



REPUBLIC OF KENYA

**MINISTRY OF GENDER, CULTURE AND CHILDREN SERVICES
STATE DEPARTMENT FOR GENDER AFFAIRS AND AFFIRMATIVE
ACTION**

NATIONAL CARE POLICY

2025

FOREWORD



The responsibility of 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 embark upon 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 older persons 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.

The 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, redistributing and rewarding care work as well as reducing its burden and representation of care workers. This is an endeavor to dismantle barriers in access while addressing inequalities in caregiving responsibilities with a bid to promote the empowerment of individuals and communities to thrive.

As we embark on the implementation of this policy, the government commits to its purpose, knowing that it holds the potential to catalyze gender-transformative change across our nation. We, therefore, call upon other stakeholders such as the private sector, CSOs, trade unions and development partners to support its implementation. By investing in the care economy, we improve the well-being of our people, the strength of our families, and the prosperity of our nation as a whole.

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PREFACE AND 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 gender 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 for future generations.

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. Special recognition goes to the Kenya National Bureau of Statistics (KNBS) for generating critical evidence through the Kenya Time Use Survey (2021), which significantly informed and enriched the policy development process and, the Needs Assessment which elucidated the demand and supply of care services in Kenya.

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 gratefully acknowledge the contributions of our development partners — the Gates Foundation through UN Women, the International Center for Research on Women (ICRW), and numerous outstanding Ministries, Departments, Agencies and Counties (MDACs) and non-state actors — whose technical expertise, financial support, and collaboration have been instrumental in 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.

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DEFINITION OF TERMS

Ageing society: A demographic shift where a higher proportion of a population is composed of older individuals, specifically those aged 60 and above.

Care sector: 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, transport, 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, old and young, frail and able-bodied. Care Work consists of direct and indirect care activities.

Care worker: A professional, often employed by an agency or facility, who provides support and assistance with daily living activities. A caregiver can be a professional, but it also often refers to a family member, friend, or volunteer who provides informal care.

Caregiver: A person who provides care and support to children, older persons, persons with disabilities, or other individuals with care needs. Caregivers can be unpaid (family members, friends, community members) or paid (formal care workers).

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

Cash transfer: Are non -contributory direct payments provided by government or its partners to individuals or household that are vulnerable to poverty, risk or shock.

Centre-Based Childcare: Childcare services provided in a dedicated facility outside the child's home, such as daycare centers, preschools, nurseries, or crèches, typically managed by trained staff and often regulated by public authorities.

Child: An individual who has not attained the age of eighteen years.

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

Curative Care: Aims to relieve symptoms, reduce the severity of an illness or injury, or prevent its worsening.

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.

Disability: Any physical, sensory, mental, psychological or other impairment, condition or illness that has or is perceived to have a substantial or long-term effect on an individual's ability to carry out ordinary day to day activities.

Domestic Work: Work performed in or for a household or households. It includes tasks such as cleaning, cooking, laundry, ironing, gardening, caregiving for children, older persons, persons with disabilities, and other household maintenance tasks.

Domestic Worker: Any person engaged in domestic work within an employment relationship, whether full-time, part-time, or on a casual basis. Domestic workers may be live-in or live-out workers.

Family: Natural and fundamental unit of society and the necessary basis of social order.

Flexible hours: 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 planning process in which programmes and policy actions are developed to deal with and counteract problems which arise out of socially constructed differences between women and men.

Home-Based Childcare: Childcare services provided in a caregiver's private home. This arrangement may be informal (by relatives or neighbors) or formal (registered home-based care providers).

Indirect care 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.

Institution-Based Care: Care provided in residential facilities or institutions where individuals live full-time, including Charitable Children Institutions, residential homes for older persons, or long-term care facilities for persons with disabilities.

Long-term care: Health and supportive services provided to people unable to practice self-care, usually over months or years. It includes personal care, social services, room and board, transportation, medical and rehabilitative care.

Market-Based Childcare: Childcare services provided by private actors (individuals, companies, PBOs) on a fee-for-service basis. These may include home-based or centre-based models operating in a regulated market.

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 and their families who are facing problems associated with life-threatening illness.

Persons with disabilities: Persons with long-term physical, mental, intellectual, developmental or sensory impairments, including visual, hearing or albinism, which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

Persons with severe disabilities: Individuals who experience significant limitations in one or more areas of functioning, which may include physical, cognitive, sensory, or developmental impairments who require 24 hour care and support.

Reasonable accommodation: Necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms.

Rehabilitative Care: Focuses on optimizing functioning and reducing disability in individuals with health conditions.

Severe disability: 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: The physical and organizational structures, facilities, and systems that support and enhance social well-being, cohesion, and quality of life within communities.

Time poverty: Is 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.

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

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 and Health Survey
ECDE	Early Childhood Development and Education
GDP	Gross Domestic Product
ILO	International Labour Organization
KNBS	Kenya National Bureau of Statistics
MDAs	Ministries, Departments and Agencies
M&E	Monitoring and Evaluation
MDACs	Ministries, Departments, Agencies and Counties
NCPWD	National Council for Persons With Disabilities
NGEC	National Gender and Equality Commission
PBO	Public Benefits Organizations
SDGAA	State Department for Gender Affairs and Affirmative Action
SDGs	Sustainable Development Goals
SNA	System of National Accounts
UN	United Nations
WASH	Water, Sanitation and Hygiene
WEE	Women's Economic Empowerment

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 primarily care dependent groups such as children, the older persons, persons with disabilities 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 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 than men (ILO,2018). Statistics 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 (Kenya Time Use Report, 2021).

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 as the issue of 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. This includes Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), Convention on the Rights of the Child (CRC). Kenya has also been party to other international initiatives that

have drawn attention to the need for gender equality such as the Vienna Declaration on Human Rights, the Beijing Platform for Action, the International Conference on Population and Development (ICPD), and the Sustainable Development Goals (SDGs) among others.

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 provision of public services, infrastructures and social protection policies and the promotion of shared responsibilities within household and family as nationally appropriate. The Constitution of Kenya also explicitly provides that it is the 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 older persons. Moreover, the Bottom-up transformation Agenda (BETA) 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 various objectives, including, to: recognize and value unpaid care work; reduce and redistribute care work; promote reward and representation of paid care workers; and promote the provision of public care systems.

The policy has various objectives, including, to: recognize care and domestic work through its valuation, which will be undertaken by collection of time use data; reduce and redistribute the responsibility of care work on men and women through provision of gender-responsive public services; reward and represent care and domestic workers through favourable employment and decent work provisions; promote public care systems.

This policy provides a framework for addressing care work by focusing on ten key thematic areas, which are expected to guide the government's efforts in addressing the needs of the care economy in Kenya. The thematic areas include measurement of unpaid care work; employment policies and regulations; social protection; child

care; healthcare; social and cultural norms; care for older persons; care for persons with disabilities; care support infrastructure and domestic work.

The Department will work in collaboration with other government ministries, departments, agencies, and stakeholders, and will utilize existing coordination mechanisms such as the Intergovernmental Consultation Framework for the Gender Sector to ensure effective implementation at the county level.

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 older persons, persons with disabilities and the sick (ILO & UN Women, 2021¹).

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 2018²).

According to the Kenya Time Use Survey (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. Older persons 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 prices in 2021. The care sector is an important source of employment for women. About 19% of working

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

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

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 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 caregivers 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 needs to be addressed.

The Time Use survey 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.

The development of the National Care Policy will 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 sector. 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 therefore guide the government in valuing and remunerating 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 gendered 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 Policy and Legislative Context

This policy is guided by relevant national, regional, and international legal instruments that promote gender equality and 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 (2023-2027)

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). The Plan 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 (2022-2027)

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. Persons with Disabilities Act No. 4 of 2025
- ii. Social Healthcare Insurance Act, Cap 16
- iii. National Social Protection Policy (2023)
- iv. Family Promotion and Protection Policy (2023)
- v. The Children's Act, Cap 141
- vi. National Care Reform Strategy for Children in Kenya (2022–2032)
- vii. Kenya Palliative Healthcare Policy (2021–2030)
- viii. Kenya Community Health Policy (2020–2030)
- ix. Sessional Paper No.2 of 2019-National Policy on Gender and Development
- x. National Policy on Older Persons and Ageing (2018)
- xi. Domestic Workers Regulation (2015)
- xii. County Governments Act, No. 17 of 2012
- xiii. The Public Finance Management Act, No. 18 of 2012
- xiv. The Employment Act (2007)
- xv. The Labour Relations Act (2007)
- xvi. Occupational Safety and Health Act, Cap 236A

- xvii. Persons with Disabilities Act, Cap.133
- xviii. National Social Security Fund (NSSF) Act, Cap 258

EAC Vision 2050

EAC Vision 2050 promotes inclusive, equitable development and women’s economic empowerment. It focuses on social protection, labor participation, and access to services supports efforts to address care burdens. It encourages structural changes that can lead to more balanced care responsibilities between men and women.

EAC Gender Policy

The policy recognises unpaid and domestic care work as a key barrier to gender equality. It promotes the recognition, reduction, and redistribution of this work through supportive policies, services, and public awareness. The policy also encourages data collection and investment in social infrastructure such as childcare to ease the burden on women and girls.

Africa Agenda for Children, 2040

This Agenda focuses on fostering an Africa fit for children giving primacy to child – friendly policies that prioritize children’s best interests including responsive caregiving by a responsible adult.

1.6.5 African Union Agenda, 2063

The African Union (AU) 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 aspires for 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 AU Agenda 2063.

1.6.6 United Nations 2030 Agenda for Sustainable Development

The 2030 Agenda for Sustainable Development (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 Convention and treaties

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

1. 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.

2. 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.

3. 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.

4. Beijing Declaration and Platform for Action (1995)

It stresses the importance of unpaid work and recommends 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 older persons 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. United Nations 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. EAC Treaty (1999)

It lays the foundation for addressing unpaid and domestic work through commitments to gender equality and social development. Articles 121 and 122 emphasize the need to empower women and eliminate gender-based discrimination. These provisions enable partner states to take action on issues like unpaid care within broader gender equity efforts.

7. 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.

8. African Charter on the Rights and Welfare of the Child (2000)

This charter provides for Parental Care and Protection of children. It states that parents have the primary responsibility for raising their children, but the state must step in when necessary.

9. Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa (Maputo Protocol, 2003)

The protocols 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.

10. United Nations 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 persons with disabilities and their families living in poverty.

11. Domestic Workers Convention, 2011 (ILO - 189)

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.

12. 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.

13. Protocol to the African Charter on Human and Peoples' Rights on Persons with Disabilities in Africa (2018)

The protocol aims to ensure the full and equal enjoyment of human rights and fundamental freedoms by all persons with disabilities in Africa. It emphasizes the importance of inclusion, access to services, and the equalization of opportunities, while also addressing unique African contexts.

14. Protocol to the African Charter on Human and People's rights on the Rights of Older Persons (2023)

This Protocol aims to promote and protect the rights and dignity of older persons in Africa, recognizing their value, contributions, and vulnerability. It sets out obligations for African Union (AU) member states to eliminate age-based discrimination and ensure older persons enjoy full rights and freedoms like all other citizens.

15. ILO Resolution on Decent Work and Care Economy (2024)

The resolution emphasizes the vital role of care work in sustainable development and gender equality. It promotes the 5 R framework; Recognize, Reduce, Redistribute, Reward and Represent paid care work to ensure decent conditions.

1.7 Scope of the policy

This policy has been developed for adoption and implementation by Ministries, Departments, Agencies and Counties, private sector, civil society organizations, 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 Policy in Kenya was spearheaded by a multi-sectoral technical working group, chaired by the State Department for Gender Affairs and Affirmative Action (SDGAA) with representation from State and Non-State actors. 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, Public Benefits Organizations (PBOs), 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: -

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

In addition, the development of the National Care 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 onward submission to the Cabinet for approval.

1.9 Structure of the Policy

This policy document is organized as follows: chapter 1 provides the introduction, chapter 2 reviews the situation analysis. Chapter 3 gives the policy actions, chapter 4 shows the implementation framework and chapter describes the monitoring, evaluation and reporting

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 Kenya Time Use Survey (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, Laws 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 shouldering the responsibility of caregiving duties.

This phenomenon stems from entrenched gendered socio-cultural norms and expectations.

The Employment and labour policies and regulations provide a foundation for safeguarding employee rights; however, 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.

Social protection is recognized as a vital mechanism for addressing vulnerabilities, especially among children, women, older persons, and people with disabilities who are more likely to be living in poverty and facing social exclusion. Thus, social protection programs ensure access to basic needs like healthcare, education, and housing.

The Kenya Social Protection Policy (2023) strengthens government efforts to reduce poverty and manage economic, social, and natural shocks. It seeks to balance caregiving responsibilities with productive work; this is essential for achieving national and international human welfare threshold.

The government has implemented key initiatives on social protection, including cash transfer programs for Orphans and Vulnerable Children (OVC-CT), Older Persons (OP-CT), and Persons with Severe Disabilities (PWSD-CT) and Hunger and Safety Net Programme (HSNP). It developed the National Standards and Guidelines for the Management of Institutions for Older Persons (2018) to regulate care facilities and ensure quality services.

The Kirinyaga Community Support Centre was refurbished as a model rescue center for vulnerable older persons facing abuse, neglect, or abandonment. Additionally, a sensitization booklet on ageing and the rights of older persons was developed to raise awareness among duty bearers, caregivers, and the broader public, promoting inclusion and respect for the older persons.

However, caregivers especially those supporting persons with disabilities and the aged are often excluded from the social protection measures. The COVID-19 pandemic highlighted this gap, revealing the unfair and unequal distribution of paid and unpaid care responsibilities particularly by women and the fragility of care

systems. Therefore, there is an urgent need to formally recognize and support unpaid care work as part of national social protection measures.

2.4 Childcare

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 very young, requires much time, energy, and diverse skills. Data from 46 countries all over the world shows that it is women who perform the largest share of the childcare – on average, three times more than men (ILO, 2018).

The Kenya Time Use Survey, 2021 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. Thus, childcare could be an important intervention to support women business-owners.

Childcare is often under-reported, as it is carried 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 along other activities.

In the absence of public sector provision of childcare for children under 4-year-olds, these services remain unpaid care services within the households including older siblings or the community, or informal (domestic workers, privately hired childminders or nannies).

There are different types of childcare facilities such as home-based childcare (HBCC), center-based and institution-based. These facilities 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 non-compliance with laws and regulations.

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 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 near normal state

of functioning. Palliative care is an approach that improves the quality of life for patients and their families facing life-threatening illnesses. It focuses on preventing and relieving suffering through early identification, assessment, and treatment of pain and other physical, psychosocial, and spiritual problems.

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 (Palliative care policy, 2021).

In many cases, long-term care is provided at home by informal caregivers including family and friends to chronically ill patients³ or persons with disabilities 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), 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, 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 regulation⁴.

In Kenya, Community Health Promoters (CHPs) have been recognized as an important category of health workers. They have especially been important in providing first level healthcare services in remote areas where distances to health facilities are far. They are trained to provide health education messaged 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

³ 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.”

⁴

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, this cadre of health providers has not been formally recognized as part of public service, their pay structure is not regulated and has no career progression model. The CHPs however are not the optimal number to serve the community at the prescribed ratios. In addition, access to health care is limited especially in rural areas and the cost of healthcare services is high

2.6 Social and Cultural Norms

In Kenya, social and cultural norms have historically shaped gender roles, responsibilities, and opportunities, reinforcing a system in which men are considered financial providers and heads of households, while women are expected to perform unpaid care work and nurture family members. This division of labour is deeply rooted in patriarchy and continues to influence societal structures despite advancements in education, urbanization, and economic participation by women.

Women spend on average 11 Hours per day on unpaid care and domestic work, compared to 2.9 hours for men (Kenya Time Use Survey, 2021). This disproportionate burden hinders women's access to education, formal employment, and leadership roles, contributing to persistent gender inequalities in income, health, and political participation.

While more women are entering the workforce, they continue to carry the majority of unpaid domestic care responsibilities, resulting in a “double burden” that impedes their socio-economic mobility. These norms are further reinforced by religious teachings, school curriculum, media portrayals, and community expectations, especially in rural areas where traditional views remain deeply entrenched.

Addressing these barriers requires a multifaceted approach, including targeted legal and policy reforms, cultural and behavioural change campaigns, gender-responsive education, and increased investment in public and community-based care services. Such efforts should also consider the intersecting experiences of marginalized groups, including women with disabilities, single mothers, and those in the informal sector, to ensure an inclusive and equitable care economy.

2.7 Care for Older 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 2019 Kenya Population and Housing Census (KPHC) indicates that the population aged 65+ represented 9.8 percent of the total population. The National Policy on Older Persons and Ageing, 2018 provides for reasonable care and assistance to older persons by the family and the State and their protection from abuse.

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

According to the Kenya Housing and Population Census(2019), 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. Older women who may be in need of care themselves continue to provide care to others in the family such as older persons husband, young children and family members with disabilities. This significantly impacts on their mental and physical health and their financial well-being.

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

2.8 Care for Persons with Disabilities

The Constitution of Kenya in Article 54 provides for the rights of Person with Disabilities 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 Persons With Disabilities are addressed under Article 25 of the Convention on the Rights of Persons with Disabilities (CRPD). It stipulates that States 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 Persons With Disabilities 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 Persons With Disabilities in the provision of health insurance, among others. In addition, the Persons with Disabilities Act No. 4 of 2025 provides for various incentives and reliefs, for persons with disabilities and caregivers. Caregivers of persons with severe disabilities incapable of catering for their basic needs may be wholly or partially exempted from paying income tax and may receive a long-term social assistance monthly cash transfer.

In Kenya, as in the rest of the world, Persons With Disabilities continue to encounter barriers while accessing healthcare. These barriers include prohibitive costs to access healthcare services and transportation, lack of appropriate services tailored to the needs of persons with disabilities, 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 who provide care to Persons with Disabilities. 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 and informal urban settlements, 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 socioeconomic 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 spend a 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. Sociocultural 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 disadvantages females, 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 older persons care. However, the sector mainly 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 ratification of ILO Convention 189 and 190, The Employment Act (2007); The Labour Relations Act (2007); the Regulation of wages (General) (Amendment) Order (2017); the 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 identified 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 in 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

The specific policy actions include:

- a) Integrate unpaid care work into National Accounts to accurately reflect its economic value;
- b) Undertake Periodic (5 years) time use surveys to monitor changes in caregiving patterns over time and inform policy interventions; and
- c) Undertake research on unpaid care work to understand its dynamics and inform development and review of evidence-based policies.

3.2 Employment and Labour Policies, Laws and Regulations

3.2.1 Policy Statement

The Government is committed to promote family friendly employment policies, laws 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, laws 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 leads to challenges with their remuneration and access to justice. Currently, we continue to face challenges in regulating employment agencies charged with recruiting local and migrant care workers thus subjecting the recruits to exploitation. Therefore, policy measures should be put in place to address unpaid care and domestic work for the working population.

3.2.3 Policy Actions

- a) Strengthen the implementation of labour laws by creating awareness among employers, employees and relevant stakeholders;
- b) Develop and implement gender-responsive bilateral labour agreements for Kenyan migrant workers;
- c) Operationalization of the social welfare fund for Kenyan women working abroad and to provide a safety net for distressed diaspora citizens; and
- d) Promote and implement work friendly policies that promote flexible working hours and guarantee 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 older persons, 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 beneficiaries database. Other issues

include, caregivers for older persons not covered under the cash transfer programme, fragmented provision of social protection, while caregiver provisions are rarely included in social protection initiatives.

3.3.2 Policy Actions

- a) Enhance care friendly and gender-responsive social protection systems and policies;
- b) Upgrade the Management Information System for social protection beneficiaries to obtain real time data;
- c) Enhance coordination of social protection service providers at National and County levels;
- d) Enhance uptake of cash transfers for unsupported caregivers; and
- e) Register all informal caregivers to benefit from social protection interventions

3.4 Childcare

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.

3.4.2 Key issues

Inadequate legal framework to guide and regulate the establishment and operations of childcare facilities. In addition, communities have limited information and knowledge on how to access affordable 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, regulation and monitoring of childcare facilities; and
- iv. Develop curriculum, train and certify children 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 include: Gender inequality persists 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; Inadequate hospice facilities and limited support for psychosocial and physical well-being of caregivers

3.5.3 Policy Actions

- a) Establish and strengthen community driven palliative care services;
- b) Promote and strengthen structures to support caregivers through community support/welfare groups;
- c) Promote specialized home-based care under the Social Health Insurance Fund (SHIF);
- d) Establish and operationalize respite centres in counties to provide temporary care, support caregiver wellbeing,
- e) Harnessing digital solutions to expand access, especially in remote areas, and increase efficiency.
- f) Establish and operationalize hospice facilities in counties.

3.6 Social and Cultural Norms

3.6.1 Policy Statement

The Government is committed to address the gendered 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. Conduct campaigns to transform community's attitude towards assignment of gender roles;
- ii. Incorporate care work in school curriculum as a means of changing social norms; and
- iii. Conduct research on socio-cultural norms and care work.

3.7 Care for Older persons

3.7.1 Policy Statement

The Government of Kenya recognizes the invaluable contributions and inherent dignity of older persons and commits to promote their wellbeing, ensuring their rights, 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 (2018) there are still gaps in the provision of care to the older persons. Additionally, there is no up-to-date database on the older persons in need of care and quality affordable care is inadequate. There are inadequate support facilities for older persons care at county and community levels that will ensure equitable access to affordable and comprehensive healthcare services, including preventive care, chronic disease management, and long-term care options tailored to the needs of older persons. There have been increased cases of stigmatization of aging and older persons women; The older persons at times experience physical and mental abuse; social exclusion; Weak family and community care support that exposes older persons to neglect and abandonment.

3.7.3 Policy Actions

- i. Regular update of the database of the older persons in need of care.
- ii. Establish cash-for-care benefit systems as a way of recognizing and compensating caregivers of the older persons;
- iii. Enhance community outreach programmes for the older persons;
- iv. Promote public-private partnership in the establishment of care homes for the older persons;
- v. Promote training of caregivers for the older persons;
- vi. Operationalize National Standards and Guidelines for management of Institutions for the older persons;

vii. Promote formation of support groups for the older 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 Persons With Disabilities; inadequate compliance and enforcement in accessibility of public infrastructure; stigmatization; challenges in registration of Persons With Disabilities affecting their access to benefits and services; and limited caregivers support.

3.8.3 Policy Actions

- i. Establish an integrated harmonized database to track the Persons With Disabilities in need of care;
- ii. Enhance accessibility and provision of reasonable accommodation including assistive devices to Persons With Disabilities;
- iii. Scale up and strengthen community outreach programmes for Persons With Disabilities;
- iv. Develop a code of conduct for caregivers;
- v. Promote provision and uptake of disability-friendly information, communication and technology;
- vi. Enhance the skills of Persons With Disabilities on activities of daily living to improve on their own care;
- vii. Scale up mental health support for Persons With Disabilities and caregivers;
- viii. Enhance community-based care and rehabilitation for Persons With Disabilities;
- ix. Enhance caregivers' capacity and parenting;
- x. Promote adoption of liberative income generating activities compatible with care work;
- xi. Develop disability specific care work redistribution strategies; and
- xii. Promote caregiver-led support groups.

3.9 Care Support Infrastructure

3.9.1 Policy Statement

The government commits to invest in the care economy through provision of gender-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 climate resilient physical infrastructure like transport system, power grids, and water systems;
- iii. Enhance access to care-relevant social infrastructure such as hospitals, schools, places of worship, leisure facilities, markets and Water Sanitation and Health (WASH) facilities;
- iv. Leverage on technology to improve care work; and
- v. 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 redistribution 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. They experience harassment at their workplaces in contravention of ILO Convention 189 and 190 on Decent Work for Domestic Workers and on Eliminating Violence and Harassment in the World of Work respectively. In addition, they have limited training and certification for domestic care workers that would enhance their skills and competitiveness in the labour market. There exists a training curriculum but the uptake remains low. Furthermore, there are inadequate measures to ensure they are covered by social security services.

3.10.3 Policy Actions

- i. Establish a comprehensive and integrated database capturing information on domestic workers in Kenya and the Kenyans in the diaspora.
- ii. Enhance uptake of training curriculum and certification for domestic care workers;
- iii. Enhance uptake of social security for domestic workers
- iv. Establish functional mechanisms for reporting, providing feedback and resolving grievances by domestic workers.
- v. Establish institutional frameworks that specifically address violence, harassment, and abuse in domestic and care work settings, providing effective reporting channels, accessible grievance mechanisms, and adequate remedies for affected workers

CHAPTER FOUR

4.0 IMPLEMENTATION AND COORDINATION FRAMEWORK

This chapter presents the implementation and coordination 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.

4.1 Coordination Framework and Administrative Mechanisms

The National Care Policy will be domiciled in the Ministry responsible for gender affairs. The ten (10) thematic policy priority areas comprise of shared functions that cut across Ministries, Departments, Agencies and Counties (MDACs) and non-state actors. The key institutions identified in the different sectors and their specific roles is indicated in Annex II.

The Ministry responsible for gender affairs 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.

Implementation of the Policy will be guided by an implementation matrix. The Matrix provides a structured and time-bound framework for translating the policy's commitments into concrete actions across the 10 thematic areas. It outlines specific policy actions, expected outputs, Key Performance Indicators, timelines, estimated costs, and responsible institutions to guide coordinated execution and accountability among state and non-state actors. The matrix will complement the National Action Plan and serves as a key tool for monitoring progress and ensuring the realization of a comprehensive, inclusive, and gender-responsive care system in Kenya. A detailed implementation matrix is attached as Annex I.

4.3 Funding Arrangements

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 funding arrangements include:

- a) Budgetary allocation from the National Treasury;

- b) Partnerships through bilateral agreements and support by other international development and grants agencies;
- c) Partnerships with Faith based Organizations, Civil society Organizations, private sector and other funding agencies for specific projects; and

CHAPTER FIVE

5.0 MONITORING, EVALUATION, REPORTING AND LEARNING

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 older persons care, among others. However, the successful implementation and impact of policies hinge on robust and systematic monitoring, evaluation, and reporting processes.

Monitoring, evaluation, reporting and learning 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 Ministry responsible for gender affairs upon adoption for successful realization of the policy objectives. This will ensure that the proposed priority action points are undertaken using a monitoring framework and 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 being implemented. The policy will be evaluated through surveys and impact assessments studies through an inclusive multi-sectoral approach.

5.3 Reporting and Learning

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 Minister responsible for Gender Affairs as per the monitoring plans for submission to Cabinet. The reports will also be disseminated to key stakeholders for experience sharing and learning.

5.4 Review of the Policy

The policy will be reviewed after ten (10) years. It may be reviewed intermittently depending on the results of the implementation and evaluation reports.

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Annexes

Annex 1. Implementation Matrix

Policy actions	Output	Key Performance indicators	Time Frame	Budget (Kshs. Million)	2025-2026	2026-2027	2027-2028	2028-2029	2029-2030	Responsibility		
										Lead	Support	
Policy Priority Area: Measurement of unpaid care work												
Policy Statement: 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.												
Policy Objective: To recognize and value unpaid care work												
1. Undertake Periodic (5 years) time use surveys to monitor changes in caregiving patterns over time and inform policy interventions	Periodic time use surveys undertaken	Time Use Survey Report	2027-2028	600	-	600	-	-	-	-	KNBS	SDGAA Ministry of Labour and Skills Development County Governments
2. Integrate unpaid care work into National Accounts to accurately reflect its	Household Satellite Account on unpaid care work developed	Household Satellite Account	2025-2026	70	70	-	-	-	-	-	KNBS	SDGAA

Policy actions	Output	Key Performance indicators	Time Frame	Budget (Kshs. Million)	2025-2026	2026-2027	2027-2028	2028-2029	2029-2030	Responsibility	
										Lead	Support
economic value											
3. Undertake research on unpaid care work to understand its dynamics and inform development and review of evidence-based policies	Research on care work conducted	Research report	2027-2028	100	-	-	100	-	-	KIPPRA Academia and Research Institutions, CSOs	SDGAA, SdFL, SdFCS, KNBS, County Governments
Policy Priority Area: Employment policies and regulations											
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.											
Policy Objective: To redistribute and reduce care work to achieve gender equality and empowerment of women and girls											
1. Strengthen the implementation of labour laws by creating awareness among employers, employees and	Awareness on labour laws created.	Number of people reached	2026-2030	30	-	7.5	7.5	7.5	7.5	State Department for Labour and Skills Development	SDGAA

Policy actions	Output	Key Performance indicators	Time Frame	Budget (Kshs. Million)	2025-2026	2026-2027	2027-2028	2028-2029	2029-2030	Responsibility	
										Lead	Support
relevant stakeholders.											
2. Develop and implement bilateral labour agreements for Kenyan migrant workers.	Bilateral labour agreements for Kenyan migrant workers developed	Number of bilateral agreements	2025-2030	15	3	3	3	3	3	State Department for Labour and Skills Development Ministry of Foreign Affairs	SDGAA
3. Operationalization of the 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 2027	10	5	5	-	-	-	SDGAA, Ministry of Foreign Affairs & National Treasury, SDfL	
4. Promote and implement work friendly policies that promote flexible working hours	Work friendly policies developed and implemented	Number of policies	2026-2027	5	-	5	-	-	-	SDGAA & Ministry of Labour,	County Governments, Private Sector, CSOs,

Policy actions	Output	Key Performance indicators	Time Frame	Budget (Kshs. Million)	2025-2026	2026-2027	2027-2028	2028-2029	2029-2030	Responsibility	
										Lead	Support
and guarantees paid maternity and paternity leave											
Policy Priority Area: Social Protection											
Policy Statement: The government is committed to improving livelihoods and reducing vulnerabilities of those in need of care that include children, the older persons, persons with disability, and the sick.											
Policy Objective: 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 benefit system	2026-2028	80	-	-	80	-	-	State Department for Labour, Social Protection, County Governments	SDGAA
2. Develop and implement a universal pension scheme for all care workers	universal pension scheme developed and implemented	universal pension scheme	2026-2028	70	-	-	70	-	-	State Department for Labour, Social Protection	SDGAA

Policy actions	Output	Key Performance indicators	Time Frame	Budget (Kshs. Million)	2025-2026	2026-2027	2027-2028	2028-2029	2029-2030	Responsibility	
										Lead	Support
3. Register all informal caregivers to benefit from social protection interventions	Informal caregivers registered	Number of informal caregivers registered	2026-2027	40	-	10	10	10	10	State Department for Labour, Social Protection, Children Services,	SDGAA Ministry of Interior and National Administration County Governments
4. Promote uptake of pension for informal caregivers	Institutions sensitized on care friendly and gender-responsive social protection systems and policies at the workplace	Number of institutions	2026-2030	50	-	12.5	12.5	12.5	12.5	State Department for Labour, Social Protection, County Governments,	SDGAA Private sector CSOs
5. Upgrade the Management Information System for social protection beneficiaries to obtain real time data.	Management Information System upgraded	Upgraded Management Information System	2026-2030	50	-	12.5	12.5	12.5	12.5	State Department for Labour, Social Protection, County	SDGAA

Policy actions	Output	Key Performance indicators	Time Frame	Budget (Kshs. Million)	2025-2026	2026-2027	2027-2028	2028-2029	2029-2030	Responsibility	
										Lead	Support
										Governments	
Policy Priority Area: Childcare											
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.											
Policy Objective: To redistribute and reduce care work to achieve gender equality and empowerment of women and girls											
1. Develop legal frameworks and guidelines for creation and operation of childcare facilities at county level	legal frameworks and guidelines developed	Legal frameworks, guidelines	By 2026	50	50	-	-	-	-	State Department for Labour, Children Services ,	SDGAA County Governments
2. Promote and formalize registration, operations and monitoring of childcare facilities)	National standards and guidelines on childcare facilities developed	National Standards and guidelines	2026-2027	15	-	15	-	-	-	State Department for Labour, Children services, County Governments	SDGAA
3. Establish government sponsored childcare	government sponsored childcare	No of childcare centers	2026-2030	500		125	125	125	125	Children services, County	SDGAA

Policy actions	Output	Key Performance indicators	Time Frame	Budget (Kshs. Million)	2025-2026	2026-2027	2027-2028	2028-2029	2029-2030	Responsibility	
										Lead	Support
facilities for children under (4) years in the counties	centers established	established								Government	
4. Develop curriculum, train and certify child caregivers.	curriculum and certification for training child caregivers developed	Curriculum and certification	2026-2028	15		7.5	7.5			Labour, Children services, MOE	SDGAA County Governm ents
Policy Priority Area: Healthcare											
Policy Statement: The government commits to provide access to quality and affordable health care to all including, palliative care.											
Policy Objective: To redistribute and reduce care work to achieve gender equality and empowerment of women and girls											
1. Establish and strengthen community driven palliative care services	Palliative care facilities and services at the county and community level established	Number of palliative care established	2026-2030	500		125	125	125	125	County Govern ments	MOH SDGAA
2. Develop guidelines for the establishment and	Guidelines developed	Guidelines	2026-2027	10	-	10	-	-	-	Ministry of Health	SDGAA

Policy actions	Output	Key Performance indicators	Time Frame	Budget (Kshs. Million)	2025-2026	2026-2027	2027-2028	2028-2029	2029-2030	Responsibility	
										Lead	Support
management of palliative care centers											
3. 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	2026-2030	500	-	125	125	125	125	County Governments	MOH SDGAA
4. Promote specialized home-based care under the Social Health Insurance Fund (SHIF);	A specialized home-based care package incorporated in the national health insurance	A specialized home-based care package	2026-2027	10	-	10	-	-	-	Ministry of Health, County Governments	SDGAA
5. Promote wellness programmes for caregivers to reduce stress and increase their job satisfaction.	Caregiver wellness programs designed and implemented	No. of wellness programs developed and rolled out	2026-2030	31	5	6	6.5	6.5	7	Ministry of Health (MoH) County Health Departments Mental Health	

Policy actions	Output	Key Performance indicators	Time Frame	Budget (Kshs. Million)	2025-2026	2026-2027	2027-2028	2028-2029	2029-2030	Responsibility	
										Lead	Support
										and Counseling Associations (e.g. KCPA)	
										PBOs/CSOs (e.g. AMREF, Red Cross)	
										Faith-Based & Community-Based Organizations	
6. Promote and strengthen the structures to support caregivers through community support/welfare groups	structures to support caregivers strengthened	No. of active caregiver support groups formed or supported	2026-2030	41	7	8.5	9	8.5	8	Social Protection, County Governments, CHVs, NGAO	SDGAA,

Policy actions	Output	Key Performance indicators	Time Frame	Budget (Kshs. Million)	2025-2026	2026-2027	2027-2028	2028-2029	2029-2030	Responsibility	
										Lead	Support
											Development Partners
7. Establish and operationalize respite centres in counties to provide temporary care, support caregiver wellbeing	respite centres in counties established	Number of respite centres constructed or operationalized	2025-2030	110	24	24	32	15	15	County Governments (Health & Social Services) Ministry of Health Development partners	
8. Harnessing digital solutions (e.g., telehealth, mobile platforms) to expand access, and increase efficiency.	Established and Improved digital health platforms	No of digital health platforms	2027-2029	300	-	-	100	200	-	Ministry of health Ministry of ICT County Government	SDGAA

Policy Priority Area: Social and Cultural Norms

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

Policy actions	Output	Key Performance indicators	Time Frame	Budget (Kshs. Million)	2025-2026	2026-2027	2027-2028	2028-2029	2029-2030	Responsibility	
										Lead	Support
Policy Objective: 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	2026-2030	60		15	15	15	15	SDGAA &	Ministry of Education, County Governments
2. Incorporate care work in school curriculum as a means of changing social norms	Care work incorporated in school curriculum	Reviewed curriculum	2026-2028	20	-	10	10	-	-	SDGAA & Ministry of Education	
3. Conduct research on socio-cultural norms and care work	Research conducted	Report	2026-2030	10	-	2.5	2.5	2.5	2.5	SDGAA, KIPPRA & KNBS,	Ministry of Education, County Governments
Policy Priority Area: Care for Older persons											
Policy Statement: The Government of Kenya recognizes the invaluable contributions and inherent dignity of older persons and commits to promote their wellbeing, ensuring their rights, and providing them with adequate access to affordable quality care											
Policy Objective: To redistribute and reduce care work to achieve gender equality and empowerment of women and girls											

Policy actions	Output	Key Performance indicators	Time Frame	Budget (Kshs. Million)	2025-2026	2026-2027	2027-2028	2028-2029	2029-2030	Responsibility	
										Lead	Support
1. Regular update of the database of the older persons in need of care	Integrated and harmonized database established	Database	2026-2027	40	-	40	-	-	-	State Department for Social Protection	SDGAA
2. Establish cash-for-care benefit systems as a way of recognizing and compensating caregivers of the older persons	Cash-for-care benefit systems established	Cash-for-care benefit systems	2026-2028	10	-	5	5	-	-	State Department for Social Protection, County Governments	SDGAA
3. Enhance community outreach programmes for the older persons	Community outreach programmes enhanced	Number of older persons reached	2026-2030	60	-	15	15	15	15	State Department for Social Protection	SDGAA
4. Promote public-private partnership in the establishment care homes for	Homes for the older persons established	Number of homes for older persons established	2026-2030	500	-	125	125	125	125	SDSP, County Governments	SDGAA

Policy actions	Output	Key Performance indicators	Time Frame	Budget (Kshs. Million)	2025-2026	2026-2027	2027-2028	2028-2029	2029-2030	Responsibility	
										Lead	Support
the older persons											
5. Promote training of caregivers for the older persons	Caregiver training programs for the older persons promoted	Number of caregivers trained on older persons care	2026-2030	38	5	7	8	9	9	MoH Social Protection NITA KMTC	SDGAA County Governments
6. Develop regulations and standards on the establishment and management of facilities for the older persons care	Guidelines developed	Guidelines	By 2026	10	10	-	-	-	-	State Department for Social Protection, County Governments	SDGAA
7. Promote formation of support groups for the older persons.	Registration of older persons undertaken	Number of older persons registered	2026-2030	50	-	12.5	12.5	12.5	12.5	State Department for Social Protection, County	SDGAA

Policy actions	Output	Key Performance indicators	Time Frame	Budget (Kshs. Million)	2025-2026	2026-2027	2027-2028	2028-2029	2029-2030	Responsibility		
										Lead	Support	
											Governments	
8. Create awareness to enhance uptake of services for the older persons	Awareness created	No. of older persons reached	2026-2030	6	-	1.5	1.5	1.5	1.5		State Department for Social Protection, County Governments	SDGAA
Policy Priority Area: Care for Persons with Disabilities												
Policy Statement: The government of Kenya is committed to ensuring adequate access to affordable and quality care for persons with disabilities.												
Policy Objective: To redistribute and reduce care work to achieve gender equality and empowerment of women and girls												
1. Establish an integrated harmonized database for Persons With Disabilities in need of care	Integrated and harmonized database established	Database	2026-2027	40	-	40	-	-	-		NCPWD & State Department for Social Protection	SDGAA
2. Provide assistive devices to	Persons With Disabilities provided with	Number of Persons With	2026-2030	100	-	25	25	25	25		NCPWD & State Department	SDGAA,

Policy actions	Output	Key Performance indicators	Time Frame	Budget (Kshs. Million)	2025-2026	2026-2027	2027-2028	2028-2029	2029-2030	Responsibility	
										Lead	Support
Persons With Disabilities	assistive devices	Disabilities supported								ent for Social Protection	
3. Conduct community outreach programmes for the Persons With Disabilities	Community outreach programmes conducted	Number of Persons With Disabilities reached	2026-2030	50	-	12.5	12.5	12.5	12.5	NCPWD & Department for Social Protection	SDGAA
4. Undertake home based assessment of Persons With Disabilities	Assessment undertaken	Number of Persons With Disabilities assessed	2026-2030	80	-	20	20	20	20	NCPWD, State Department for Social Protection & County Government	SDGAA
5. Establish cash-for-care benefit systems as a way of recognizing and	Cash-for-care benefit systems established	Cash-for-care benefit systems	2027-2028	10	-	-	10	-	-	State Department for Social Protection	SDGAA, NCPWD

Policy actions	Output	Key Performance indicators	Time Frame	Budget (Kshs. Million)	2025-2026	2026-2027	2027-2028	2028-2029	2029-2030	Responsibility	
										Lead	Support
compensating caregivers of the Persons With Disabilities											
6. Develop code of conduct for all caregivers	Code of conduct for all caregivers developed	Code of conduct	By 2026	15	15	-	-	-	-	SDGAA, NCPWD & 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 accessed by Persons With Disabilities.	2026-2030	15	-	3.8	3.8	3.8	3.8	NCPWD & State Department for Social Protection	SDGAA,
8. Enhance the skills of PERSONS WITH DISABILITIES on activities of daily living to improve on their own care.	Skills of Persons With Disabilities on activities of daily living enhanced	Number of Persons With Disabilities trained.	2026-2030	30	-	7.5	7.5	7.5	7.5	NCPWD & State Department for Social Protection	SDGAA,

Policy actions	Output	Key Performance indicators	Time Frame	Budget (Kshs. Million)	2025-2026	2026-2027	2027-2028	2028-2029	2029-2030	Responsibility	
										Lead	Support
9. Provide mental health and psychosocial support for Persons With Disabilities and caregivers	Mental health services and psychosocial support provided	No. of mental health and psychosocial support for Persons With Disabilities and caregivers	2026-2030	60	-	15	15	15	15	SDGAA NCPWD, State Department for Social Protection	County Government
10. Enhance community based care and rehabilitation for Persons With Disabilities	Community based care and rehabilitation for Persons With Disabilities enhanced	No. of Community based care and rehabilitation for Persons With Disabilities enhanced	2026-2030	80	-	20	20	20	20	NCPWD, State Department for Social Protection & County Government	SDGAA
11. Enhance caregivers capacity on care provision and parenting	Caregivers capacity on care provision and parenting enhanced	Number of caregivers	2026-2029	30	-	10	10	10	-	NCPWD & State Department for Social Protection	SDGAA

Policy actions	Output	Key Performance indicators	Time Frame	Budget (Kshs. Million)	2025-2026	2026-2027	2027-2028	2028-2029	2029-2030	Responsibility	
										Lead	Support
11. Mapping & of liberative income generating activities compatible with care work	Liberative income generating activities promoted	No. of the liberative income generating activities adopted	2026-2029	45	-	15	15	15	-	NCPWD & State Department for Social Protection	SDGAA
13. Develop disability specific care work redistribution strategy	disability specific care work redistribution strategy developed	No. of disability specific care work redistribution strategy	2026-2027	10	-	10	-	-	-	NCPWD & State Department for Social Protection	SDGAA
14. Formation of caregiver centered support groups and training	formation of caregiver centered support groups	Number of groups formed	2026-2027	5	-	5	-	-	-	NCPWD & State Department for Social Protection	SDGAA

Policy Priority Area: Care supportive infrastructure and services

Policy Statement: The government commits to investment in the care economy through provision of gender-responsive public services that would reduce the responsibility of unpaid care work.

Policy actions	Output	Key Performance indicators	Time Frame	Budget (Kshs. Million)	2025-2026	2026-2027	2027-2028	2028-2029	2029-2030	Responsibility		
										Lead	Support	
Policy Objective: To promote provision of public care systems												
1. Identify national coverage gaps in care services, estimate the cost of public investments and track expenditures for eliminating these coverage gaps	national coverage gaps in care services identified	Report	2026-2030	50	-	50	-	-	-	-	SDGAA & State Department for Social Protection	
2. Enhance access to care relevant climate resilient physical infrastructure like transport system, power grids, and water systems	Access to care relevant climate resilient physical infrastructure enhanced	Report	2026-2030	80	-	20	20	20	20	20	Ministry of Transport	SDGAA
3. Enhance access to care relevant social infrastructure as hospitals, schools, places of worship,	Access to care relevant social infrastructure enhanced	Report	2026-2030	50	-	12.5	12.5	12.5	12.5	12.5	SDGAA	

Policy actions	Output	Key Performance indicators	Time Frame	Budget (Kshs. Million)	2025-2026	2026-2027	2027-2028	2028-2029	2029-2030	Responsibility	
										Lead	Support
leisure facilities, markets and WASH facilities											
4. Leverage on technology to improve care work	Access to labour saving technologies enhanced	Report	2026-2030	50	-	12.5	12.5	12.5	12.5	MoICT	SDGAA
5. Mainstream gender and disability in development of care supportive infrastructure and services	Gender and disability mainstreamed in institutions	Report	2026-2030	50	-	12.5	12.5	12.5	12.5	SDGAA	
Policy Priority Area: Domestic Work											
Policy Statement: The government will ensure decent work for paid domestic workers and promote shared responsibility of unpaid domestic work											
Policy Objective: To promote reward and representation of paid care workers											
1. Develop an integrated database of domestic workers	Integrated database of domestic workers developed	Database	2026-2030	40	-	10	10	10	10	State Department for Social Protection	SDGAA

Policy actions	Output	Key Performance indicators	Time Frame	Budget (Kshs. Million)	2025-2026	2026-2027	2027-2028	2028-2029	2029-2030	Responsibility	
										Lead	Support
2. Enhance uptake of training curriculum and certification for domestic care workers	curriculum and certification for domestic care workers developed	Curriculum	2026-2027	20	-	5	5	5	5	NITA & Ministry of Education	SDGAA,
3. Establish functional mechanisms for reporting, providing feedback and resolving grievances by domestic workers	Functional and accessible grievance redress and feedback mechanisms established and operationalized	Report	2027-2028	5	-	-	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	2027-2030	10	-	-	3.3	3.3	3.3	State Department for Social Protection	SDGAA
GRAND TOTALS				4931.1	194.0	1651.3	1239.6	1035.6	810.6		

Annex II: Actors and their roles

S/No.	Actor	Roles of actors in the implementation of the policy
	Ministry Gender, Culture, The Arts and Heritage	<ul style="list-style-type: none"> • Coordinate the implementation of the policy. • Build capacity of stakeholders on the policy implementation. • Foster partnership and collaboration with other government agencies, development partners and CSOs in implementation of the policy • Monitor and evaluate the implementation of the policy. • Lead coordinator for implementation, monitoring, and reporting of the National Care Policy. • Convene and facilitate Technical Working Groups (TWGs) and inter-ministerial committees. • Mobilize national and county-level stakeholders for gender-responsive and transformative care interventions. • Oversee development and review of the National Action Plan on Care. • Ensure integration of care indicators into national M&E frameworks and gender policies. • Champion legislation and policy reforms to reduce and redistribute unpaid care work
	Ministry for Labour and Social Protection	<ul style="list-style-type: none"> • Develop relevant policies and regulations on care work • Establish cash for care benefit systems for caregivers. • Upgrade databases on older persons, Persons With Disabilities and caregivers. • Oversee implementation of decent work standards for paid care and domestic workers. • Strengthen enforcement of labour laws protecting care workers, including minimum wage, contracts, and safety.

S/No.	Actor	Roles of actors in the implementation of the policy
		<ul style="list-style-type: none"> • Coordinate social protection programs, including pensions and cash-for-care schemes for caregivers. • Support reforms to employment policies to include flexible work arrangements and leave provisions for care.
	Ministry of Health	<ul style="list-style-type: none"> • Provide healthcare services to those in need of care. • Train healthcare workers on the provision of care services. • Develop guidelines on establishment of palliative centres. • Expand home-based and long-term care services within Universal Health Coverage (UHC). • Develop standards for palliative, respite, rehabilitative, and geriatric care services. • Support mental health and psychosocial services for caregivers. • Integrate care economy priorities into health planning and workforce development (e.g., training CHPs in care delivery).
	Ministry of Education	<ul style="list-style-type: none"> • Ensure access of training programmes for caregivers • Provide technical support in the development of curriculum for caregivers. • Conduct research on care work and the priority areas of the National care policy • Integrate care work and gender equality into national education curricula at all levels to promote early appreciation of shared caregiving responsibilities. • Develop and accredit training programs for professional caregivers, including childcare workers, ECDE teachers, and special needs care providers. • Regulate and support Early Childhood Development and Education (ECDE) centres to ensure they meet national quality and safety standards—especially for children under 4 years.

S/No.	Actor	Roles of actors in the implementation of the policy
		<ul style="list-style-type: none"> • Promote school-based care support services including daycare centres in secondary schools, institutions of higher learning, and for children of adolescent or student parents. • Ensure inclusive education infrastructure that accommodates children with disabilities, young mothers, and care-dependent learners. • Support community and parental education programs that equip caregivers with knowledge on child development, nutrition, health, and psychosocial support. • Collaborate with counties to expand access to affordable, safe, and well-staffed ECDE and care facilities as part of the basic education system.
	The National Treasury and Economic Planning	<ul style="list-style-type: none"> • Provide budgetary allocations to finance the policy actions. • Foster public-private partnerships in the establishment of care infrastructure. • Mobilize resources to support care interventions. • Offer exemptions and waivers on care services and goods. • Mobilize and allocate resources for care-related services and infrastructure through gender-responsive and inclusive public finance systems. • Integrate care economy indicators and unpaid care work valuation into macroeconomic planning, national accounts, and budget frameworks. • Support counties and MDAs in incorporating care priorities into County Integrated Development Plans (CIDPs), Medium-Term Expenditure Frameworks (MTEFs), and Annual Development Plans (ADPs).

S/No.	Actor	Roles of actors in the implementation of the policy
		<ul style="list-style-type: none"> • Ensure inclusion of care investments in national public investment management systems and provide fiscal incentives for private sector engagement in care services. • Track and publish expenditure data on care-related programs and infrastructure to promote transparency and accountability. • Collaborate with SDGAA and KNBS to generate evidence for economic planning and advocate for care economy inclusion in national development strategies and social protection frameworks. • Champion financing mechanisms (e.g., care bonds, pooled funds, PPPs) to sustainably fund care infrastructure, social protection, and labour market support for caregivers.
	Ministry of Roads and Transport	<ul style="list-style-type: none"> • Enhance transport infrastructure to ease access to care services by older persons, Persons With Disabilities and the sick. • Expand and maintain safe, reliable, and accessible road networks and transport systems that improve mobility for caregivers and care recipients—especially in rural and marginalized areas. • Integrate gender and care-sensitive considerations in transport planning, including proximity of public transport stops to homes, markets, schools, health centres, and childcare facilities. • Promote the design and operation of affordable and accessible transport services for persons with disabilities, older persons, and caregivers accompanying care-dependent individuals. • Collaborate with counties to establish transport subsidies or programs to ease access to public care services (e.g., maternal health, ECDE, eldercare).

S/No.	Actor	Roles of actors in the implementation of the policy
		<ul style="list-style-type: none"> Regulate and enforce safety standards for transport operators serving care-dependent populations, particularly children, persons with disabilities, and the older persons. Support infrastructure development that connects care facilities (e.g., daycares, clinics, rehabilitation centres) to the broader transport system.
	Ministry of Lands, Public Works, Housing and Urban Development	<ul style="list-style-type: none"> Provide land for the establishment of care infrastructure Ensure accessibility of care infrastructure for Persons With Disabilities. Integrate care-supportive infrastructure into national and county spatial planning and housing policies, including proximity to childcare centres, eldercare facilities, and health services. Promote the design and construction of accessible, inclusive, and gender-responsive public buildings, markets, and social housing. Ensure that building codes and standards require universal design and disability-friendly features in both public and private care facilities. Collaborate with counties and the private sector to facilitate affordable and safe housing solutions for low-income caregivers and care-dependent populations. Provide technical expertise for the development of infrastructure for public care centres such as daycares, rehabilitation homes, and safe shelters for vulnerable persons. Support the establishment of zoning and licensing regulations for community-based care service providers.

S/No.	Actor	Roles of actors in the implementation of the policy
	Ministry of Information, Communications and The Digital Economy	<ul style="list-style-type: none"> • Implement technological policies that will reduce the burden of care • Promote inclusive digital infrastructure and affordable internet access to reduce time burdens and enhance care service delivery, especially in underserved areas. • Develop and support digital platforms and mobile innovations for caregiver support, care service delivery, and real-time data collection. • Collaborate with relevant ministries and counties to digitize care management systems, including caregiver registries and social protection databases. • Integrate care-sensitive content in public digital literacy campaigns, especially targeting women, youth, and persons with disabilities. • Support public communication and awareness campaigns that challenge harmful care-related stereotypes and promote gender-equitable norms. • Partner with innovators, tech start-ups, and the private sector to develop assistive technologies that ease the burden of care work.
	Ministry of Water, Sanitation and Irrigation	<ul style="list-style-type: none"> • Provide adequate water and sanitation facilities. • Ensure access to safe and clean water. • Expand access to clean, safe, and reliable water supply to reduce the time burden and health risks faced by caregivers, especially women and girls in rural and informal settlements. • Invest in gender-responsive sanitation and hygiene infrastructure in homes, schools, markets, health centres, and care facilities to enhance dignity, safety, and caregiving capacity.

S/No.	Actor	Roles of actors in the implementation of the policy
		<ul style="list-style-type: none"> • Integrate care-sensitive planning into national and county water and WASH programs to support childcare centres, eldercare facilities, and rehabilitation centres. • Support time- and labour-saving innovations such as water harvesting technologies, household water storage, and decentralized water systems that ease domestic care burdens. • Collaborate with counties, CSOs, and community groups to promote hygiene awareness and behaviour change campaigns that support caregiving practices. • Ensure inclusive WASH policies that address the needs of caregivers and care-dependent populations including persons with disabilities, the older persons, and children.
	Ministry of Energy and Petroleum	<ul style="list-style-type: none"> • Ensure provision of clean, safe and affordable energy solutions. • Expand electricity infrastructure to ensure care facilities are connected to electricity. • Expand access to affordable, clean, and reliable energy for households, care centres, and social institutions to reduce the burden of unpaid care work, particularly on women and girls. • Promote adoption of energy-efficient and time-saving technologies such as clean cookstoves, solar lighting, and electric water heating in caregiving environments. • Ensure that energy infrastructure planning integrates the needs of care-dependent populations and caregivers in both urban and rural areas. • Support the electrification of public care facilities (e.g., childcare centres, rehabilitation homes, health centres, and safe shelters) through grid and off-grid solutions.

S/No.	Actor	Roles of actors in the implementation of the policy
		<ul style="list-style-type: none"> • Collaborate with counties and private sector to expand renewable energy programs targeting care-intensive households and women-led caregiving enterprises. • Develop policies and incentives that facilitate investment in energy innovations that support the care economy, such as solar-powered daycares or eldercare facilities.
11.	Ministry of Foreign and Diaspora Affairs	<ul style="list-style-type: none"> • Establish bilateral labour agreements and Memoranda of Understandings on care work. • Establish a social welfare fund for Kenyan Women working abroad. • Negotiate and enforce bilateral and multilateral labour agreements to protect the rights and welfare of Kenyan migrant care and domestic workers abroad. • Coordinate with host countries to ensure fair recruitment, decent working conditions, social protection, and access to grievance redress mechanisms for care workers in the diaspora. • Support the establishment of a social welfare fund or diaspora distress fund for Kenyan women working in the care economy abroad, including in cases of abuse, repatriation, or medical emergencies. • Work with missions abroad to offer counselling, legal aid, and shelter services to distressed caregivers and care-dependent migrants. • Engage diaspora networks in investment and knowledge exchange to improve care services and infrastructure back home. • Collaborate with the Ministry of Labour and SDGAA in monitoring recruitment agencies and regulating ethical migration practices for care workers

S/No.	Actor	Roles of actors in the implementation of the policy
	Kenya National Bureau of Statistics	<ul style="list-style-type: none"> • Conduct periodic time use survey and publish the report. • Set –up a Household Satellite Account and value unpaid care work in GDP. • Lead regular Time Use Surveys (TUS) and integrate findings into national planning. • Develop satellite household accounts on unpaid care work. • Disaggregate national data by sex, age, region, disability, and care status to inform targeted interventions. • Provide technical support to counties and other ministries for data collection and analysis on care economy indicators.
13.	County Governments	<ul style="list-style-type: none"> • Establish and operationalize care institutions and infrastructure at county level • Integrate care interventions in County Integrated and Development Plans. • Establish and regulate care institutions and infrastructure at county levels including childcare centres, elder care homes, and community care programs. • Incorporate gender-responsive care indicators into county planning, budgeting, and service delivery. • Recruit and train community-based caregivers and CHVs/CHPs to support care provision. • Develop awareness campaigns and partnerships with CSOs to shift care norms at the grassroots • Support inter-county learning and best practice exchange on care services.
14.	Parliament	<ul style="list-style-type: none"> • Legislative, oversight, allocate funds, and ensure that the National Care Policy is fully implemented to effectively

S/No.	Actor	Roles of actors in the implementation of the policy
		<p>harnesses the potential of the policy priority actions in sustainable development.</p> <ul style="list-style-type: none"> • Enact and review legislation that supports the recognition, reduction, redistribution, and rewarding of care work. • Exercise oversight on budget allocation and ensure adequate financing of care-related services and infrastructure. • Provide legislative scrutiny and ensure accountability for implementation of care-related laws and programs. • Represent the voices of unpaid and paid caregivers in parliamentary debates and public hearings. • Promote awareness of care economy issues through motions, statements, and parliamentary caucuses.
	National Council of Persons with Disability	<ul style="list-style-type: none"> • Map care needs and support services for persons with disabilities and their caregivers. • Promote access to disability-friendly infrastructure, assistive devices, and respite care. • Support training, certification, and recognition of caregivers of persons with disabilities. • Collaborate in designing inclusive social protection and healthcare benefits for caregivers.
	National Gender and Equality Commission (NGEC)	<ul style="list-style-type: none"> • Monitor and report on gender equality in care work, including unpaid and paid care labour. • Conduct audits and issue advisories on care-related policies and compliance.

S/No.	Actor	Roles of actors in the implementation of the policy
		<ul style="list-style-type: none"> Promote public education and awareness on equal sharing of care responsibilities.
	Academia and Research Institutions	<ul style="list-style-type: none"> Lead research on care economy, time use, labour market dynamics, and gender equality. Offer academic programs and training on care work, social policy, and gender studies. Collaborate in M&E, policy evaluation, and evidence generation to inform scale-up. Provide policy briefs and recommendations based on care-related research findings.
	Development partners	<ul style="list-style-type: none"> Provide financial and technical support to care economy initiatives, including policy implementation, research, and capacity building. Facilitate knowledge exchange, innovation, and best practices from global and regional experiences. Support government and civil society actors in piloting and scaling gender-responsive care models. Align development aid with care-sensitive planning and budgeting frameworks.
15.	Private Sector	<ul style="list-style-type: none"> Establish the care infrastructure and services. Adopt family-friendly policies such as paid parental leave, lactation rooms, flexible schedules. Partner with government to invest in workplace-based childcare and elder care facilities. Support skilling and certification programs for care workers.

S/No.	Actor	Roles of actors in the implementation of the policy
		<ul style="list-style-type: none"> Promote decent work for paid care workers, including domestic workers and health aides
16.	Trade Union	<ul style="list-style-type: none"> Advocate for labour rights and plight of caregivers. Advocate for decent work, fair wages, and social protection for care and domestic workers. Negotiate collective bargaining agreements that include caregiving leave, workplace childcare, and flexible working conditions. Raise awareness and educate workers about their rights related to care responsibilities. Represent the interests of care workers (especially domestic, health, and childcare workers) in national labour and policy forums. Monitor and report violations of labour rights in care-related employment sectors
17.	Media	<ul style="list-style-type: none"> Disseminate information on National Care policy. Publish the content of national care policy in the print media. Raise public awareness and promote positive narratives about care work and gender equality in caregiving roles. Amplify the voices of caregivers and care recipients through storytelling, investigative journalism, and documentaries. Disseminate information about care policies, entitlements, and social protection programs. Support behaviour change and attitude shift towards equitable care responsibilities via campaigns and features. Serve as watchdogs to ensure transparency and accountability in care-related service delivery.

S/No.	Actor	Roles of actors in the implementation of the policy
18.	Civil Society Organization, PBOs and Faith Based Organizations	<ul style="list-style-type: none"> • Conduct advocacy and awareness of care issues at the grass roots • Mobilize communities and shift harmful gender norms on care work through advocacy and campaigns. • Provide direct care services in underserved areas (e.g., daycare, elder care, disability support). • Conduct monitoring and accountability initiatives to hold duty-bearers to account. • Strengthen caregiver networks and support systems at the community level. • Conduct advocacy and awareness on the rights of care workers
19.	Faith Based Organizations	<ul style="list-style-type: none"> • Support the vulnerable members of the community • Conduct advocacy and awareness on the rights of care workers