthcare in Kenya is scanty. Globally, research shows most long-term care is provided informally and by family members, neighbours, friends, or community members who are often not paid. Estimates suggest that informal care accounts for as much as 80% of all long-term care provided in Europe. In countries where long-term care systems are not as well-developed or resourced, the amount of care provided informally is likely to be even higher. In the formal long-term care workforce in Europe, including both social care and healthcare professions, women outnumber men at almost a ratio of 9:1. Informal caregiving, especially when sustained over long periods or at higher intensity, can negatively affect the wellbeing, physical and mental health and socio-economic opportunities of caregivers<sup>5</sup>.

In Kenya, Community Health Promoters (CHPs) have been recognised as an important category of health workers. They are important in providing first level healthcare services in remote areas where distances to health facilities are long. They are trained to provide health education messages to mothers to prevent disease, make simple diagnostics such as blood pressure monitoring and promote health seeking behaviour. They have been provided with medical kits and offer first aid for non-severe illness and refer the patients to health facilities for follow up or urgent management for severe illness. The CHPs have additionally been provided with tablets for use in electronic reporting of Health data from the community up to national level.

However, these cadre of health providers has not been formally recognised as part of public service, their pay structure is not regulated and has no career progression

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<sup>5</sup> <https://www.who.int/europe/news-room/questions-and-answers/item/long-term-care>

model. The number of CHPs is not optimal to serve the community at the WHO prescribed ratios.

## **2.6 Social and Cultural Norms**

Social norms shape acceptable roles, opportunities and behaviours for women and men in the household and society. Traditionally, gender roles and responsibilities were defined, with the primary responsibility of the man to support the family financially. The man was considered the head of the household and rarely participated in household chores<sup>6</sup>. Meanwhile, women were expected to care for the home and children.

Despite urbanisation, Kenya remains highly patriarchal. In the modern context, more women have entered the workforce and are still faced with the responsibility of providing domestic care work. This often impedes their social economic progression and results in the gender gap in employment which perpetuate inequalities, hindering both individual advancement and broader societal progress. Addressing these barriers requires multifaceted approaches, including policy changes, cultural shifts, and educational initiatives aimed at promoting gender equality in all spheres of life.

## **2.7 Care for Elderly Persons**

Article 57 of the Constitution of Kenya stipulates that “the State shall take measures to ensure the rights of older persons to fully participate in the affairs of society; to pursue their personal development; to live in dignity and respect and be free from abuse; and to receive reasonable care and assistance from their family and the State.

The Kenya 2019 census indicates that the population aged 65+ represented 9.8 percent of the total population. The Kenya National Policy on Older Persons and Ageing ( 2014 ) provides for reasonable care and assistance to older persons by the family and the State and their protection from abuse.

Elderly persons face various challenges, which can impact their quality of life and well-being. These challenges include; health issues, social isolation, financial insecurity, access to healthcare, abuse, cognitive decline, poor housing and limited mobility. In addition, some of the caregivers are overworked and lack remuneration.

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<sup>6</sup>

<https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2019/Progress-of-the-worlds-women-2019-2020-en.pdf>

Without income or work, older people tend to depend on others for their survival. They also have more requirements for health-care services and domestic help.

Women are likely to live longer than men, but becoming a widow may increase vulnerabilities if they have no land rights, assets, or mobility to seek employment (UNGA, 2010). In some cases, older women who may be in need of care themselves continue to provide care to others in the family such as elderly husband, young children and family members with disabilities. This significantly impacts on their mental and physical health as well as their financial well-being.

The Government of Kenya has put in various efforts towards supporting the elderly persons such as the cash transfer program, among others but this is inadequate and it does not cater for the care-givers.

## **2.8 Care for Persons With Disabilities**

The Constitution of Kenyan in Article 54 provides for the rights of PWDs including: access to educational institutions; access to all places, public transport and information; use of sign language, braille and other means of communication; and access to materials and devices to overcome constraints arising from the disability.

Healthcare issues for PWDs are addressed under Article 25 of the Convention on the Rights of Persons with Disabilities (CRPD). It stipulates that State Parties recognize the right of persons with disabilities to enjoy the highest attainable standard of health without discrimination based on disability. Key considerations for access to healthcare services by PWDs include gender sensitivity, health-related rehabilitation, free or affordable healthcare, sexual and reproductive health services, population-based public health programs, early identification and intervention of disabilities, and the prohibition of discrimination against PWDs in the provision of health insurance, among others.

In Kenya, as rest of the world, PWDs continue to encounter barriers while accessing healthcare. They include prohibitive costs to access healthcare services and transportation, lack of appropriate services tailored to the needs of PWDs, physical obstacles such as inaccessible buildings (hospitals, health centres), inadequate medical equipment, poor signage, narrow doorways, and insufficient parking areas in healthcare facilities. Additionally, there are challenges related to the skills and knowledge of healthcare workers, as identified by the World Health Organization (WHO). Moreover, the challenges faced by caregivers, including issues of remuneration and psychological support, also need to be considered.



## 2.9 Care support infrastructure

Infrastructure systems, spanning energy, transportation, water and sanitation, waste management, digital communications, and facilities like hospitals and schools, are indispensable for the welfare of Kenyan society. Gender-responsive infrastructure is pivotal for fostering equitable opportunities across communities.

In the realm of energy, Kenya has implemented projects such as the last mile project that has been paramount for advancing universal access, environmental sustainability, and gender equality. However, some areas, especially rural Kenya, electricity is yet to be connected. The absence of electricity in these areas disproportionately burdens women and girls, exacerbating their time constraints and domestic responsibilities.

Transport infrastructure in the country has experienced remarkable growth in the last 5 decades thereby improving the socio-economic welfare of the citizens. Transportation infrastructure, when tailored to recognize gender-specific travel patterns and needs, serves as a catalyst for addressing inequalities and enhancing safety, especially for women and girls. However, inadequate public transport systems often impede women's mobility and leave them to cover long distances to access care infrastructures like schools, hospitals and other social amenities.

Access to clean water and sanitation facilities is a fundamental prerequisite for public health. These facilities however fail to account for the unique needs of women and girls, resulting in adverse impacts on their health, education, and economic opportunities. Moreover, women's significant roles in water management often go unrecognized as they spent substantial amount of time in provision of water to their households.

In today's world, access and control over information increasingly symbolizes empowerment. Digital communications infrastructure plays an instrumental role in enabling the sharing of knowledge and consequently, the creation of more inclusive and empowered societies. Despite the transformative potential of digital communications infrastructure, persistent gender disparities in internet and mobile phone access persist due to economic constraints, illiteracy, linguistic barriers, and online harassment. Socio-cultural norms further impede women's access to and utilization of digital technologies, reinforcing existing inequalities.

Education infrastructure serves as a cornerstone for achieving gender parity in education. Over the recent past, Kenya has made significant strides towards achieving gender parity in education, such as Free Primary Education (FPE) and Free

Day Secondary Education (FDSE) and the 100% transition from primary to secondary. Gender disparities however manifest in terms of access and transition to higher levels of education. This gap, which predominantly favours males, becomes more pronounced as one progresses up the educational hierarchy. Inadequate facilities and school locations often pose significant barriers to girls' access and retention, particularly in rural areas, thereby perpetuating gender disparities in educational attainment.

Health infrastructure plays a pivotal role in ensuring access to essential health services for women and girls. Yet, remote health facilities and the absence of inclusive environments exacerbate existing disparities, leading to preventable deaths and compromised health outcomes, especially during health crises.

### **2.10 Domestic work**

Domestic work constitutes a cornerstone of caregiving within Kenyan households, encompassing various essential tasks like cleaning, cooking, childcare, and elderly care. However, the sector predominantly operates informally and this exposes domestic workers to exploitation, with low wages and poor working conditions.

Gender dynamics heavily influence the domestic work sector, with women bearing a disproportionate burden of both unpaid care work within families and formal employment in domestic roles. This unequal distribution of caregiving responsibilities perpetuates economic vulnerabilities among women, particularly those from low-income backgrounds, who rely on domestic work for livelihoods.

While Kenya has taken steps to recognize domestic work as formal employment and enact policies to protect workers' rights; such as being a signatory to ILO Convention 189; Employment Act 2007; Labour Relations Act 2007; Regulations of wages (General) (Amendment) Order, 2017; Regulation of wages (Agricultural Industry) (Amendment) order, 2017, the existing enforcement mechanisms still remain weak.

## **CHAPTER THREE**

### **3.0 POLICY STATEMENTS, KEY ISSUES AND ACTIONS**

This chapter presents policy statements, key issues and priority actions to be implemented. The policy actions are derived from the key issues derived from the situational analysis. Policy actions taken on each priority area are expected to guide the Government's efforts in addressing the needs of the care economy in Kenya and ultimately lead to a more equitable distribution of the responsibility of care work among individuals, the private sector and the Government.

#### **3.1 Measurement of unpaid care work**

##### **3.1.1 Policy Statement**

The government of Kenya is committed to addressing significant gender disparities on time spent on unpaid care work to achieve gender equality and inclusive economic growth.

##### **3.1.2 Key issues**

Kenya has made progress in measurement of unpaid care work, however gender disparities still exist in unpaid care work such as underrepresentation of care work in national accounts and limited participation of women in SNA productive activities. These undervalue the contribution of women, who shoulder the bigger responsibility of unpaid care work, to national GDP.

##### **3.1.3 Policy Actions**

- i. Integrate unpaid care work into National Accounts to accurately reflect its economic value;
- ii. Undertake regular time use surveys to monitor changes in caregiving patterns over time and inform policy interventions; and
- iii. Undertake continuous research on unpaid care work to understand its dynamics and develop evidence-based policies.

#### **3.2 Employment policies and regulations**

##### **3.2.1 Policy Statement**

The Government is committed to promote family friendly employment policies and regulations that recognize and seek to reduce the additional responsibility of care work on women and men.

### **3.2.2 Key issues**

Employment policies and regulations are very important in creating a conducive working environment. However, some care workers continue to face violation of their labour rights through informal contractual arrangements that lead to challenges with their remuneration and access to justice. Currently, we continue to face challenges as a Country in regulating employment agencies charged with recruiting local and migrant care workers thus subjecting the recruits to exploitation. Furthermore, majority of care workers have limited skills to undertake quality care for persons who are in need of care. Additionally, social measures should be put in place to address unpaid care and domestic work for the working population.

### **3.2.3 Policy Actions**

- i. Strengthen the implementation of labour laws by creating awareness among employers, employees and relevant stakeholders;
- ii. Develop and implement bilateral labour agreements for Kenyan migrant workers;
- iii. Establish a social welfare fund for Kenyan Women working abroad to provide a safety net for distressed diaspora citizens; and
- iv. Develop and implement work friendly policies that promote flexi working hours as well as guarantees paid maternity and paternity leave.

## **3.3 Social Protection**

### **3.3.1 Policy Statement**

The government is committed to improving livelihoods and reducing vulnerabilities of those in need of care that include children, the elderly, persons with disability, and the sick.

### **3.3.1 Key Issues**

Some of the key issues identified in the area of Social Protection include; Limited social protection coverage for vulnerable groups which increases care responsibility; Delays in updating the social protection beneficiary's database; Other issues include, care givers for PWDs with severe disabilities not being compensated under the cash transfer programme. Additionally, there is fragmented provision of social protection.

### **3.3.2 Policy Actions**

- i. Initiate care friendly and gender responsive social protection systems and policies including at places of work;
- ii. Upgrade the Management Information System for social protection beneficiaries to obtain real time data;
- iii. Develop a coordinated framework for social protection providers at National and County levels;
- iv. Develop and implement a universal pension scheme for all care workers; and
- v. Establish cash-for-care benefit systems as a way of recognizing and compensating care givers.

## **3.4 Child Care**

### **3.4.1 Policy Statement**

The government is committed to ensure adequate care for children especially for those under 4 years who are not catered for in the existing Early Childhood Development Centres (ECDE)provisions.

### **3.4.2 Key issues**

Inadequate legal framework to guide and regulate the establishment and operations of childcare centres. In addition, communities have limited information and knowledge on how to access childcare services and competent caregivers.

### **3.4.3 Policy Actions**

- i. Develop legal frameworks and guidelines for creation and operation of childcare facilities at county level;
- ii. Establish government sponsored childcare facilities for children under (4) years in the counties;
- iii. Promote and formalize registration, operations and monitoring of childcare facilities; and
- iv. Develop curriculum and certification for training child caregivers.

## **3.5 Health care**

### **3.5.1 Policy Statement**

The government commits to provide access to quality and affordable health care to all including, palliative care.

### **3.5.2 Key issues**

The key issues are: Persisting gender inequalities in informal long-term home-based care, with women primarily serving as direct caregivers; Family members who provide direct care or home-based care for relatives with terminal or chronic illnesses are not recognized, valued, or adequately remunerated; Inadequate databases for patients receiving long-term home-based care, including palliative care, and for their caregivers; and limited support for psychosocial and physical well-being of caregivers.

### **3.5.2 Policy Actions**

- i. Establish and strengthen community driven palliative care services;
- ii. Develop guidelines for the establishment and management of palliative care centres;
- iii. Promote establishment of public rehabilitation centres at county and community levels to address mental health needs for the vulnerable members of the society;
- iv. Promote and strengthen the structures to support care givers through community support/welfare groups;
- v. Promote specialized home-based care under the Social Health Insurance Fund (SHIF); and
- vi. Promote wellness programmes for care givers to reduce stress and increase their job satisfaction.

## **3.6 Social and Cultural Norms**

### **3.6.1 Policy Statement**

The Government is committed to address the discriminatory socio-cultural beliefs and practices that guide the assignment of roles and responsibilities with regard to care work.

### **3.6.2 Key Issues**

Social institutions, cultural norms and values play an integral role in shaping the individual and collective behaviour of people and also affect their decisions and choices in various aspects of life. Discriminatory socio-cultural stereotypes often reinforce gender inequalities, especially in unpaid care work. In many societies, working for pay is still perceived as a masculine task, while unpaid care work is regarded as women's domain. Additionally, the devaluation of care work contributes to its invisibility and undermines efforts to recognize and redistribute caregiving responsibilities more equitably between women and men. Institutional factors such as limited access to affordable childcare, weak work policy frameworks, and workplace discrimination further aggravate gender disparities in labour force participation.

### **3.6.3 Policy Actions**

- i. Enhance advocacy campaigns to change community's attitude towards assignment of gender roles;
- ii. Incorporate care work in school curriculum as a mechanism for changing attitudes to socio-cultural norms and beliefs; and
- iii. Conduct regular research on socio-cultural norms and care work.

## **3.7 Care for Elderly persons**

### **3.7.1 Policy Statement**

The Government of Kenya recognizes the invaluable contributions and inherent dignity of elderly persons and commits to promote their wellbeing, ensuring their rights are protected and providing them with adequate access to affordable quality care.

### **3.7.2 Key issues**

Despite the existence of a National Policy for Older Persons and Ageing (2014), there are still gaps in the provision of care to the elderly. Additionally, there is no up-to-date database on the elderly in need of care and inadequate quality affordable care and facilities at county and community levels. There is inadequate access to affordable and comprehensive healthcare services, including preventive care, chronic disease management, and long-term care options tailored to the needs of elderly persons. There have been increased cases of stigmatization of the aging and elderly persons. They sometimes experience physical and mental abuse; social exclusion; weak family and community care support that exposes elderly persons to neglect and abandonment.

### **3.7.3 Policy Actions**

- i. Establish an integrated and harmonized database to enhance tracking and registration of the elderly in need of care;
- ii. Establish cash-for-care benefit systems as a way of recognizing and compensating caregivers of the elderly persons;
- iii. Establish and scale-up community outreach programmes for the elderly persons;
- iv. Promote public-private partnerships in the establishment care homes for the elderly;
- v. Develop regulations and standards on the establishment and management of facilities for the elderly care; and
- vi. Promote formation of support groups for the elderly persons.



## **3.8 Care for Persons with Disabilities**

### **3.8.1 Policy Statement**

The government of Kenya is committed to ensuring adequate access to affordable and quality care for Persons With Disabilities.

### **3.8.2 Key issues**

Inadequate compliance with the law in terms of equalization of opportunities for PWDs; inadequate compliance and enforcement on accessibility of public infrastructure; stigmatization; challenges in registration of PWDs may affect their access to benefits and services; and limited caregivers support.

### **3.8.3 Policy Actions**

- i. Establish an integrated harmonized database to track the PWDs in need of care;
- ii. Enhance provision of accessible social amenities and assistive devices to enable care for the PWDs;
- iii. Scale up and strengthen community outreach programmes for PWDs;
- iv. Develop a code of conduct for caregivers;
- v. Promote provision and uptake of disability-friendly information, communication and technology; and
- vi. Enhance the skills of PWDs on activities of daily living to improve on their own care.

## **3.9 Care Support Infrastructure**

### **3.9.1 Policy Statement**

The government commits to invest in the care economy through provision of gender and disability responsive public services that would reduce the responsibility of unpaid care work.

### **3.9.2 Key issues**

Many communities lack sufficient access to safe water and sanitation facilities, posing significant health risks and hindering proper hygiene practices to those providing care work; they also face challenges in accessing reliable electricity, worsening the time constraints and domestic responsibilities of those providing care work; insufficient transport infrastructure limits mobility and access to essential

services, particularly for marginalized communities; shortcomings in education infrastructure, such as poorly equipped schools and inadequate facilities, hinder learning opportunities and gender parity; limited access to digital communications infrastructure restricts connectivity and access to information, worsening social and economic inequalities.

### **3.9.3 Policy Actions**

- i. Identify national coverage gaps in care services, estimate the cost of public investments and track expenditures for eliminating these coverage gaps;
- ii. Enhance access to care relevant social infrastructure such as hospitals, schools, places of worship, leisure facilities, markets and WASH facilities;
- iii. Leverage on technology to improve care work; and
- iv. Mainstream gender and disability in the development and provision of care infrastructure.

## **3.10 Domestic work**

### **3.10.1 Policy Statement**

The government will ensure decent work for paid domestic workers and promote shared responsibility of unpaid domestic work.

### **3.10.2 Key Issues**

Unpaid domestic work is not recognized as part of the services in the system of national accounts thus undervaluing its contribution to economic growth. Paid domestic workers are primarily women who are poorly remunerated below the minimum wage. In addition, they have limited training and certification for domestic care workers that would enhance their skills and competitiveness in the labour market. Furthermore, there are inadequate measures to ensure they are covered by social security services.

### **3.10.3 Policy Actions**

- i. Develop an integrated database on domestic workers both locally and abroad;
- ii. Develop curriculum and certification for domestic care workers;

- iii. Establish functional mechanisms for reporting, providing feedback and resolving grievances by domestic workers; and
- iv. Enhance uptake of social security for domestic workers.

## **CHAPTER FOUR**

### **4.0 INSTITUTIONAL AND IMPLEMENTATION FRAMEWORK**

This chapter presents the institutional and implementation framework for implementing the National Care Policy. The institutions identified will facilitate integration of care concerns and policy options as part of their mandates in implementing the policy. Implementation of the policy will thus take a multi-sectoral approach cutting across both the state and non-state actors at all levels. The State Department for Gender and Affirmative Action will take the leading role of coordinating all the other players in the country so as to enhance harmony and avoid duplication. Along with the policy, a National Action Plan for implementing the policy will be developed in collaboration with key stakeholders. The action plan will provide clear roles and responsibilities as well as targets and timelines for each actor, among other key requirements.

Different aspects of the policy will be implemented by various actors including Ministries, Counties, Departments and Agencies (MCDAs), Constitutional Commissions and Independent Offices in collaboration with the private sector, Civil Society Organizations, Faith Based Organizations, among other key actors. Development partners will be engaged at various levels to support implementation of the policy. The key institutions identified in the different sectors and their specific roles is indicated in Annex II.

#### **4.1 Implementation Framework**

The implementation Matrix is attached in Annex I of this policy document.

#### **4.2 Resource Mobilization**

The successful implementation of this policy will require adequate financial, human and technical resources to ensure effective and efficient implementation for desired policy outcomes. The resource mobilization strategies include:

- i. Budgetary allocation from the National Treasury;
- ii. Partnerships through bilateral agreements and support by other international development and grants agencies;
- iii. Partnerships with Faith-Based-Organizations, Civil society Organizations, Private Sector Organizations and other funding agencies for specific projects; and

## **CHAPTER FIVE**

### **5.0 MONITORING, EVALUATION AND REPORTING**

The National Care Policy represents a crucial commitment by the government to provide essential care and support services to its citizens, particularly those in need. This policy addresses a wide range of social and healthcare needs, including support for vulnerable populations, healthcare services, disability services, and elderly care, among others. However, the successful implementation and impact of policies hinge on robust and systematic monitoring, evaluation, and reporting processes.

Monitoring, evaluation, and reporting are the pillars of accountability, transparency, and continual improvement in the realm of national policies. These processes ensure that the policy objectives are being met, resources are allocated efficiently, and that the needs of the target population are adequately addressed.

#### **5.1 Monitoring**

Monitoring will involve a systematic collection of data and information about the implementation of the National Care Policy. It will focus on tracking progress, identifying any emerging issues, and assessing whether activities are being carried out as planned.

Continuous monitoring of the implementation of this policy shall be undertaken by the State Department for Gender and Affirmative Action upon adoption for successful realization of the policy objectives. This will ensure that the proposed priority action points are undertaken as scheduled with general compliance to the standards. Where necessary, adjustments will be undertaken to ensure successful realization of planned outcomes.

#### **5.2 Evaluation**

Evaluation will be undertaken to assess the overall impact and effectiveness of the National Care Policy. It will go beyond tracking progress and will aim to provide a deeper understanding of how the policy is working. Evaluation of the policy will be carried out twice; during the midterm and end term.

#### **5.3 Reporting and Feedback**

Communication to various stakeholders, including the public, government officials, and relevant agencies will be done through the reports developed on the progress of the implementation of the National Care Policy. There shall be annual reports detailing action points implemented against the policy. They shall be prepared in prescribed formats indicating actual achievements and/or lack of, and

challenges. They shall be prepared and submitted to the State Department for Gender and Affirmative Action as per the monitoring plans.

#### **5.4 Review of the Policy**

The policy will be reviewed after five years. It may also be reviewed intermittently depending on the results of the mid-term implementation evaluation reports.

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# Annexes

## Annex I. Implementation Matrix

Activities	Output	Output Indicator	Time Frame	Budget (Kshs. Million)	Actors
<b>Policy Priority Area:</b> Measurement of unpaid care work					
<b>Policy Statement:</b> The government of Kenya is committed to addressing significant gender disparities on time spent in unpaid care work to achieve gender equality and inclusive economic growth.					
<b>Policy Objective:</b> To recognize and value unpaid care work					
1. Undertake periodic time use survey to measure proportion of time spent on unpaid care and domestic work by sex, age and county.	Periodic time use surveys undertaken	Time Use Survey Report	2026	600	KNBS SDGAA
2. Develop a Household Satellite Account on unpaid care work	Household Satellite Account on unpaid care work developed	Household Satellite Account	2024-2025	70	KNBS, SDGAA
3. Conduct research on care work	Research on care work conducted	Research report	2024-2030	10	SDGAA, KNBS, KIPPRA
<b>Policy Priority Area:</b> Employment policies and regulations					
<b>Policy Statement:</b> The Government is committed to promote family friendly employment policies and regulations that recognize and seek to reduce the additional responsibility of care work on women and men.					
<b>Policy Objective:</b> To redistribute and reduce care work to achieve gender equality and empowerment of women and girls					

Activities	Output	Output Indicator	Time Frame	Budget (Kshs. Million)	Actors
1. Strengthen the implementation of labour laws by creating awareness among employers, employees and relevant stakeholders.	Awareness on labour laws created.	Number of people reached	2025-2030	30	SDGAA & Ministry of Labour
2. Develop and implement bilateral labour agreements for Kenyan migrant workers.	Bilateral labour agreements for Kenyan migrant workers developed	Number of bilateral agreements	2024-2030	15	SDGAA & Ministry of Foreign Affairs
3. Establish a social welfare fund for Kenyan Women working abroad to provide a safety net for distressed diaspora citizens.	Social welfare fund developed	Social Welfare Fund	By 2026	10	SDGAA, Ministry of Foreign Affairs & National Treasury
4. Develop and implement work friendly policies that promote flexi working hours and guarantees paid maternity and paternity leave	Work friendly policies developed and implemented	Number of policies	2025-2026	5	SDGAA & Ministry of Labour
<b>Policy Priority Area:</b> Social Protection					
<b>Policy Statement:</b> The government is committed to improving livelihoods and reducing vulnerabilities of those in need of care that include children, the elderly, persons with disability, and the sick.					
<b>Policy Objective:</b> To redistribute and reduce care work to achieve gender equality and empowerment of women and girls					
1. Establish cash-for-care benefit systems for compensating caregivers of unpaid care work	Operational cash-for-care benefit systems established	Cash for benefit system	2025-2027	10	SDGAA & State Department for Social Protection
2. Develop and implement a universal pension scheme for all care workers	universal pension scheme developed and implemented	universal pension scheme	2025-2027	70	SDGAA & State Department for Social Protection

Activities	Output	Output Indicator	Time Frame	Budget (Kshs. Million)	Actors
3. Register all informal caregivers to benefit from social protection interventions	Informal caregivers registered	Number of informal caregivers registered	2025-2026	70	SDGAA & State Department for Social Protection
4. Promote care friendly and gender responsive social protection systems and policies at the workplace	Institutions sensitized on care friendly and gender responsive social protection systems and policies at the workplace	Number of institutions	2025-2030	50	SDGAA & State Department for Social Protection
5. Upgrade the Management Information System for social protection beneficiaries to obtain real time data.	Management Information System upgraded	Upgraded Management Information System	2025 -2030	50	SDGAA & State Department for Social Protection
<b>Policy Priority Area:</b> Childcare					
<b>Policy Statement:</b> The government is committed to ensure adequate care for children especially for those under 4 years who are not catered for in the existing Early Childhood Development Centres.					
<b>Policy Objective:</b> To redistribute and reduce care work to achieve gender equality and empowerment of women and girls					
1. Map existing childcare centers (Under 4 year old)	Childcare centers mapped	Report	2025	50	SDGAA & State Department for Social Protection
2. Develop national standards and guidelines to guide operationalization, including registration, regulation and monitoring of childcare centers, (under 4 years)	National standards and guidelines on childcare facilities developed	National Standards and guidelines	2025-2026	15	SDGAA & State Department for Social Protection

Activities	Output	Output Indicator	Time Frame	Budget (Kshs. Million)	Actors
3. Establish and operationalize childcare centers for under 4 year old.	Childcare centers established	No of childcare centers established	2025-2030	500	SDGAA, SDSP& County Governments
4. Develop curriculum and certification for training child caregivers	curriculum and certification for training child caregivers developed	Curriculum and certification	2025-2027	15	SDGAA, Counties, SDSP, MOE
<b>Policy Priority Area:</b> Health care					
<b>Policy Statement:</b> The government commits to provide access to quality and affordable health care to all including, palliative care.					
<b>Policy Objective:</b> To redistribute and reduce care work to achieve gender equality and empowerment of women and girls					
1. Establish palliative care facilities and services at the county and community level	Palliative care facilities and services at the county and community level established	Number of palliative care established	2025-2030	500	SDGAA & Ministry of Health
2. Develop guidelines for the establishment and management of palliative care centers	Guidelines developed	Guidelines	2025-2026	10	SDGAA & Ministry of Health
3. Conduct community health outreach and volunteer services	community health outreach and volunteer services conducted	Number of people reached	2026-30	50	SDGAA, Ministry of Health & County Governments
4. Establish public rehabilitation centers on mental health at county and community levels	Rehabilitation centers on mental health established	Number of Rehabilitation centers on mental health	2025-2030	500	SDGAA, Ministry of Health & County Governments

Activities	Output	Output Indicator	Time Frame	Budget (Kshs. Million)	Actors
5. Incorporate a specialized home-based care package under the national health insurance	A specialized home-based care package incorporated in the national health insurance	A specialized home-based care package	2025-2026	10	SDGAA & Ministry of Health
<b>Policy Priority Area:</b> Social and Cultural Norms					
<b>Policy Statement:</b> The Government is committed to address the discriminatory socio-cultural beliefs and practices that guide the assignment of roles and responsibilities with regard to care work.					
<b>Policy Objective:</b> To redistribute and reduce care work to achieve gender equality and empowerment of women and girls					
1. Conduct campaigns to change community's attitude towards assignment of gender roles	campaigns conducted	Number of campaigns conducted	2025-2030	60	SDGAA & Ministry of Education
2. Incorporate care work in school curriculum as a means of changing social norms	Care work incorporated in school curriculum	Reviewed curriculum	2025-2027	20	SDGAA & Ministry of Education
3. Conduct research on socio-cultural norms and care work	Research conducted	Report	2025-2030	10	SDGAA, Ministry of Education, KIPPRA & KNBS
<b>Policy Priority Area:</b> Care for Elderly persons					
<b>Policy Statement:</b> The Government of Kenya recognizes the invaluable contributions and inherent dignity of elderly persons and commits to promote their wellbeing, ensuring their rights are protected and providing them with adequate access to affordable quality care.					
<b>Policy Objective:</b> To redistribute and reduce care work to achieve gender equality and empowerment of women and girls					
1. Establish an integrated and harmonized database	Integrated and harmonized database established	Database	2025-2026	40	SDGAA & State Department for Social Protection

Activities	Output	Output Indicator	Time Frame	Budget (Kshs. Million)	Actors
2. Establish cash-for-care benefit systems as a way of recognizing and compensating caregivers of the elderly persons	Cash-for-care benefit systems established	Cash-for-care benefit systems	2025-2027	10	SDGAA & State Department for Social Protection
3. Conduct community outreach programmes for the elderly persons	Community outreach programmes conducted	Number of elderly persons reached	2025-2030	60	SDGAA & State Department for Social Protection
4. Establish and operationalize care homes for elderly	Homes for the elderly established	Number of homes for elderly established	2025-2030	500	SDGAA, SDSP, County Governments
5. Provide adult diapers and other care devices to the elderly	Adult diapers and other care devices to the elderly provided	Number of adult diapers and other devices to the elderly	2025-2030	200	SDGAA, Ministry of Health & State Dept. for Social Protection
6. Develop guidelines on the establishment and management of facilities for the elderly care.	Guidelines developed	Guidelines	2025	10	SDGAA & State Department for Social Protection
7. Promote the registration of the elderly to be covered under national insurance	Registration of elderly persons undertaken	Number of elderly persons registered	2025-2030	50	SDGAA & State Department for Social Protection, MoH
8. Create awareness to enhance uptake of care services for the elderly persons	Awareness created	No. of elderly persons reached	2025-2030	6	SDGAA & State Department for Social Protection

**Policy Priority Area:** Care for Persons with Disabilities

Activities	Output	Output Indicator	Time Frame	Budget (Kshs. Million)	Actors
<b>Policy Statement:</b> The government of Kenya is committed to ensuring adequate access to affordable and quality care for Persons With Disabilities.					
<b>Policy Objective:</b> To redistribute and reduce care work to achieve gender equality and empowerment of women and girls					
1. Establish an integrated harmonized database for PWDs in need of care	Integrated and harmonized database established	Database	2025-2026	40	SDGAA & State Department for Social Protection
2. Provide assistive devices to PWDs	PWDs provided with assistive devices	Number of PWDs supported	2025-2030	100	SDGAA & State Department for Social Protection
3. Conduct community outreach programmes for the PWDs	Community outreach programmes conducted	Number of PWDs reached	2025-2030	50	SDGAA & State Department for Social Protection
4. Undertake home-based assessment of PWDs	Assessment undertaken	Number of PWDs assessed	2025-2030	80	SDGAA & State Department for Social Protection
5. Establish cash-for-care benefit systems as a way of recognizing and compensating caregivers of the PWDs	Cash-for-care benefit systems established	Cash-for-care benefit systems	2026-2027	10	SDGAA & State Department for Social Protection
6. Develop code of conduct for all caregivers	Code of conduct for all caregivers developed	Code of conduct	2025	15	SDGAA & State Department for Social Protection
7. Promote uptake of disability-friendly information, communication and technology	Promotion of Disability friendly ICT services undertaken	Number of digital services that can be	2025-2030	15	SDGAA & State Department for Social Protection

Activities	Output	Output Indicator	Time Frame	Budget (Kshs. Million)	Actors
		accessed by PWDs.			
8. Enhance the skills of PWDS on activities of daily living to improve on their own care.	Skills of PWDs on activities of daily living enhanced	Number of PWDs trained.	2025-2030	30	SDGAA & State Department for Social Protection
<b>Policy Priority Area:</b> Care supportive infrastructure and services					
<b>Policy Statement:</b> The government commits to investment in the care economy through provision of gender and disability responsive public services that would reduce the responsibility of unpaid care work.					
<b>Policy Objective:</b> To promote provision of public care systems					
1. Map out care supportive infrastructure and services	care supportive infrastructure and services mapped	Report	2025-2026	50	SDGAA & State Department for Social Protection
2. Promote access to care relevant social infrastructure as hospitals, schools, places of worship, leisure facilities, markets and WASH facilities	Access to care relevant social infrastructure enhanced	Report	2025-2030	50	SDGAA
3. Promote access to labour saving technologies	Access to labour saving technologies enhanced	Report	2025-2030	50	SDGAA
4. Mainstream gender and disability in development of care supportive infrastructure and services	Gender and disability mainstreamed in institutions	Report	2025-2030	50	SDGAA
<b>Policy Priority Area:</b> Domestic Work					



Activities	Output	Output Indicator	Time Frame	Budget (Kshs. Million)	Actors
<b>Policy Statement:</b> The government will ensure decent work for paid domestic workers and promote shared responsibility of unpaid domestic work					
<b>Policy Objective:</b> To promote reward and representation of paid care workers					
1. Develop an integrated database of domestic workers both locally and abroad.	Integrated database of domestic workers developed	Database	2025-2030	40	SDGAA & State Department for Social Protection
2. Develop curriculum and certification for domestic care workers	curriculum and certification for domestic care workers developed	Curriculum	2025-2026	20	SDGAA, State Department for Social Protection & Ministry of Education
3. Develop guidelines on reporting, providing feedback and resolving grievances by domestic workers	Guidelines developed	Guidelines	2026-2027	5	SDGAA & State Department for Social Protection
4. Enhance uptake of social security for domestic workers	uptake of social security for domestic workers enhanced	Number of domestic workers covered	2026-2030	10	SDGAA & State Department for Social Protection

## Annex II: Actors and their roles

S/No.	Actor	Roles of actors in the implementation of the policy
1.	Ministry Gender, Culture, The Arts and Heritage	<ul style="list-style-type: none"> <li>• Coordinate the implementation of the policy.</li> <li>• Build capacity of stakeholders on the policy.</li> <li>• Foster partnership and collaboration with other government agencies, development partners and CSOs in implementation of the policy</li> <li>• Monitor and evaluate the implementation of the policy.</li> </ul>
2.	Ministry for Labour and Social Protection	<ul style="list-style-type: none"> <li>• Develop relevant policies and regulations on care work</li> <li>• Establish cash for care benefit systems for caregivers.</li> <li>• Upgrade databases on elderly, PWDs and caregivers.</li> </ul>
3.	Ministry of Health	<ul style="list-style-type: none"> <li>• Provide healthcare services to those in need of care.</li> <li>• Train healthcare workers on the provision of care services.</li> <li>• Develop guidelines on establishment of palliative centres.</li> </ul>
4.	Ministry of Education	<ul style="list-style-type: none"> <li>• Ensure access of training programmes for caregivers</li> <li>• Provide technical support in the development of curriculum for caregivers.</li> <li>• Conduct research on care work and the priority areas of the National care policy</li> </ul>
5.	The National Treasury and Economic Planning	<ul style="list-style-type: none"> <li>• Provide budgetary allocations to finance the policy actions.</li> <li>• Foster public-private partnerships in the establishment of care infrastructure.</li> <li>• Mobilize resources to support care interventions.</li> <li>• Offer exemptions and waivers on care services and goods.</li> </ul>

S/No.	Actor	Roles of actors in the implementation of the policy
6.	Ministry of Roads and Transport	<ul style="list-style-type: none"> <li>Enhance transport infrastructure to ease access to care services by elderly, PWDs and the sick.</li> </ul>
7.	Ministry of Lands, Public Works, Housing and Urban Development	<ul style="list-style-type: none"> <li>Provide land for the establishment of care infrastructure</li> <li>Ensure accessibility of care infrastructure for PWDs.</li> </ul>
8.	Ministry of Information, Communications and The Digital Economy	<ul style="list-style-type: none"> <li>Implement technological policies that will reduce the burden of care</li> </ul>
9.	Ministry of Water, Sanitation and Irrigation	<ul style="list-style-type: none"> <li>Provide adequate water and sanitation facilities.</li> <li>Ensure access to safe and clean water.</li> </ul>
10.	Ministry of Energy and Petroleum	<ul style="list-style-type: none"> <li>Ensure provision of clean, safe and affordable energy solutions.</li> <li>Expand electricity infrastructure to ensure care facilities are connected to electricity.</li> </ul>
11.	Ministry of Foreign and Diaspora Affairs	<ul style="list-style-type: none"> <li>Establish bilateral labour agreements and Memoranda of Understandings on care work.</li> <li>Establish a social welfare fund for Kenyan Women working abroad.</li> </ul>
12.	Kenya National Bureau of Statistics	<ul style="list-style-type: none"> <li>Conduct periodic time use survey and publish the report.</li> <li>Set –up a Household Satellite Account and value unpaid care work in GDP.</li> </ul>

S/No.	Actor	Roles of actors in the implementation of the policy
13.	County Governments	<ul style="list-style-type: none"> <li>• Establish and operationalize care institutions and infrastructure at county level</li> <li>• Integrate care interventions in County Integrated and Development Plans.</li> </ul>
14.	National Parliaments and County Assemblies.	<ul style="list-style-type: none"> <li>• Legislative, oversight, allocate funds, and ensure that the National Care Policy is fully implemented to effectively harness the potential of the policy priority actions in sustainable development.</li> </ul>
15.	Private Sector	<ul style="list-style-type: none"> <li>• Support the establishment of the care infrastructure and services.</li> </ul>
16.	Trade Unions	<ul style="list-style-type: none"> <li>• Advocate for labour rights and plight of caregivers.</li> </ul>
17.	Media	<ul style="list-style-type: none"> <li>• Disseminate information on National Care policy.</li> <li>• Publish the content of national care policy in the print media.</li> </ul>
18.	Civil Society Organisation	<ul style="list-style-type: none"> <li>• Conduct advocacy and awareness of care issues at the grass roots</li> </ul>
19.	Faith Based Organisations	<ul style="list-style-type: none"> <li>• Support the vulnerable members of the community</li> <li>• Conduct advocacy and awareness on the rights of care workers</li> </ul>