National Care Needs Assessment - Kenya

Preliminary Report

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APHRC	African Population and Health Research Centre
CCGD	Collaborative Centre for Gender and Development
CoG	Council of Governors
CSOs	Civil Society Organizations
ECDE	Early Childhood Development and Education
ES	Economic Survey
GDP	Gross Domestic Product
ICRW	International Centre for Research on Women
IDRC	International Development Research Center (Canada)
KCPE	Kenya Certificate of Primary Education
KEPSA	Kenya Private Sector Alliance
KIPPRA	Kenya Institute for Public Policy Research and Analysis
KNBS	Kenya National Bureau of Statistics
KU-WEE	Kenyatta University-Women Economic Empowerment (Hub)
QLFS	Quarterly Labour Force Survey
SDGs	Sustainable Development Goals
SNA	System of National Accounts
TUS	Time Use Survey

EXECUTIVE SUMMARY

Within the implementation of existing international and national commitments to women's rights and gender equality in all areas of life, unpaid care work and the care sector deserve particular attention. Because of its importance in achieving gender equality, Sustainable Development Goal (SDG) 5 calls for recognition and value of unpaid care and domestic work through the provision of public services, infrastructure, and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate. In addition, concerns about ageing and lack of preparation to the corresponding care needs are rising,

This report intends to assess the care situation in Kenya. The concepts and definitions of the care economy, as well as the 5 Rs overall conceptual and policy framework coined to tackle it and the methodology adopted for this assessment are first presented. Then the size and distribution by sex of unpaid care in Kenya is assessed on the basis of the recent time-use survey conducted by KNBS at national level in 2021. An attempt is made to assess the size of the care sector in its various dimensions (Education, Health, Social services and other personal services) on the basis of existing statistical data sources and in terms of employment, shares of GDP, Government expenditures. Trends in the demand for care in the next years and decades are estimated**,** on the basis of population prospects. The supply of care services by the care sectors in education, health, for early childhood, childhood, elder persons, persons with disabilities, in the public sector on the one hand, in the private sector on the other hand is then assessed. The supply and demand for care are compared in order to identify the priorities and estimate the volume of investments and the potential for jobs creation, as well as increase in government revenues in the various care sectors of the economy. A tentative roadmap is finally proposed.

Concepts and methodology

Care is comprised of all those activities necessary for the day to day physical, psychological and emotional well-being of people. In a sense, it can be defined as reproductive work complementing and making possible productive work.

Care has two components: an unpaid care component which is provided within the households (and also between the households on a volunteer unpaid basis) and mostly by women, and a paid component which is provided by the care sectors of the economy: education, health, social sectors and paid domestic workers, all activities that are highly feminized.

Care can also be distinguished between "direct care", complemented by "indirect care". Direct care is comprised of care for children, for elderly, for household members with disabilities, etc. with activities such as breastfeeding, feeding, bathing and all supervisory care tasks, with counterparts in the care sectors such as teaching, nursing, etc. Indirect care is comprised of all the other household chores for household members such as preparing meals, washing dishes, washing and ironing textiles and clothes, cleaning the house, shopping, etc. Indirect care in the care sectors is comprised of all activities and workers necessary for the realisation of direct care: administrative tasks, cleaning, security, etc. There are also care workers in the other non-care sectors of the economy, for instance large companies or the administration can employ teachers in their training centres, or doctors, nurses in their health care facilities.

The care economy can be compared to an iceberg: its invisible part is the most important with more than ¾ of total care that need to be provided (mostly by unremunerated women within the households) in order that the whole socioeconomic system keeps functioning and running. The remaining visible part that represents ¼ of the total corresponds to the care services provided by the market, either by the public sector, the private sector or the community and the non-profit sector of the economy.

In turn, the whole care economy would represent ¾ of the total economy, if unpaid care were included in the measurement of the economy (GDP).

The care economy may be thought as a market with consumers (recipients of care) and suppliers.

On the demand side, the main recipients of care are children (early childhood, school-aged children, adolescents), the sick and disabled members of the households, the elderly.

Four main actors intervene on the supply side of the care economy. The most important actor in volume and the least recognized is the households who provide the total of unpaid work and the bulk of total care work in the economy. The second actor is the State that provides public education, health and social services in quantities and quality that widely vary across countries and satisfy the needs of a greater or lesser number of categories of population. These services may be provided for free or against subsidized payments, depending on the more or less generous social protection system and its coverage of the population.

The third actor is the market where the private sector (including the informal sector) may complement the State by providing the same services as the public sector (education, health, other social services) against payment by the households. On the labour market, domestic workers also offer their services to households.

Lastly, the community and non-profit associations of civil society often make up for the State's shortcomings and the lack of interest from the private sector by supplementing free or low cost care services in the neighbourhoods (community) or in remote areas and among marginalised populations in informal urban settlements (CSOs).

The care economy in a country is a specific combination of the care services supplied by these four actors. The care needs assessment attempts to identify their contribution in the national context in view of reaching a better balance between actors on the supply side and a better balance between demand and supply at the global level.

The overall conceptual and strategic framework of the care economy is the 5 Rs (Recognition-Reduction-Redistribution-Reward-Representation) where the three first Rs refer to unpaid domestic and care work that needs to be recognised (through its measurement and raising awareness about it), in order to be reduced (through investment in childcare services for instance) and redistributed between women and men (through struggling against social norms and gender stereotypes), and the two last Rs refer to care workers in the economic sector, who are in majority low paid women and need to be represented in order to have their voice heard and their needs taken into account for accessing to more decent conditions of work. But this also applies to households' unpaid care workers.

As regards the methodology, it consists in the measurement of the supply of unpaid and paid care services on the one hand, and the measurement of the demand for care.

On the supply side, the two dimensions of care are addressed: The first dimension is unpaid care which is measured by time-use surveys, and the second dimension is paid care which is an economic activity. Both need to be properly measured to highlight the reality

of the care economy as an iceberg. Both measures address the first R (recognition). Measuring unpaid care work (direct care to household members, and indirect care or household chores) can be achieved through time-use surveys, while the measurement of paid care work in education, health, social and other personal services requires other statistical sources such as household surveys and various administrative sources.

The demand for care is measured through demographic data (especially the 2019 population census and the consecutive population prospects by age group) and statistics on persons with disabilities. The time-use survey can also be used to infer demand for care from the households.

Then the methodology attempts costing of the care coverage gaps emerging from imbalances between demand and supply in view of achieving estimates in jobs creation, investments to be planned, costs and gains for government expenditures and revenues.

Besides the collection of statistical and qualitative data available, an assessment of care coverage gaps requires to look more in-depth at various normative frameworks: Legislation, national plans and government policies, norms, standards and practices, and finally existence of care-relevant infrastructures.

Finally, interviews with Key Informants (State and non-State actors) were conducted. The objectives of the interviews are to get a better understanding of the issues at stake in their domain, of the main solutions and recommendations that, as actors deeply involved in the field, they can suggest. The qualitative approach was confronted with quantitative assessment and helped identifying the gaps and elaborating the recommendations.

Unpaid care in Kenya based on the 2021 time-use survey

An important share of care provision necessary for ensuring the productive and reproductive life of human beings takes place within the households without remuneration: this is why it is qualified as unpaid work. Therefore, a national care needs assessment must take this component into account, all the more so as the share of unpaid work performed within the households is directly affected by the volume and the quality of the supply of care services within the economy, by the public and the private (formal as well as informal) sectors.

Kenyan women spend 4 hours and 38 minutes per day against only 1 hour and 1 minute for men, that is 4.6 times more time for women than men, not to mention that there is a gender inequal distribution of unpaid tasks within the sphere of unpaid work (for instance women are more dedicated to the preparation of meals or to bathing and feeding young children, whereas men are more dedicated to shopping or home repairs). This gap is neatly higher than the average for sub-Saharan Africa (2.9 times) or for the world (2.4 times). Over a year, that makes an equivalent of 196 full-time workdays (of 8 hours) for women, against 46 workdays for men. Multiplied by the population aged 15+, this provides an idea of the equivalent number of full-time workers per year that would be necessary to be hired if these care services were not performed for free within the household: respectively 10,146,967 female workers and 2,286,330 male workers in an entire year, for a total of 12,433,297 workers to be compared with the 17,187,670 workers employed in the economy. It is interesting to note that such calculations can be made at county level, given that the 2021 Kenya time use survey is representative at county level.

The gender gap in paid work (including production of goods for own final use) is also important and close to the world average: women work for pay or profit more than half the

time (0.57) men dedicate to these activities: respectively 3 hours and 21 minutes, against 5 hours and 52 minutes. The gap is even broader if we exclude the production of goods for own final use (0.46). The gender gap in paid work is respectively of 0.68 in sub-Saharan Africa and of 0.57 at world level.

If we add up all forms of work (paid and unpaid), Kenyan women work 7 hours and 59 minutes (which is quite high by African standard) whereas men work 6 hours and 53 minutes, resulting in a gender gap of 1.16: women work 1.16 time more time than men: This is more than the world average (1.11) but less than the sub-Saharan Africa average (1.18).

The households with child/children aged less than 6 years are those where women spend the longest time in unpaid work with 336 minutes (or 5 hours and 36 minutes) per day. These households are also characterized by the shortest time spent in unpaid work and the longest time in paid work by men. Above the average, we also find households with size 7+ and households with children 6-13. Analyses based on survey microdata will, in the near future, assess the additional time in unpaid work by women (and by men) caused by the arrival of a new child, as well as the reduction of time spent by women in paid work. They should also address the impact of a reduction in unpaid work on female paid work (if for example childcare services were mad available).

The supply of care services

Size of the care sector in the Kenyan economy

The term 'care sector' refers to paid workers in the care sectors of the economy: By convention, the care sectors are the education sector, the health and social work sector, as well as some other personal services such as paid domestic workers, and also waste-pickers for instance. All paid workers in care sectors are not care workers given that the care sectors also employ non-care workers, such as administrative staff and other supporting staff for cleaning or security for example. Moreover, there are care workers in non-care sectors, for instance there are teachers, doctors, nurses in the manufacturing sector or any other sector (where large companies – such as SAFARICOM or commercial banks - may have facilities for training their staff or caring for young children during working hours of their staff) or any other sector.

Using detailed a detailed cross-classification of occupations and activities of population census data 2019 (for total employment) and equivalent data from KNBS Economic Survey for the same year, it is possible to estimate formal and informal employment in the economy and in the various care sectors and for the care economy as a whole. Informal employment is estimated as the residual balance between total employment as per the population census on the one hand, and formal employment as per the Economic Survey for the year 2019.

Globally, the share of informal employment (including agriculture) would be 84.4% (an estimate that is not far from the estimate by KNBS Economic survey (83.0% in 2019). Excluding agriculture, informal employment would represent 66% of total non-agricultural employment.

The care sectors employ 1,373,288 workers (among whom 1,132,702 care workers and 240,586 non-care workers). Women predominate among care workers (721,771 or 63.7%, against 410,880 men), whereas employment of non-care workers in the care sectors is gender-balanced. In total employment of the care sectors, the education sector amounts to 28.9% (396,586), the health sector to 13.5% (185,815), domestic workers to 26.6% (364,696), and the other non-care sectors to 22.8% (251,174).

In summary, care workers in care sectors would represent 33.1% of total employment of the care economy, domestic workers 26.6%, care workers in non-care sectors 22.8% and non-care workers in care sectors 17.5%.

Globally, care workers represent 7.4% of total employment (and 13.2% of non-agricultural employment), a figure that is quite close to the estimate compiled by the ILO in 2019 for Africa. The proportion is 8.5% of female employment and 5.8% of male employment. Women represented 57.7% of all these workers (and 63.7% of all care workers).

Contribution of the care sector to GDP

The care sectors (including domestic workers and non-care workers in the care sectors, but excluding care workers in non-care sectors) contribute to 6.8% of GDP at current process in 2021 (from 7.1% in 2017). The overall share of education in the total care sector has increased over the years from 60.8% in 2017 up to 62.6% in 2021, approximately 2/3 of the care sector, but within the education sector, the relative share of pre-primary and primary education has declined (from 50.4% of total sector in 2017, down to 48.6% in 2021). The remaining 1/3 is comprised of the health sector (28.3% in 2021) and paid domestic services (9.1% in 2021).

The care sectors distribute 21.4% of total wages in the economy (on an increasing trend since 2017 (20.9%) and despite a low in 2020. They also distribute 1.4% of operating surplus/mixed income, equivalent to profits (2% in 2017), corresponding to the enterprises and the individual professionals operating in these sectors (such as doctors' private cabinets).

It is important to note that while the average monthly earnings in the total economy reach 3.24 times the basic minimum wage in 2021 the minimum wage used is the one for Nairobi, Mombasa and Kisumu), the average earnings hardly reach 2.76 times the minimum wage in the education public sector, which means that the level of salaries are not really motivating, including the private sector where salaries are a little bit higher but still rather low.

In the health and social work sector on the contrary, the average wage earnings are rather high, rising up to 7.29 times the minimum wage. But a more detailed disaggregation at professional level would be highly necessary.

If these data were available by detailed professions (for nurses or for pre-primary and primary teachers) and by sex, they would be useful for identifying sectors and sub-sectors where efforts should be made toward a better incentivization and motivation of essential but low paid jobs.

Share of the care sectors in national and county Governments expenditures

The care sectors (Education, Health, Social) represented 22.8% of total national Government expenditures in 2021/22, 23.6% of total recurrent account (salaries and other expenditures), and 18.1% of total development account (investments). A regular increase is observed since 2018/19, despite a low in 2020/21. The development account 2021/22 is marked by a significant increase in development expenditures, by more than 16,000 million KSH representing more than 11.5% of total national government expenditures (against 9.9% in 2020/21 and 10.6% in 2019/20, but 12.1% in 2018/19). Development expenditures in care sectors have been given a high priority in 2021/22, given that they came to represent more than 18.1% of total development expenditures in all sectors (against 12 to 14% for the previous years).

In the meantime, the recurrent account has rather decreased.

In 2021/22, the education sector accounted for 63.1% of total national government expenditures in care sectors, in regress from 69.8% in 2018/19, to the benefit of the health sector which received 14.3% of the total care sectors expenditures (from a low 11.8% in 2018/19). The social protection sector for its part is regularly increasing in the national government expenditures for the care sectors (from 18.4% in 2018/19 up to 22.6% in 2021/22).

While the education sector captures approximately (a little bit less) 2/3 of national government expenditures in care sectors, it is the reverse that is observed in county governments expenditures: In counties, it is the health sector that captures more than ¾ of the total expenditures in care sectors (and around 22% or 23% for the education sector). In 2021/22, the total expenditures of county governments in the care sectors represented as much as 66.8% of the national government expenditures in the same care sectors (against 62.2% in 2018/19).

The total national and county governments expenditures hardly represented half of the total expenditures in education: 44% in 2016/17, 52% in 2017/18, finally reaching 57% in 2018/19. Households' expenditures amounting to 33% of total.

The demand for care services

Demographics

The demand for care services depends on the number of the population in the various age groups: children and the elderly in particular. The 2019 Population Census has provided the numbers and proportions of the various age groups on which depends the demand for care: <1, 1-3, 4-5, 6-13, and 65+ and the population prospects indicate how the populations in these various age groups will change (increase) over years and decades.

According to population census data in 2019, the population in the younger age groups (0-14) was representing 39.0% of the total population, and 3.9% in the older age group (65+). The population in need of care is defined as comprising the population aged 0 to 13 (up to the end of primary school) and the elderly (65+). With this definition, the population in need of care represents 40.3% of the total population in 2019. However, the population aged 65+ is not entirely in need of care and even that a part of the elderly can provide care (for their grand-children for instance).

While the population aged 0-4 continues to increase until 2040-50 and then stabilized at a high level, the population aged 65+ has started to enter into an upward-oriented trend that will accelerate rapidly after 2025. In other words, the population in need of care will continue to increase in the years to come and policymakers must be prepared to the childcare and elder care crises that will irretrievably occur if the necessary investments in care facilities, job creation and training of care workers are not planned in advance.

Finally, it is necessary to point out that data from the time-use survey on unpaid domestic and care work can be used to infer the potential demand from household by comparing for example time spent by non-working mothers of children aged 0 to 4 and by working mothers, among other possible estimations.

The supply of care services by the care sectors

Once the real size of the care sector is known (in terms of employment, value added to GDP and government expenditures) and therefore, better perceived, the supply of care services by the public sector as well as the private sector (including the non-profit sector) must be assessed in each of the care sectors: education, health, and in the access to water, energy and sanitation.

In the education sector, the Early Childhood Development and Education (ECDE) centres form an important part of the overall mechanism covering childcare by the education system.

While the pre-primary (4-5 years old) and the primary (6-13 years old) schools receive the children of these age groups, ECDE centres were in charge of the 3-5 years old before the 2019 Reform. In 2019, Kenya has transformed its education and training system and adopted the Competency Based curriculum (CBC) for all levels of basic education. In the implementation of the new curriculum, the 8-4-4 structure will eventually be replaced by the 2-6-6-3 structure, which consists of 2 years of pre-primary (for ages 4-5); 3 years of lower primary and 3 years of upper primary (for ages 6-11); and 3 years of junior secondary, 3 years of senior secondary (for ages 12-17 years) as well as 3 years of university education (Republic of Kenya, Ministry of Education 2021).

Care services for the 1-2 years old and now for the 1-3 years old remain the missing link that would help women staying in employment. Public services are relatively inexistent and day care centres are mainly staffed by informal care workers with too many children per care worker to provide quality and safe care services. An enumeration of day care centres that could provide reliable and systematic data on these structures does not exist. Some counties have collected data but they are not consolidated. Only incomplete and anecdotal data are available that describe the situation at local level and the actions of Civil Society Organizations engaged in such activities in some counties.

Early childhood (ECDE), pre-primary education and primary education

Changes introduced in 2019 as parts of reforms in the education sector have an important impact on learner enrollment and teacher statistics. Changes in classifications introduced between 2018 and 2019 need to be considered when interpreting the data: Pre-primary enrollment data for 2017 and 2018 include learners aged 3, whereas for the subsequent years, age 3 remains included in ECDE Centres. The total number of children enrolled in pre-primary schools falls from 3,390,545 in 2018 to 2,738,587 in 2019, 2,832,897 in 2020 and 2,845,565 in 2021. It can be noted that in 2019, 821,897 pupils among the 2,738,587 in pre-primary, were enrolled in private schools (30.0%). The child/teacher ratio has been increasing over the years, increasing from 24.1 in 2014 to 29.1 in 2016 and 30.1 in 2019, even reaching 161.1 in Turkana county (the highest ratio).

Considering that the pre-primary enrolment rates cover the 3-4 years old age group (2,508,591 in 2019 according to the Population Census), the gross enrolment rate for pre-primary would be of 109.2%.

Even if the recent period corresponds to the COVID 19 pandemic, the drop is mainly due to the 3 years old age group, that is no longer included in the data. Their exclusion is due to "the full adoption of the CBC from the 2018 academic year and the redundancy of the three-tier Baby Class Nursery and Pre-Unit system under the 8-4-4 curriculum which has been replaced by the two-tier pre-primary 2 system under the CBC" (Republic of Kenya, The Senate 2022).

One wonders whether the new system is going to add further pression on the childcare crisis resulting from the gap between the number of children in need of care and the actual provision of care – a crisis that is not specific to Kenya, but worldwide. This been a subject of debate and concern since a long time in Kenya.

A recent report by the Senate on Early Childhood Development and Education (Republic of Kenya, The Senate 2022), based on data provided by the counties, indicates that both gross and net enrolment rates have increased until 2019, a sign of an increasing demand, with huge variations across the Counties as well as over years. County hearings reveal huge disparities amongst counties as regards to the number of ECDE centres and teachers, teachers' status and salaries (varying from 10,000Ksh or less to 40,000Ksh, depending on diploma) leading to high attrition rates. Several problem areas are identified in the report, such as the relinquishment of rooms for primary class-

rooms, the lack of adequate teaching, the lack of toilets, playgrounds, learning and play materials, furniture or kitchenettes. Further noted is the low pay of teachers and sometimes their recruitment by parents with challenges such as unreliable and delayed payments. Furthermore, school-feeding programmes the benefits of which are multiple (to the child, the community, with increased enrolments and completion rates) are far from being generalised.

The report concludes that "the governance and institutional arrangements between the two levels of governments are not clear", creating "inconsistencies in hiring and remuneration of ECDE teachers (…) thus adversely affecting their morale". Noting that the emphasis put on ECDE has been in constructing classrooms rather than allocating related adequate resources, it also recognizes that "the available ECDE data is limited and inconsistent impeding planning and evidence-based decision-making".

The report finally recommends that the County Assemblies consider increasing annual budgetary allocations to the ECDE sector to at least 10% of the county revenue out of which 50% should be to the ECDE sub-sector, that the Ministry of Education ensures standardization of provision of Early Childhood Education across the country establishing quality standards and rigorous monitoring and evaluation and implement an effective and efficient data collection and sharing system to ensure updating verifiable and credible. It also recommends that "the Council of Governors undertake a comprehensive functional analysis, unbundling and costing of ECDE service provision".

Day care centres

In Kenya, according to Employment Act 2007, article 29, paid maternity leave lasts 90 days at 100% pay (but Government does not administer 100% of paid leave benefits) and paid paternity leave 14 days. Furthermore, articles 45 and 46 prohibit dismissal of pregnant workers (World Bank 2022).

There is no public provision of care for the 1-2 years olds (and now for the 1-3 years olds, subsequent to the 2019 reforms) and the quality of private childcare service is not regulated by any license or registration requirement, any zoning requirement or pupil-teacher ratio requirement, or penalties for noncompliance with laws.

Whatever the number of their employees (or female employees) employers have no legal obligation to support childcare and do not receive any Government incentives to do it. However, some large companies such as Safaricom (10,800 employees), or commercial banks, provide day-care services for their staff.

In the absence of public sector provision of childcare for children under 3, these services remain mainly unpaid care services within the households or the community, or informal (domestic workers, privately hired childminders or nannies, besides private creches).

Data collection on such types of day care services remain anecdotal and not systematic. If some day care services can be identified as micro-businesses, most of them remain home-based (sometimes with more than 20 children) and even a census of establishments or a population census may miss many of them because the care providers will not declare the activity as an economic activity.

Supply of care services in the health sector

Health service provision in Kenya is done by a mix of public (49%), private-for-profit (32%) and private-not-for-profit (16%) health facilities. The majority of public health facilities are managed by county governments and are categorized into tiers ranging from community health services (Level 1), dispensaries and health centres (Level 2 and 3), County and sub-county hospitals (Level 4), regional hospitals (Level 5) and national referral hospitals (Level 6).

Level 1 corresponds to Community Health Unit (CHU) that covers every 1,000 households (approximately 5,000 people) and is comprised of a Community Health Committee (CHC) and two Com-

munity Health Extension Workers (CHEWS) supervising 10 Community Health Volunteers (CHVs). In 2021, the nationwide coverage of community health units reached 89%.

The Ministry of Health provides the following indicators as regard Demand, Access and Quality of Health Services: 1) Number of outpatient visits per person per year demonstrated a marginal increase from 1 visit in 2017/18 to 2 visits in 2019/20 per person per year but below a target of 3; 2) Number of health facilities per 10,000 population increased from 2.4/10,000 population in 2017/18 to 2.5/10,000 population in 2018/19; 3) Health facility density is at 2.2 surpassing the WHO target of 2.0; 4). There is however a wide variation across counties in the performance of this indicator.

In the absence of data on access to health care centres, on distance to health facilities or time to access, an analysis based on data from 2015 shows that only 65% of women aged 15-49 (DHS) had visited a health facility in the past year. The analysis confirms that most non-visitors live in areas where there are fewer clinics. But significant proportions of non-visiting women live near a health facility, which means that facility availability does not only equal access. Identified barriers were: getting permission to go, distance to facility, getting money needed for treatment, not wanting to go alone.

Care services for the elderly

In 2019, the population aged 65+ represented 9.8% of the total population. Of course, not all this population is in need of care, an important proportion being in good health. According to WHO, the healthy life expectancy at 60 in Kenya is as high as 14 years for women and 11.9 years for men. Though, an important proportion of this population lack resources because they do not benefit of pensions (especially women, who are less likely than men to have contributed to pension schemes). Moreover, many elderly are also care providers.

Care services for Persons with Disabilities (PWD)

The 2019 Population Census provides the number of persons with disabilities by age group and sex.

The disability status among respondents was defined using the threshold of those with “a lot of difficulty” or “cannot do at all” in at least one of 6 domains: visual, hearing, mobility, cognition, self-care, communication.

The population having some form of disability and attending schools amounted to 916,692 persons aged 5 years or more and 116,139 for the population aged 5-14, the overall prevalence in the population aged 5+ is 2.2%, 0.8% for population aged 5-9 and 1% for population aged 10-14.

Supply of indirect care services in other sectors (water, sanitation, energy)

Time spent in fetching water and collecting firewood or other sources of fuel may be important in rural communities or informal urban settlements and these tasks disproportionately fall on women’s shoulders. Any policy or action aiming at promoting investment in such domains for instance boreholes, improved cookstoves) has an impact on women’s time-use, leaving them more time for income-generating activities or rest. Though access or non-access to an improved source of water does not mean that fetching it, improved or not improved, is time-consuming, it can be taken as a proxy given that the populations with no access to improved source are more likely to travel long distances to this aim. Of course, data on time spent or distance to travel is preferable, but only the Demographic and Health Survey (DHS 2014) collected such data on water. The same argument can be applied to access to sanitation and to sources of energy (not only firewood), in particular to electricity that is timesaving and a source of reduction of unpaid domestic work. Consequently, policies and investments increasing access to these services are oriented toward the reduction and redistribution of unpaid care work and benefit women.

Matching supply and demand for care: defining priorities

Following a summary of interviews with Key Informants that allow delineating gaps, priorities for investments regarding childcare, health, domestic work and domestic workers, persons with disabilities, the role of the private sector, some recommendations are identified for the way forward, such as:

i. The is the need for County Government to develop and institutionalize County level child and elderly care policies to address issues of child /elderly care givers training, care centres structure specifications, supportive infrastructure and sustainability.

ii. There is also the need for an increase in the budgetary allocation (at national and county levels) to help in the establishment and equipping of child care centres and creches.

iii. ECDEs are fully devolved function, but still lacks adequate infrastructure, qualified/trained teachers at the county levels. The available ECDE centres are also inadequate to cover county needs to village levels.

iv. There is need to establish guidelines for private and public operation of child protection centres and creches to ensure the protection and welfare of children is secured and safeguarded.

Potential of job creation

The potential for job creation is tested for the day care centres that constitute the most important loophole in childcare. The Employment Act of 2007 makes provisions for three months of fully paid maternity leave and from the end of maternity leave to the minimum age for benefiting from ECDEs centres (3-year-old), there is a huge child care needs gap that is mainly and insufficiently filled by the informal sector. All key informants who were interviewed for this assessment insisted on the enormous deficit for the 0-2/0-3 years old childcare services.

Assuming that childcare is provided for all children from the age when the maternity leave ends (assume 1 year) to the age when formal education starts (assume age 3 years) and that childcare workers to be hired – assume 1 worker can mind 7 children) would be paid a reasonable salary, slightly above the minimum salary, for instance 28,000Ksh per month, it is possible to calculate the number of jobs created by sex for childcare and related jobs as well as the annual income tax revenue (10%) the country could potentially gain and the contribution to GDP including VAT. Results, which can be disaggregated by county, show that it could generate more than 500,000 jobs, that the tax on salaries and VAT would represent 1.8% of national government expenditures (or 0.7% when the legal minimum wage is used) and 7.7% of government expenditures in the care sectors (or 2.8%) and the total amount of salaries would amount to 5.9% of total compensation of employees in the economy (or 2.1% with the minimum wage).

Furthermore, other indirect jobs would be created by the direct job creation of paid caregivers: for example, in the construction of day care facilities. Building new day care centres, but also new ECDE centres would therefore generate much more jobs, but whereas caregivers' salaries would be paid by the households (except by the poorest who could benefit from special allowances or vouchers), centres would have to be paid – at least partly - by the State: the investment costs need therefore to be assessed. The amount obtained, based on a 2016 study by the World Bank is relatively low (6 times lower than the amount of total salary generated), but it should be updated with more recent data on costs.

Policy roadmap

The policy roadmap results from discussions conducted during the training sessions with gender and planning officers of the Department for Gender, at national and county levels.

1 | INTRODUCTION

Within the implementation of existing international and national commitments to women's rights and gender equality in all areas of life, unpaid care work and the care sector deserve particular attention. Because of its importance in achieving gender equality, Sustainable Development Goal (SDG) 5 calls for recognition and value of unpaid care and domestic work through the provision of public services, infrastructure, and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate. Beyond this, care is a cross-cutting issue for achieving the SDGs. There is a growing concern about a childcare crisis that leaves alone millions of children without supervision of adults and entails severe social and economic consequences (Samman et al. 2016). In addition, concerns about ageing and lack of preparation to the corresponding care needs are rising, not only in developed countries that have shown their helplessness on the occasion of the COVID-19 pandemic, but also in the younger nations that will have to face very soon the challenges of ageing, as shown by demographic prospects.

In all societies the burden of childcare, eldercare and care of household members in general falls disproportionately on women's shoulders. This situation has important impacts on their participation in the labour market with decent work conditions, as well as on their participation in social and public life. One of the important causes for low participation of women in the labour market is their unequal share in the unpaid care work and the failure by the states to recognize, reduce, redistribute, reward the domestic and care work in the household sphere as well as in the care sectors of the economy: The 5R conceptual framework1 for analyzing and addressing care was completed by a 5th R for representation of unpaid care workers as well as paid care workers at policy-making and decision-taking levels. Addressing existing care deficits and inequalities is central to the progress in gender quality, poverty eradication, and economic growth. Gender equality is an important priority for all governments and so is the elimination of the barriers that hamper its achievement. Women's economic empowerment being key to achieving gender equality, poverty eradication, inclusive economic growth, and sustainable development, devising national policies that would enable women's empowerment and their equal engagement in the national economy requires its embedment into the 5 R conceptual and policy framework generally considered as a foundational component of the care needs assessment approach.

Though not referring explicitly to the 5 R, these concepts are largely embedded within the "Women Economic Empowerment Strategy 2020-2025" of the State Department for Gender (2019) through references to the SDGs targets.

This report intends to assess the care situation in Kenya. Section 2 will present the concepts and definitions of the care economy, as well as the 5 Rs overall conceptual and policy framework coined to tackle it and the methodology adopted for this assessment. Section 3 will assess the size and distribution by sex of unpaid care in Kenya on the basis of the recent time-use survey conducted by KNBS at national level in 2021. Section 4 will then attempt to assess the size of the care sector in its various dimensions (Education, Health, Social services and other personal services) on the basis of existing statistical data sources and in terms of employment, shares of GDP, Government expenditures. Section 5 will assess the supply of care services by the care sectors in education,

1 The 5Rs conceptual framework will be presented in section 2.2.

health, for early childhood, childhood, elder persons, persons with disabilities, in the public sector on the one hand, in the private sector on the other hand. The trends in the demand for care in the next years and decades are estimated in Section 6, on the basis of population prospects. Section 7 compares the supply and demand for care, identifies the priorities and estimates the volume of investments and the potential for jobs creation, as well as increase in government revenues in the various care sectors of the economy. Section 8 concludes with a tentative roadmap.

2 | CONCEPTS AND METHODOLOGY

2.1 What is the care economy?

Care is comprised of all those activities necessary for the day to day physical, psychological and emotional well-being of people. In a sense, it can be defined as reproductive work complementing and making possible productive work.

Care has two components: an unpaid care component which is provided within the households (and also between the households on a volunteer unpaid basis) and mostly by women, and a paid component which is provided by the care sectors of the economy: education, health, social sectors and paid domestic workers, all activities that are highly feminized (Addati et al. 2018).

Care can also be distinguished between "direct care", complemented by "indirect care". Direct care is comprised of care for children, for elderly, for household members with disabilities, etc. with activities such as breastfeeding, feeding, bathing and all supervisory care tasks, with counterparts in the care sectors such as teaching, nursing, etc. Indirect care is comprised of all the other household chores for household members such as preparing meals, washing dishes, washing and ironing textiles and clothes, cleaning the house, shopping, etc. Indirect care in the care sectors is comprised of all activities and workers necessary for the realisation of direct care: administrative tasks, cleaning, security, etc. There are also care workers in the other non-care sectors of the economy, for instance large companies or the administration can employ teachers in their training centres, or doctors, nurses in their health care facilities.

As stated in the ILO report on care work and care jobs for the future of decent work (Addati et al. 2019) and as it will be illustrated in this report, the care economy can be compared to an iceberg: its invisible part is the most important with more than ¾ of total care that need to be provided (mostly by unremunerated women within the households) in order that the whole socioeconomic system keeps functioning and running. The remaining visible part that represents ¼ of the total corresponds to the care services provided by the market, either by the public sector, the private sector or the community and the non-profit sector of the economy.

In turn, the whole care economy would represent ¾ of the total economy, if unpaid care were included in the measurement of the economy (GDP) (Charmes 2019a).

Hence the importance of recognizing this invisible part of human activities that makes possible the realisation of the economic activities as they are currently and actually measured. Such a recognition must go through making it visible. To achieve this, it is necessary to conduct a time-use survey and compile a satellite account of household production: Kenya engaged into these steps and the present care needs assessment would not be possible and complete without them.

2.2 The various actors of the care economy

The care economy may be thought as a market with consumers (recipients of care) and suppliers.

On the demand side, the main recipients of care are children (early childhood, school-aged children, adolescents), the sick and disabled members of the households, the elderly.

Four main actors intervene on the supply side of the care economy. The most important actor in volume and the least recognized is the households who provide the total of unpaid work and the bulk of total care work in the economy (in reference to the invisible basis of the iceberg, which

is below the waterline). The second actor is the State that provides public education, health and social services in quantities and quality that widely vary across countries and satisfy the needs of a greater or lesser number of categories of population. These services may be provided for free or against subsidized payments, depending on the more or less generous social protection system and its coverage of the population.

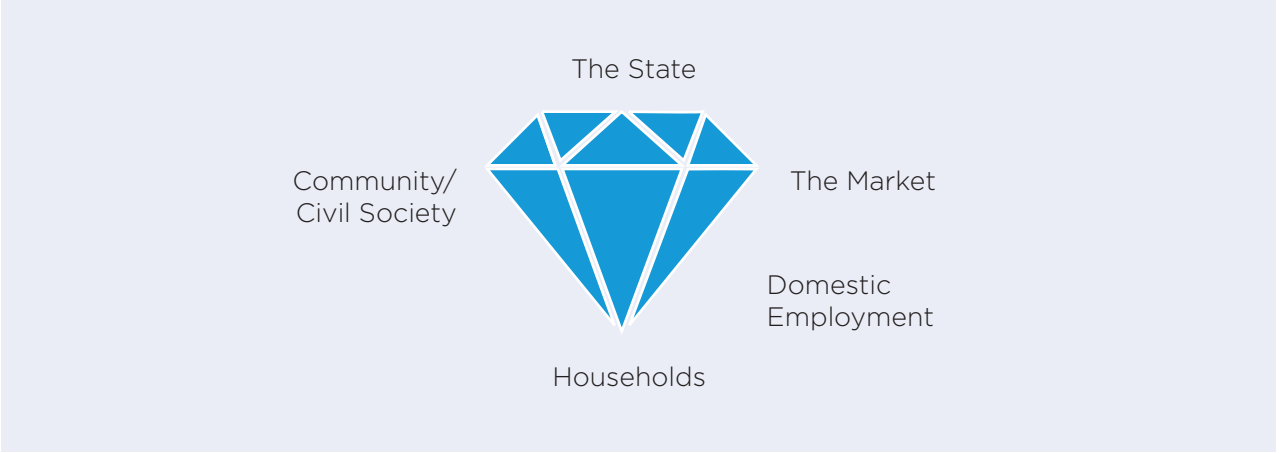


Figure 1: The care diamond

Source: UN Women online training materials 'Introduction to the Care economy'

The third actor is the market where the private sector may complement the State by providing the same services as the public sector (education, health, other social services) against payment by the households. On the labour market, domestic workers also offer their services to households.

Lastly, the community and non-profit associations of civil society often make up for the State's shortcomings and the lack of interest from the private sector by supplementing free or low cost care services in the neighbourhoods (community) or in remote areas and among marginalised populations in informal urban settlements (CSOs).

The care economy in a country is a specific combination of the care services supplied by these four actors. The care needs assessment attempts to identify their contribution in the national context in view of reaching a better balance between actors on the supply side and a better balance between demand and supply at the global level.

2.3 The 5 Rs conceptual and policy framework

Because the burden of unpaid work is thought as a major (if not the major) obstacle to women's economic empowerment, strategies and policies for assessing, alleviating and overcoming this obstacle have early been discussed, and improved over the years.

In the UNIFEM 2000 biennial report on Progress of Women and in the aftermath of the 1995 Beijing Conference that stressed the importance of unpaid work and recommended its measurement with the aim of supporting policies focused on unpaid care, Diane Elson (2000) framed the three first Rs. The two last Rs were added in 2017 when, following the recommendations of the UN High Level Panel on Women's Economic Empowerment (UNHLP 2017) focus was, in turn, put on the care sectors of the economy that are highly feminised and low paid: The panel called for paid care work to "be decent work, with adequate wages, equal pay for work of equal value, decent working conditions, formalization, social security coverage, occupational safety and health regulations, self-care, professional training and professionalization, and freedom of association". The 5 Rs intersect various policies as shown on Table 1 below:

Table 1: The 5 Rs conceptual and policy framework for the care economy

Main policy areas	Policy recommendations
Care Policies	**R**ecognize **R**educe **R**edistribute unpaid care work
Macro-economic policies	
Social protection policies	
Labour policies	**R**eward: More and decent work for care workers
Migration policies	**R**epresentation, social dialogue and collective bargaining for care workers

Source: Addati, Laura; Cattaneo, Umberto; Esquivel, Valeria and Valarino, Isabel, ILO (2018).

Recognition is the first step for raising awareness among the political spheres and the economic actors of the disproportionate burden of care that women face within the household, that prevents them from engaging and remaining into income-generating activities, and when they engage, the unavailability of trustful and quality care services provided by the State or by private actors is another impediment. Recognition requires time-use surveys and estimates of household production. Recognition opens the door towards reflections about the design and the adoption of policy measures for *Reduction* of unpaid care work through the supply of adapted and quality care services commensurate with the needs of the population, including paid domestic work. Reduction also goes through *Redistribution* of unpaid care between women and men within the household: this implies tackling social norms and gender stereotypes, through various policy measures such as raising awareness among various spheres of the society, especially – but not only - by using mass media. Care policies, macroeconomic policies and social protection policies are concerned when implementing the three first Rs, for instance by giving priority to early childhood care centres (care policies) or day care centres, giving priority to social sectors and extending social protection coverage – horizontally, i.e. to more categories of population, as well as vertically, i.e. with more benefits -, in a time when these sectors have rather been the adjustment variables of macroeconomic policies oriented towards budget tightening. And finally, given that the care sectors of the economy have an important role to play in the reduction and the redistribution of unpaid care work, *Rewarding* these jobs (teachers, nurses, domestic workers, etc.) with better pay and access to social protection benefits is also required to achieve quantitative as well as qualitative objectives that will not be reached without an adequate *Representation* of these workers and an active social dialogue with their representatives (including unpaid care workers, i.e. mothers): Unpaid and paid care workers must be able to have their voice heard and listened to at the various levels of policy-making and decision-making. This last R is intersecting labour policies and migration policies, given that migrants are often employed in the care sectors (including abroad).

Finally, it should be stressed that the two last Rs are applicable to unpaid care workers, as well as to paid care workers, because they also need to be represented and rewarded through social transfers and there are many examples of such social transfers and rewards in various countries.

2.4 Methodology for the national care needs assessment

The 5 Rs conceptual and policy framework was made operational in order to conduct care needs assessment at national level. A practical conceptual framework and the related methodologies were designed by the ILO-UN Women Policy tool "A Guide to Public Investments in the Care Economy" (Ilkkaracan 2021). The care needs assessment for Kenya follows this guide.

As mentioned above, there are two dimensions in care: The first dimension is unpaid care which is measured by time-use surveys, and the second dimension is paid care which is an economic activity. Both need to be properly measured to highlight the reality of the care economy as an iceberg. Both measures address the first R (recognition).

1) Measuring unpaid care work. Unpaid care work is defined as comprised of household production, itself comprised of direct care to household members and indirect care including household chores of domestic production. It is also comprised of i) volunteer and community work, in particular, unpaid help to other households that can play an important role in some communities and categories of population and ii) productive activities (in the sense that they are included in the GDP), such as fetching water and firewood and more generally the production of goods for own final use. In this assessment unpaid care work in its various dimensions (child-care, adult care, elderly care and care of persons with disabilities) will be measured through the time-use survey carried out in 2021 by KNBS. Specific tabulations were required in order to fit the needs of the present study.

2) Measuring paid care work. Paid care work relates to health care and social services, education, domestic services and other personal services (such as for instance waste-pickers). Sources are labour force and income budget household surveys, the 2019 Population Census, the compilations of the Economic Survey by KNBS, as well as administrative sources from technical departments of Education and Health.

3) The quantification of demand for care is based on demographic and socio-economic data. More specifically the following indicators were considered:

   Population by age group and sex (early childhood, primary school age, secondary school age, older persons (65+), number of persons with disabilities, the trends over years and the demographic perspectives. Population of working age, activity and employment rates, by sex and age group. These data can be scrutinized at regional (county) level if available.

   On the demand side, a specific analysis of the time-use survey assesses the potential demand for childcare by comparing the number of hours dedicated to childcare by non-working mothers with the number of hours dedicated by working mothers, the gap being a measure of the amount of childcare time working women delegate to other actors of the care sector.

4) Regarding the quantification of supply of care services, the approach used entailed the gathering of all statistical data available at national level from sectoral departments (Education, Health) and at international level on paid care work (provided that the information on unpaid care work is obtained from the time-use survey, which is the only source).

5) Lastly, the costing of the care coverage gaps consisted of the following steps and components:

   i) Determining the prevailing unit cost through sectoral expenditures:

      - Wages costs vs non-wage costs

      - Existing number of beneficiaries

   ii) Adjusting unit cost for service quality criteria

      - Existing and target service receiver-to-provider ratios, for instance pupils/teacher ratios

      - Any other quality measures

   iii) Adjusting unit cost for employment quality criteria by comparing the existing earnings in care occupations to other measures of earnings (average or median wage in all occupations) and setting target wages

   iv) Finding the total cost

      - Number of additional service receivers to be covered

6) Besides the collection of statistical and qualitative data available, an assessment of care coverage gaps requires to look more in-depth at various normative frameworks. These include:

   i) Legislation concerning social protection and particularly the social care systems regarding early childhood, long-term care services for the disabled and the elderly:

      - who has the right to access and at what conditions, staffing and other quality requirements, monitoring systems,
      - who has the responsibility to provision;
      - existence of leave policies, family-friendly working arrangements, regulation of domestic workers, etc.

   ii) National plans and government policies;

   iii) Norms, standards, practices regarding who is generally in charge of care of dependents;

   iv) Care-relevant infrastructure: list of public and private institutions in the related domains.

7) Interviews with Key Informants were conducted after the collection of existing and available information. The interviews focused on their domain of expertise, in order to fill the gaps during the interviews. The objectives of the interviews with key informants are to get a better understanding of the issues at stake in the domain, of the main solutions and recommendations that, as actors deeply involved in the field, they can suggest and finally, to identify works in progress and a grey internal literature that is often not well-known or not easily accessible. The qualitative approach will be confronted with quantitative assessment and will help identifying the gaps and elaborating the recommendations.

21 key informants were interviewed, mostly through virtual meetings (5 state actors, 16 non-state actors). The list of key informants can be found in annex B.

Interview's guides (see Annex A) for State actors and for non-State actors were prepared to cover all of the above-mentioned subjects and items. Provided that quantitative data identified prior to the interviews or obtained from the key informant, the discussion also tried to collect qualitative opinions on these subjects, for instance: are wages in the sector or profession sufficiently attractive? Could you assess the quality of services in the public sector as compared with the private sector? A specific interview's guide was also prepared for KNBS. Most of the interviews were conducted virtually (some face-to-face). Some of them were tape-recorded.

Table 2 summarizes the various steps of the approach.

Table 2: Summary of operationalization of the care needs assessment

Name	Indicators	Data sources	Which of the 5Rs is addressed	Section of this report
Unpaid work	Time spent in unpaid care work by sex, detailed activities, type of household	KNBS Time use survey 2021 (results and report expected soon)	1	3
Paid care work	Employment by sex, public and private, value added, compensation of employees, by sector (education, health, households as employers)	KNBS Economic survey 2022 (and previous years) KNBS 2019 Population Census (unpublished data) Ministry of Education (Basic education Statistics Booklet 2019) Ministry of Health	1-2-3-4	4
Demand for care	Population prospects by 1-year and 5-year age groups	KNBS 2019 Population Census UN Population Division: World Population Prospects 2022	1	6
Supply of care services			1-2-3	5
Costing of care coverage gaps			2-3-4	7.2 7.3
Legislation/Norms/ Infrastructures			2-3-4-5	Annex C
Interviews with Key informants			1-2-3-4-5	7.1

3 | UNPAID CARE IN KENYA: AN ANALYSIS OF THE 2021 TIME-USE SURVEY

An important share of care provision necessary for ensuring the productive and reproductive life of human beings takes place within the households without remuneration: this is why it is qualified as unpaid work. Therefore a national care needs assessment must take this component into account, all the more so as the share of unpaid work performed within the households is directly affected by the volume and the quality of the supply of care services within the economy, by the public and the private (formal as well as informal) sectors.

In this section we will first recall the definitions, concepts and measurement methods of unpaid work (section 3.1), then prior knowledge on these matters in Kenya (section 3.2) until the implementation of the first national time use survey in 2021 (section 3.3), the results of which will be presented and compared with other countries in sub-Saharan Africa and with other regions in terms of time spent in various unpaid activities and gender gaps (section 3.4).

3.1 Definitions, concepts and measurement methods of unpaid work

Unpaid work, which is comprised of *unpaid domestic work* also called *'indirect' care* (household chores such as preparing meals, washing dishes, washing clothes and textiles, cleaning the house, shopping, etc.) and *unpaid care* (*'direct' care*) such as child care, elderly care, care of other adults (sick, disabled), and also *unpaid work for other households or the community*, can be altogether gratifying and a drudgery. It disproportionately falls on women's shoulders and its recognition is the first step toward its reduction and redistribution.

Time-use surveys are the privileged instrument that clearly shows the reality of this burden and its unequal distribution between women and men. They consist in the administration of a diary where the person interviewed enumerates all activities performed during a 24-hour day, starting from wake up to bedtime along short time slots and following a classification of time use activities (such as the UN International Classification of Activities for Time Use Surveys ICATUS): the main aggregate activities are presented in box below:

Major divisions of time-use activities in ICATUS

1 Employment and related activities
2 Production of goods for own final use
3 Unpaid domestic services for household and family members
4 Unpaid caregiving services for household and family members
5 Unpaid volunteer, trainee and other unpaid work
6 Learning
7 Socializing and communication, community participation and religious practice
8 Culture, leisure, mass media and sports practices
9 Self-care and maintenance

Note: commuting and travel are associated to their corresponding activities
Source: https://unstats.un.org/unsd/gender/timeuse/23012019%20ICATUS.pdf

The category "production of goods for own final use" deserves special attention, because it is at the borderline of unpaid work in its broad sense. Although these activities contribute to the wellbeing of households and are counted in the GDP (as far as data exist) by the System of National Accounts (SNA) so that an income is imputed to this aim, they are unpaid and are sometimes added to unpaid work. In what follows, these activities are added up with paid work to constitute a category called SNA productive work to be opposed to non-SNA productive work corresponding to the unpaid domestic and care work within the general production boundary.

3.2 Prior knowledge on time-use and unpaid work in Kenya

In Kenya, Oxfam was one of the first CSOs to have attempted to measure time use by conducting its Household Care Survey in five informal settlements of Nairobi (Kibera, Mathare, Mukuru, Kawangware, and Korogocho) between October 2018 and March 2019 (Oxfam 2019): The study was a cross-sectional analytical survey design, where a total of 328 women, 42 men, and 93 children (48 male and 45 female) took part (among a population of some 20,000 women small-scale traders and 10,000 women domestic workers). The findings on time-use distribution of unpaid care and domestic work between men and women, show that women had by far, the greatest responsibility for unpaid work spending 5.0 hours on primary care (i.e. care as the dominant activity), 11.1 hours on any care (i.e. including secondary care, simultaneously with primary care), and 5.3 hours on paid care, compared to men who spent 1 hour on primary care, 2.9 hours on any care, and 10.5 hours on paid care (Oxfam, 2019). The Oxfam survey further established that 55% of the women who took part in the survey either suffered from injury, illness, disability, or other mental /physical harm due to unpaid work, while a further 22% suffered from a serious or incapacitating injury due to unpaid work.

A Covid-19 Gender Assessment study by UN Women (2020) in collaboration with UNFPA-Kenya, Care-Kenya, OXFAM-Kenya, UNILEVER Tea-Kenya, State Department for Gender, Kenya National Bureau of Statistics (KNBS), and the Kenya Institute for Public Policy Research and Analysis (KIPPRA), established that, although COVID-19 generally increased the time individuals spent on both unpaid care and domestic work, a higher proportion of women than men spent more time in unpaid care work during this period. The increase was higher for unpaid care work related to children, such as minding children at 40% for women and 37% for men; teaching children at 53% for women and 15% for men; and caring for children at 41% for women and 39% for men. This is likely to have affected their labour participation with the new norm of working from home.

3.3 The 2021 national time-use survey conducted by KNBS

However, the above-cited surveys and studies are neither nationally nor socially representative. The national time-use survey conducted by KNBS in 2021, on a national representative sample of 16,945 households and 24,004 individuals aged 15+ allows us to take the exact measure of unpaid work and of its distribution among women and men, not only at national level and globally, but also at county level and for various categories of population, across age groups, activity and employment status, marital and family status, among other characteristics of the respondents.

The survey used the diary method and was carried out over an entire year so that seasonal variations are taken into account. Detailed tables at one-digit and two-digit of the ICATUS allow us to understand how Kenyan women and men spend their time and in particular in unpaid domestic and care work and to assess gender gaps in the distribution of the related tasks.

3.4 How Kenyan women and men spent their time and how much time do they spend in unpaid work? The supply of unpaid care services by the households

Figure 2 displays the use of time Kenyan women and men make during an average 24-hour day. This average takes into account weekends and weekdays, seasons, vacations and participations rates of the population in the various activities, meaning that these results can be extrapolated to the entire year by a simple multiplication by 365.

Figures 3 and 4 present the same average day for sub-Saharan Africa (not including Kenya) and for the world (79 countries).

Differences are tiny but insightful.

In Kenya, women and men spend approximately the same time in *personal care and maintenance* (sleep, rest, meals, etc.): 11 hours and 49 minutes and 11 hours and 52 minutes respectively, or 3 minutes less for women, whereas women spend more time than men in these activities at sub-Saharan Africa level (11 minutes more) and at world level (18 minutes more), More or less half-day is dedicated to personal care and maintenance.

Looking now at *unpaid domestic and care work*, we can see that Kenyan women spend 4 hours and 38 minutes per day against only 1 hour and 1 minute for men, that is 4.6 times more time for women than men, not to mention that there is a gender inequal distribution of unpaid tasks within the sphere of unpaid work (for instance women are more dedicated to the preparation of meals or to bathing and feeding young children, whereas men are more dedicated to shopping or home repairs). This gap is neatly higher than the average for sub-Saharan Africa (2.9 times) or for the world (2.4 times). Over a year, that makes an equivalent of 196 full-time workdays (of 8 hours) for women, against 46 workdays for men. Multiplied by the population aged 15+, this provides an idea of the equivalent number of full-time workers per year that would be necessary to be hired if these care services were not performed for free within the household: respectively 10,146,967 workers ((196*14,806,289)/26*11))[2] and 2,286,330 workers ((46*14,215,001)/(26*11) in an entire year, for a total of 12,433,297 workers to be compared with the 17,187,670 workers employed in the economy (see Table 6 infra)[3], an illustration of the iceberg referred to in section 2.1 supra: this figure of more than 12.400.000 workers (invisible part of the iceberg) is to be compared with the figure of 1,370,000 workers in the care economy who represent the visible part of the iceberg (as per Table 10 infra). It is interesting to note that such calculations can be made at county level, given that the 2021 Kenya time use survey is representative at county level.

The gender gap in *paid work (including production of goods for own final use)* is also important and close to the world average: women work for pay or profit hardly half the time (0.57) men dedicate to these activities: respectively 3 hours and 21 minutes, against 5 hours and 52 minutes. The gap is even broader if we exclude the production of goods for own final use (0.46). The gender gap in paid work is respectively of 0.68 in sub-Saharan Africa and of 0.57 at world level.

If we add up all forms of work (paid and unpaid), Kenyan women work 7 hours and 59 minutes (which is quite high by African standard) whereas men work 6 hours and 53 minutes, resulting in a gender gap of 1.16: women work 1.16 time more time than men: This is more than the world average (1.11) but less than the sub-Saharan Africa average (1.18).

Finally, women have less time than men to devote to leisure (in Figures 3, 4 and 5, we have aggregated the activities of 'socializing' and of 'culture-leisure'): 3 hours and 31 minutes against 4 hours and 21 minutes for men.

2 If we assume that there are 26 days of work per month and 11 months of work per year. But this assumption could be not taken into account, provided that unpaid care work is due each day, and not only each working day.

3 Such calculations are examples of the exercises to be conducted in the building of satellite accounts of household production that KNBS will implement as the next phase of the time-use survey.

From Figure 3 we can see that women's burden of unpaid work impacts their participation in paid work and in leisure.

Figure 5 ranks countries by decreasing order of time spent in total unpaid work and for each of the components of unpaid work.

We can see that Kenya ranks third from the top for time spent by women in unpaid work (with 278 minutes per day), just after Ethiopia and Tanzania, and 8th from the top for men (with 61 minutes per day). The difference in ranks is an indicator of inequality between women and men, the Kenyan average for women is neatly above the sub-Saharan Africa average, and the average for men is neatly below the sub-Saharan Africa average.

Figure 6 ranks 80 countries by increasing order of the share of women in total unpaid work (sub-Saharan Africa countries are in red, Northern African countries in dark blue and Kenya in black). With 82% of the burden of unpaid work falling on women's shoulders, Kenya is well above the world average (72.3%) and even the sub-Saharan Africa average (74.7% on Figure 7).

Sub-Saharan African countries scatter all over the spectrum with a majority of countries above the world average, whereas the burden of unpaid work tends to be heavier on the continent than in other parts of the world.

Finally, Table 3 and Figure 8 show the time spent by women and men in unpaid domestic and care work according to various categories of household composition or activity status. The average for all households (in yellow and italics) is of 278 minutes per day for women and 61 minutes for men. The various categories of households are ranked by increasing order of time spent by women in unpaid work.

It appears that the households with child/children aged less than 6 years are those where women spend the longest time in unpaid work with 336 minutes (or 5 hours and 36 minutes) per day. These households are also characterized by the shortest time spent in unpaid work and the longest time in paid work by men. Above the average, we also find households with size 7+ and households with children 6-13. Analyses based on survey microdata will, in the near future, assess the additional time in unpaid work by women (and by men) caused by the arrival of a new child, as well as the reduction of time spent by women in paid work. They should also address the impact of a reduction in unpaid work on female paid work (if for example childcare services were mad available).

At the lower end, in the households with elderly living alone the shortest time spent by women in unpaid work is observed as well as the longest time spent by men in these activities. Households with elderly aged 70+ are also characterized by similar features.

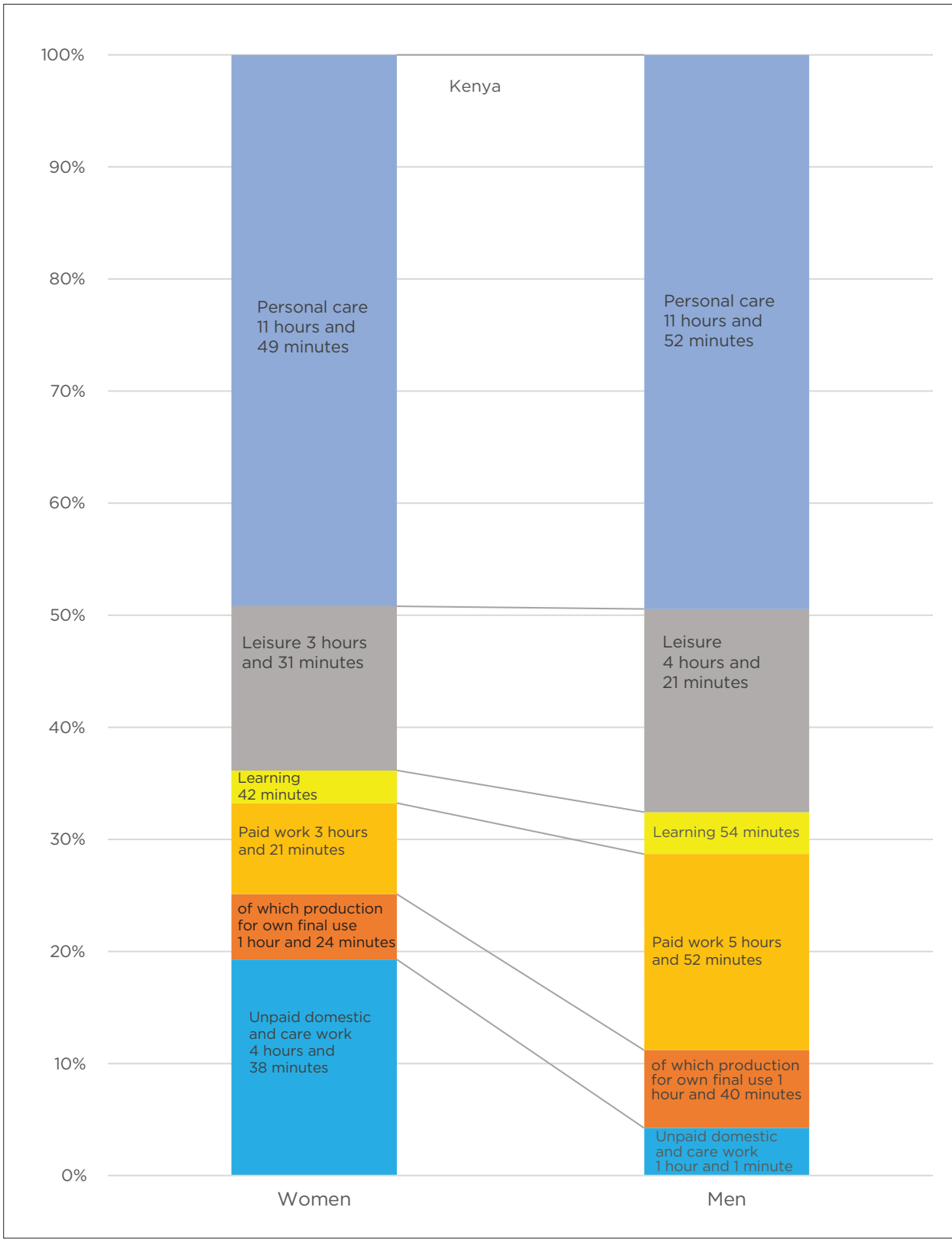


Figure 2: The average day of women and men in Kenya (2021)

Source: Based on KNBS (2022), Time use survey Kenya 2021.

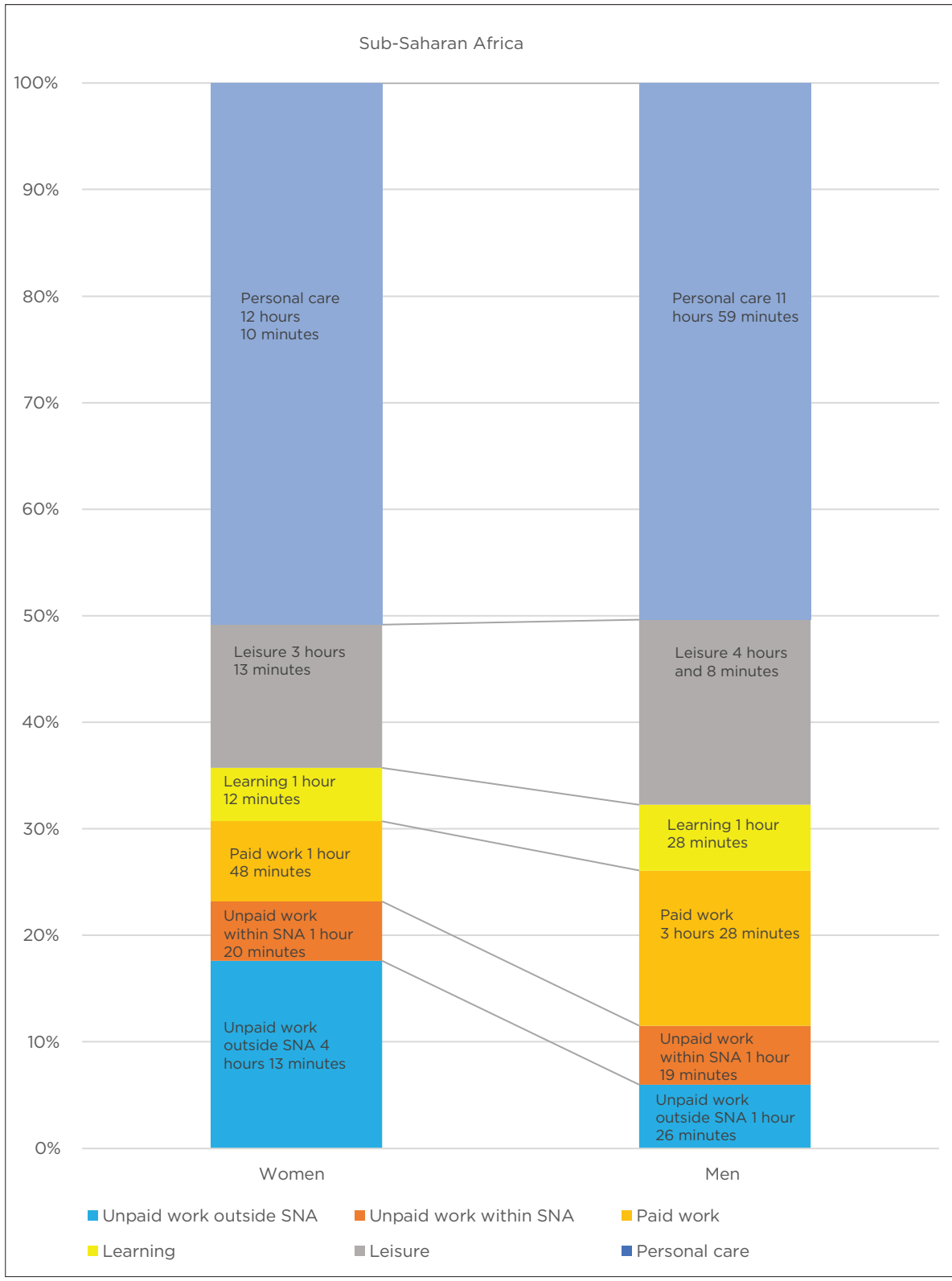


Figure 3: The average day of women and men in sub-Saharan Africa (10 countries)

Source: Charmes (2022, forthcoming)

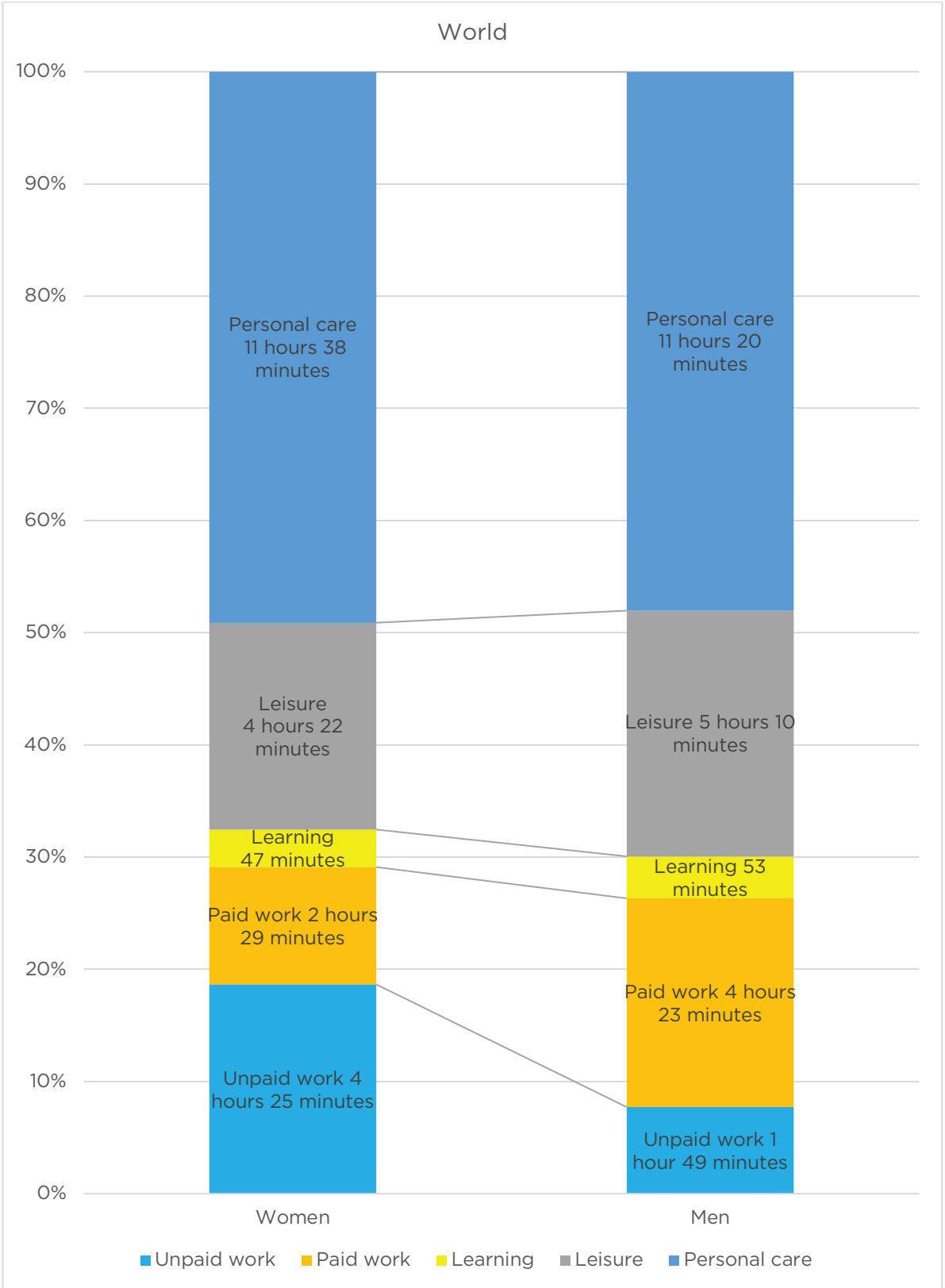


Figure 4: The average day of women and men in the world (79 countries)

Source: Charmes (2022, forthcoming)

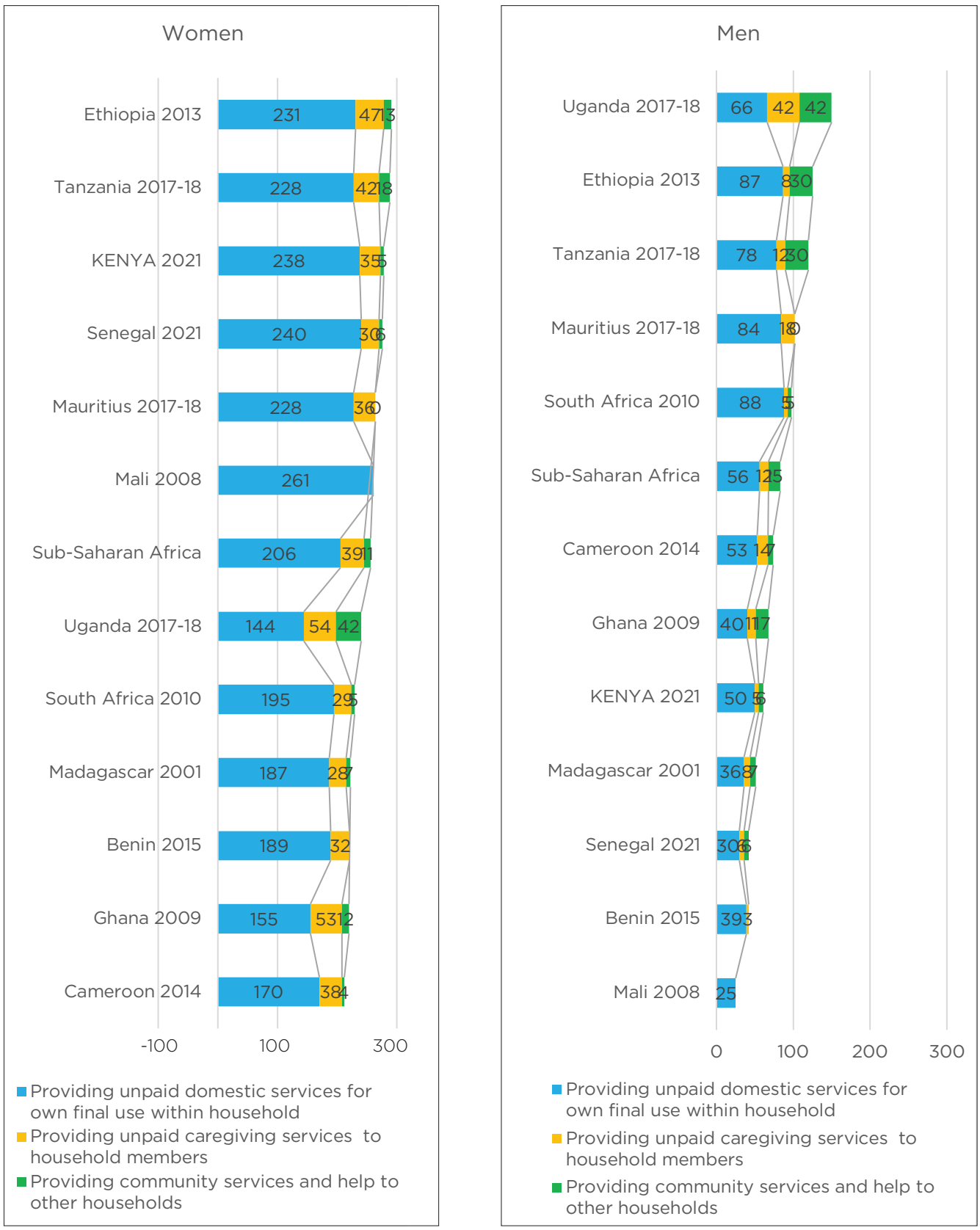


Figure 5: Time spent by women and men in unpaid work (in minutes per day)

Source: Charmes 2019a, b and c

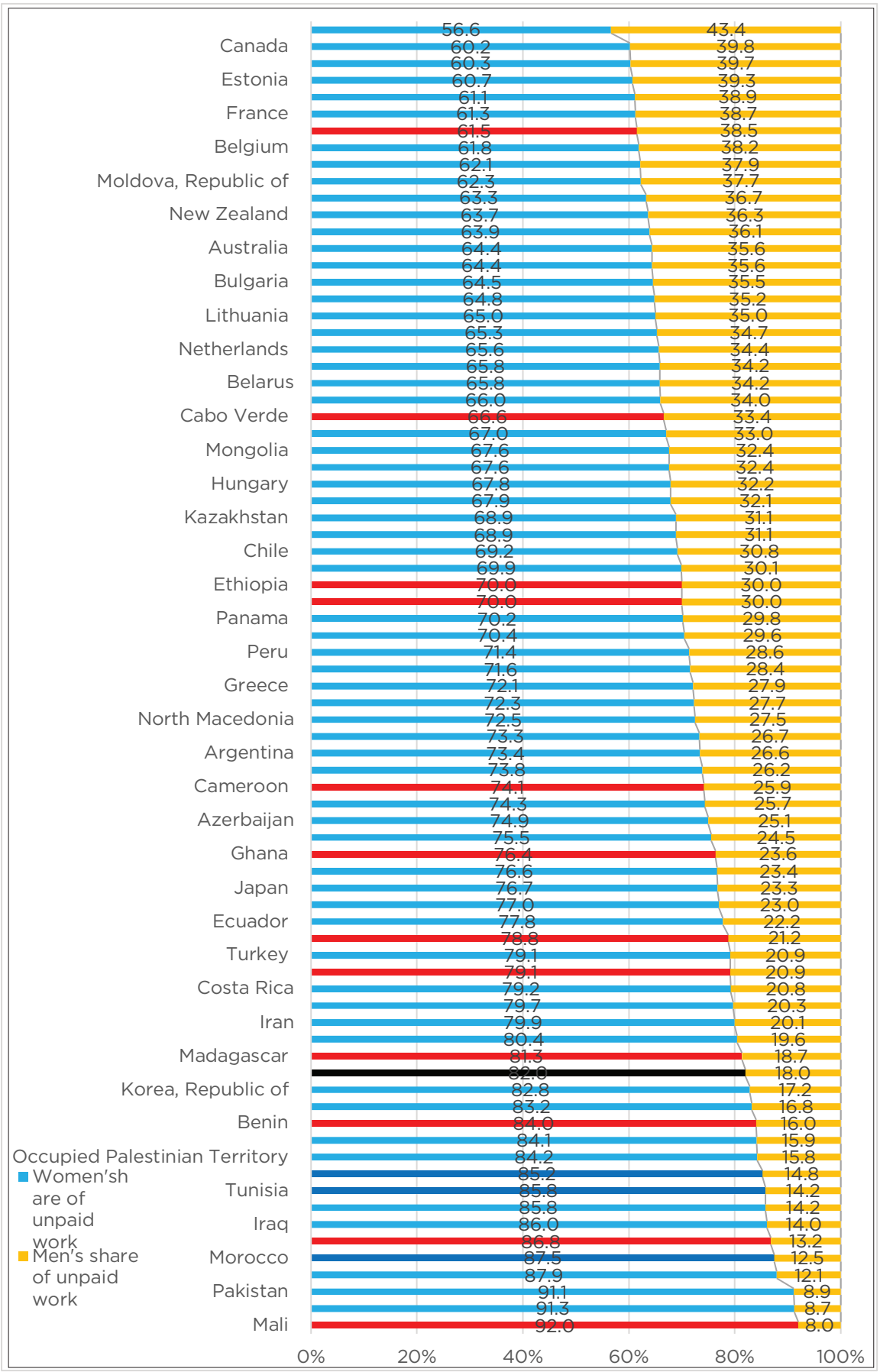


Figure 6: Women's share of unpaid work

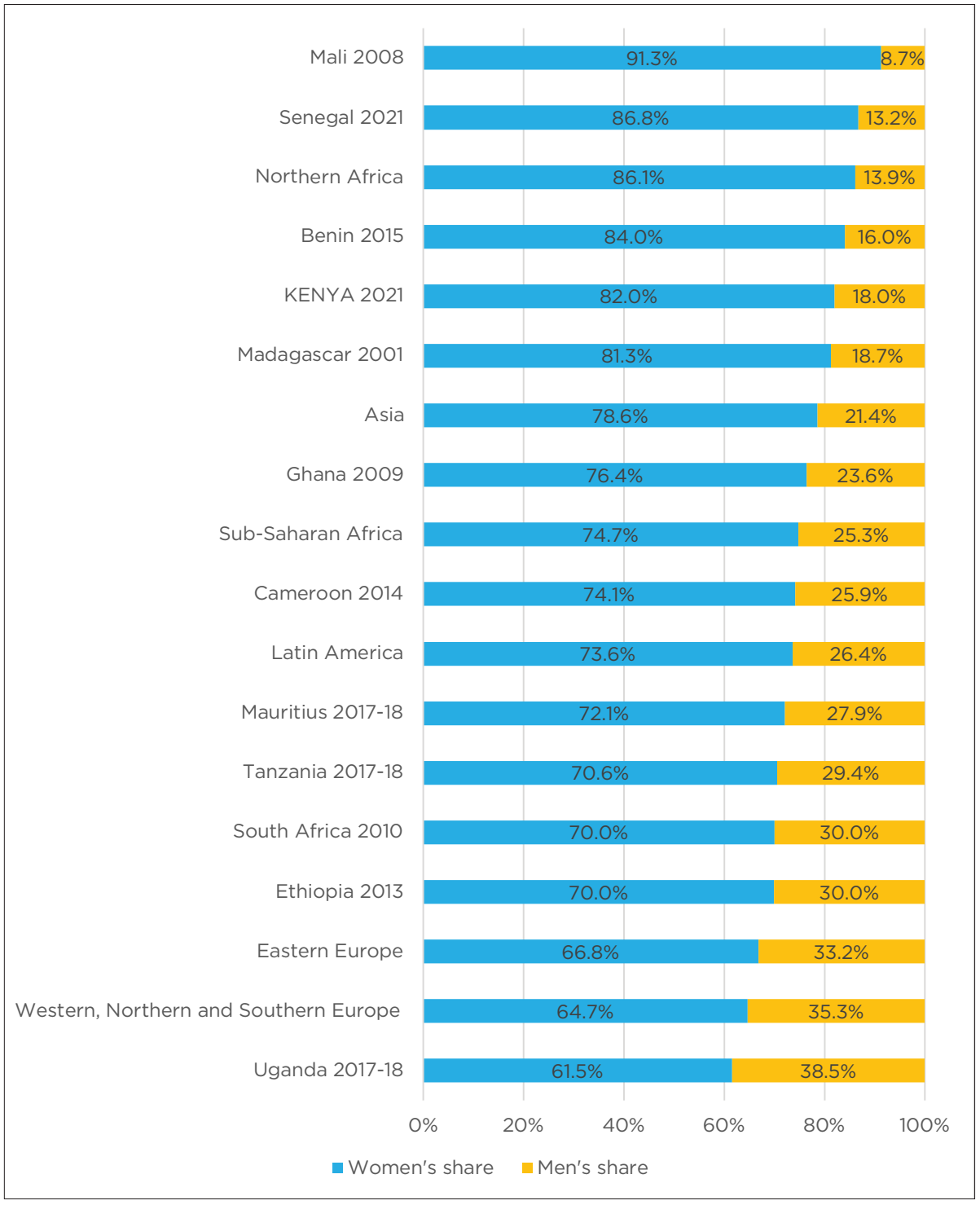


Figure 7: Women's and men's share of unpaid work in sub-Saharan African countries and other regions of the world

Source: Charmes, 2019a, b and c

Table 3: Time spent by women and men in paid and unpaid work by household characteristics/household composition

Household composition or activity status	Unpaid domestic and care work		Paid work (including production for own final use)	
	Female	Male	Female	Male
Households with elderly living alone	165	95	120	215
Households with elderly 70+	192	59	146	248
Working	259	55	291	429
Household with at least a child	264	66	200	359
Households with size below 7	277	63	205	365
All households	*278*	*61*	*201*	*352*
Households with size 7+	279	43	179	292
Households without elderly 70+	281	60	203	356
Households with children 6-13 years	288	49	223	345
Households with no child	297	49	201	341
Inactive	299	76	59	90
Households with child/children <6 years	336	48	186	393

Source: KNBS (2022), Table 4.6.
Note: Categories are ranked by increasing order of time spent by females in unpaid domestic and care work

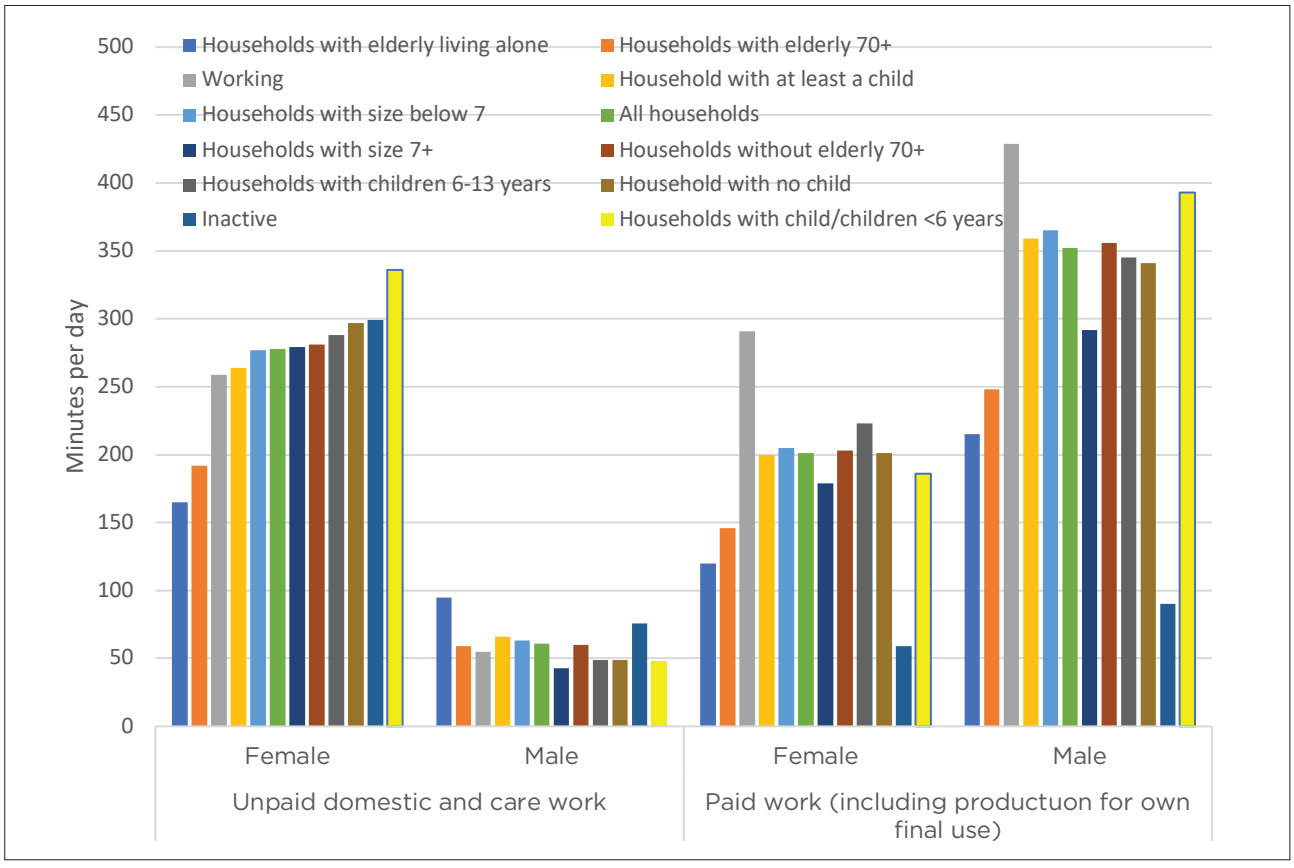


Figure 8: Time spent in unpaid work by sex and household composition

Source: Table 3 supra.
Note: Categories are ranked by increasing order of time spent by females in unpaid domestic and care work

4 | SIZE OF THE CARE SECTOR IN THE KENYAN ECONOMY

This section draws heavily on the KNBS Economic Survey (2022 issue, as well as previous issues). For Non-Kenyan readers, it is important to mention that contrary to its title, the Economic survey is not a survey, but rather a bi-annual compilation of multiple sources of information by KNBS, such as administrative statistics produced by technical departments (Health or Education for example), as well as household and enterprise surveys carried out by KNBS. Among many chapters, it includes data on Employment, Earnings, National accounts, public finance, National and county expenditures, Education, Health, Social and economic inclusion, as well as emerging issues. It corresponds to a statistical Yearbook.

4.1 Definitions and methodology

The term 'care sector' refers to paid workers in the care sectors of the economy: By convention, the care sectors are the education sector, the health and social work sector, as well as some other personal services such as paid domestic workers, and also waste-pickers for instance. All paid workers in care sectors are not care workers given that the care sectors also employ non-care workers, such as administrative staff and other supporting staff for cleaning or security for example. Moreover, there are care workers in non-care sectors, for instance there are teachers, doctors, nurses in the manufacturing sector or any other sector (where large companies – such as Safaricom or commercial banks - may have facilities for training their staff or caring for young children during working hours of their staff) or any other sector.

Distinguishing between care workers and non-care workers in care sectors and in non-care sectors requires a tabulation of data from the 2019 population census cross-classifying employment at 2-digit level for the industry groups (ISIC classification Rev. 4) and at 2-digit level for occupational groups (ISCO). KNBS provided the tabulation of employment by 1-digit ISIC (21 sections from A to U) and 2-digit ISCO[4]. Using these results of the Population Census and the Economic Survey, we were able to distinguish paid workers in the formal sector on the one hand and informal workers on the other hand, in the education sector, the health and social work sector and domestic workers (ISIC group Households as employers). The cross classification of population census data and their comparison with data from the Economic Survey allowed us to deduct the number of care workers operating in the informal sector (or informally employed in the formal sector) as equivalent to the residual balance between total employment on the one hand, and employment in the formal sector as per the Economic Survey on the other hand.

These same care sectors can also be distinguished in the GDP estimates, as well as for aggregates such as compensation of employees (wage bill), gross operating surplus/mixed income (profits), and in the Government and County expenditures, for recurrent expenditures as well as for development expenditures: Time series for both types of aggregates (GDP and Public expenditures) are compiled from the Economic Survey.

4 ISIC at 2-digit level was not processed

4.2 Size of the care sector in terms of employment

KNBS Economic survey provides details of wage employment in the modern sector, by public and private sector and by sex for the years 2017 to 2021. Previous years can be found in earlier issues of the Economic Survey. Table 4 and 5 hereafter show that the share of the care sectors in total modern wage employment has continuously grown since 2017, from 28.8% in 2017 up to 30.3% in 2021 (Table 5), even if, in absolute terms, these sectors have experienced a decrease in 2021, due to the COVID-19 pandemic. However, the care sectors (at least the education and health sectors) were less impacted than the rest of the economy and the observed decrease in numbers did not translate into a relative decrease of their share in employment. It is more problematic to assess the situation of domestic workers, who were the first ones to lose their jobs when their employers experienced economic hardships.

Looking at the distribution of employment in the care sectors between the public sector and the private sector (Tables 4 and 5), we see that the formal private sector, which represented 52.4% of total formal employment in the care sectors in 2017 has significantly reduced its share in 2021 (50.6%), its dynamic having greatly suffered from the pandemic in 2020. In the education sector its share decreased from 37.8% in 2017 to 34.6% in 2021 with a low at 32.2% in 2020, and in the health and social sector the decrease was also significant and continuous, from 71.6% in 2017 to 69.2% in 2021, in continuous decrease since 2019.

The care sectors are a more important source of formal wage employment for women than for men. Over the years, these sectors have provided more than 40% of total formal female wage employment (40.3% in 2021, down from 42.5% in 2017), against a little bit more than 23% of male formal wage employment. All in all, women represent 52.3% of total formal wage employment in the care sectors in 2021 (against 39.3% in formal wage employment in all sectors) in progress from 51.3% in 2017 (against 34.8% in total formal wage employment).

In total employment however (Table 6), the formal care sectors represent only 4.9% in 2021 (against 5.2% in 2015) and this share was maintained for most years of the period, except in 2019 when the source of the denominator changed (quarterly labour force survey) and in 2020 when the impact of the pandemic was felt. The formal care sectors accounted for 11.4% of total non-agricultural employment in 2019. It must be kept in mind that employment in the care sectors, as it has been calculated, does not include the informal sector (except a part of the domestic workers) nor the care workers in the non-care sectors. We are going now to use the detailed results of the 2019 population census cross-classified at one-digit for industry groups and two-digit for occupational groups in order to measure these components of the care economy as well as its informal component.

Tables 7, 8 and 9 cross-classify employment by sex, and by industry groups at 1-digit of the ISIC Rev.4 classification[5] and by occupational groups at 2-digit of the ISCO-88 classification[6]. Cross-classification at 4-digit level can be found in annexes D1 to D3.

5 ISIC Revision 4 https://unstats.un.org/unsd/publication/seriesm/seriesm_4rev4e.pdf
6 ISCO-88 https://www.ilo.org/public/english/bureau/stat/isco/isco88/index.htm. KNBS classification of occupations does not fit exactly with ISCO-88, but it follows its structure.

Table 4: Wage employment by industry and sector (2017-2021)

In thousands	2017			2018			2019			2020			2021		
	Both	M	W	Both	M	W	Both	M	W	Both	M	W	Both	M	W
Education	550.8	288.1	262.7	579.1	318	261.1	598.1	317	281.1	563	287.2	275.8	609.2	310.7	298.5
*Private	212.1			223.9			228.7			181.1			210.6		
*Public	349.6			354.9			369.1			381.9			398.6		
- Teachers Service Commission	302.9			313.6			324.5			331.1			349.9		
Human health and social work activities	139	58.8	80.2	148.7	66	82.8	158	71.4	86.6	148.8	65.4	83.4	154.1	69.9	84.2
*Private	102.2			108			114.6			103.6			106.7		
*Public	40.6			40.2			42.8			45.2			47.4		
Households as employers	115.4	45.5	69.9	115.8	48.3	67.5	116.4	62	54.4	117	39	78	117.9	40.1	77.8
Total care sectors	805.2	392.4	412.8	843.6	432.3	411.4	872.5	450.4	422.1	828.8	391.6	437.2	881.2	420.7	460.5
Private	429.7			447.7			459.7			401.7			435.2		
Public	390.2			395.1			411.9			427.1			446		
Total wage employment in the modern sector	2,792.7	1,685.8	970.8	2,859.7	1,845.2	1,014.8	2,928.4	1,888.1	1,040.2	2,742.6	1,680.6	1,062	2,907.3	1,765.4	1,141.9
Private	1,959.5			2,017			2,063.2			1,858			1,984.2		
Public	833.2			842.7			865.2			884.6			923.1		
- Regular				2,212.5	1,408.4	804.2	2,241.9	1,410.4	831.5	2,257.7	1,385.9	889.8	2,398.5	1,456.4	942
- Casual				647.4	436.8	210.6	686.4	477.7	208.7	416.9	294.7	172.2	508.8	308.9	199.9
Care sectors in % of total wage employment	28.8%	23.3%	42.5%	29.5%	23.4%	40.5%	29.8%	23.9%	40.6%	30.2%	23.3%	41.2%	30.3%	23.8%	40.3%

M= Men: W = Women

Source: Economic Survey 2022 (Table 3.2 and 3.4).

Note: Because they are extracted from two different tables, there are some discrepancies between the distribution by sex and the distribution by public/private. We privileged the total by sex, except for total wage employment where the total is derived from public + private.

Table 5: Share of the private sector and share of women in the care sectors

	2017	2018	2019	2020	2021
Public/private					
% private in education	37.8	38.7	38.3	32.2	34.6
% private in health	71.6	72.9	72.8	69.6	69.2
% private in all care sectors	52.4	53.1	52.7	48.5	50.6
% public in all care sectors	47.6	46.9	47.3	51.5	49.4
Women/men					
% women in education sector	47.7	45.1	47.0	48.9	49.0
% women in health and social sector	57.7	55.7	54.8	56.0	54.6
% women in domestic work	60.6	58.3	46.7	66.7	66.0
% women in all care sectors	51.3	48.8	48.4	52.8	52.3

Source: Table 4 infra.

Table 6: Share of the formal care sectors in total employment (2015-2021)

In thousands	2015	2016	2017	2018	2019	2020	2021
Total employment (ES/QLFS) 15-64	14,758.5	15,565.6	16,471.7	17,295.5	17,187,670	17,306,814	17,841,823
Total non-agricultural employment (Population Census) (15+)					7,623,729		
Total modern wage employment in care sectors	768,500	765,600	805,200	843,600	872,500	828,800	881,200
Care sectors in % of total employment	5.2%	4.9%	4.9%	4.9%	5.1%	4.8%	4.9%
Care sectors in % of non-agricultural employment					11.4%		

Sources: KNBS, Economic surveys, various years and annual data from KNBS quarterly labour force survey since 2019 for total employment. Table 2 infra for wage employment in the care sectors.

Note: Care sectors' figures include domestic workers, but exclude the informal sector

In ISCO-88, the care workers are found under four groups at 2-digit level: Health and life science professionals, teaching professionals, medical and health science associate professionals, primary and pre-primary education and other teachers, and finally personal and protective service workers.

Contrary to the more recent ISCO-08, the 2-digit classification used by KNBS cannot allow to distinguish between life science professionals and health professionals. Moreover, veterinarians are included in health professionals. Therefore, there is a small over-estimation of this group of workers.

Another difficulty relates to the personal and protective service workers (group 51 of ISCO-88) that could have been handled if we had had ISIC at 2-digit level: Group 51 includes occupations such as policemen, firefighters, transport conductors, hairdressers, etc. The 3-digit level of the classification (sub-group 513) is therefore required, that is comprised of child-care workers, institution-based personal care workers, and home-based personal care workers. Finally, KNBS was able to provide the table at 4-digit level of the ISCO classification.

On the basis of tables 7-9, we can now assess the size of the care sectors and the number of care workers in the economy (Table 10). 1 373 288 persons were employed as care workers or in care sectors in 2019, or 7.4% of total employment, 8.5% of female employment (and 13.2% of non-agricultural employment). Women represented 57.7% of all these workers (and 63.7% of all care workers).

Comparing now the findings of Table 10 with the data on the formal sector as per the Economic Survey, we can try to estimate the share of informal employment in the care sectors.

Globally, the share of informal employment[7] (including agriculture) would be 84.4% (an estimate that is not far from the estimate by the economic survey (83.0% in 2019) (KNBS, Economic Survey 2022, Table 3.1). Excluding agriculture, informal employment would represent 66% of total non-agricultural employment. However, a major discrepancy appears in the education sector: Whereas the Economic Survey estimates at 581,000 the number of workers in the education sector in 2019, the population census hardly reaches 396,586. Such a gap of 201,514 resulting from double counting could be a measure of pluri-activity among teachers, many of them being employed in the public sector and in the private sector at the same time. Therefore, we could consider that this number is to be added to the informal workforce, increasing the share of non-agricultural informal employment up to 66.9%.

7 Informal employment is estimated as the residual balance between total employment as per the population census on the one hand, and formal employment as per the Economic Survey for the year 2019.

Table 7: Care workers and employment in the care sectors in the 2019 Population Census: Both sexes

Both sexes	Total employment (all sectors)	Health professionals	Teaching professionals	Medical and health science associate professionals	Primary and pre-primary education and other teachers	Personal and protective service workers	Total care workers
Total	18 560 495	105 097	207 025	59 150	230 601	531 313	1 132 702
1. A- Agriculture	10 936 766	3 890	11 430	3 605	9 801	98 605	127 063
2. B- Mining and quarrying	86 068	29	71	32	173	731	1 036
3 C- Manufacturing	263 782	256	326	293	227	4 918	6 019
4. D- Electricity gas steam and air conditioning supply	93 399	59	152	81	85	370	747
5. E- Water supply; sewerage waste management and remediation activities	44 776	49	60	287	59	3,478	3,932
6. F- Construction	529 173	72	472	145	101	2 393	3 181
7. G- Wholesale and retail trade; repair of motor vehicles and motorcycles	689 889	443	298	336	119	9 191	10 386
8. H- Transportation and storage	511 243	77	290	107	192	1 493	2 159
9. I- Accommodation and food service activities	392 641	162	335	842	135	10 310	11 784
10. J-Information and communication	81 795	103	1 309	171	462	309	2 353
11. K- Financial and insurance activities	155 673	255	323	181	114	631	1 504
12. L- Real estate activities	55 222	192	165	93	161	2 835	3 445
13. M- Professional scientific and technical activities	176 889	11 583	18 265	3 200	22 649	581	56 277
14. N- Administrative and support service activities	209 447	1 419	2 601	1 531	3 428	5 421	14 393
15. O- Public administration and defense; compulsory social security	175 840	480	549	365	396	1 928	3 717
16. P- Education	396 586	407	148 326	327	175 880	11 602	336 362
17. Q- Human health and social work activities	184 815	69 394	1 223	36 691	286	9 789	117 382
18. R- Arts entertainment and recreation	94 662	62	1 951	1 263	436	898	4 609
19. S- Other service activities	3 267 088	15 641	18 246	8 993	15 426	302 303	360 591
20. T- Activities of households as employers; undifferentiated goods- and services-producing activities of households for own use	175 017	128	199	118	250	62 393	63 088
21. U-Activities of extraterritorial organizations and bodies	39 769	396	434	489	221	1134	2 674

Source: Compiled from unpublished table 2019 Population Census

Table 8: Care workers and employment in the care sectors in the 2019 Population Census: Female

Female		Total employment (all sectors)	Health professionals	Teaching professionals	Medical and health science associate professionals	Primary and pre-primary education and other teachers	Personal and protective service workers	Total care workers
Total		9 380 780	63 910	105 026	30 565	135 965	386 305	721 771
1.	A- Agriculture	6 338 801	1 834	4 658	1 811	5 148	68 359	81 810
2.	B- Mining and quarrying	12 378	12	31	5	6	368	422
3.	C- Manufacturing	82 343	119	139	127	103	2 307	2 795
4.	D- Electricity gas steam and air conditioning supply	9 641	18	33	14	34	116	215
5.	E- Water supply; sewerage waste management and remediation activities	11 029	23	21	70	21	1 611	1 746
6.	F- Construction	22 684	16	46	23	23	694	802
7.	G- Wholesale and retail trade; repair of motor vehicles and motorcycles	346 838	221	109	145	52	7 431	7 958
8.	H- Transportation and storage	22 396	23	43	27	61	355	509
9.	I- Accommodation and food service activities	239 804	101	104	424	75	8 110	8 814
10.	J-Information and communication	30 493	50	449	81	265	152	997
11.	K- Financial and insurance activities	75 674	196	122	101	61	397	877
12.	L- Real estate activities	20 247	121	78	54	66	2 003	2 322
13.	M- Professional scientific and technical activities	70 957	7 716	9 333	1 279	14 531	305	33 164
14.	N- Administrative and support service activities	85 820	611	1 171	667	2 489	3 446	8 384
15.	O- Public administration and defense; compulsory social security	31 312	236	190	181	187	683	1 477
16.	P- Education	218 411	283	76 779	185	103 401	7 953	188 601
17.	Q- Human health and social work activities	108 302	44 795	563	19 237	172	7 477	72 244
18.	R- Arts entertainment and recreation	41 607	22	1 568	1 191	226	383	3 390
19.	S- Other service activities	1 494 380	7 176	9 279	4 614	8 780	223 990	253 839
20.	T- Activities of households as employers; undifferentiated goods- and services-producing activities of households for own use	103 678	74	110	54	148	49 446	49 832
21.	U-Activities of extraterritorial organizations and bodies	13 985	396	200	489	221	1134	1 573

Source: Compiled from unpublished table 2019 Population Census

Table 9: Care workers and employment in the care sectors in the 2019 Population Census: Male

Male		Total employment (all sectors)	Health professionals	Teaching professionals	Medical and health science associate professionals	Primary and pre-primary education and other teachers	Personal and protective service workers	Total care workers
Total		9 179 157	41 183	101 994	28 581	94 149	144 973	410 880
1.	A- Agriculture	4 597 700	2 055	6 772	1 794	4 384	30 235	45 240
2.	B- Mining and quarrying	73 687	17	40	27	167	362	613
3.	C- Manufacturing	181 431	137	187	166	123	2 609	3 222
4.	D- Electricity gas steam and air conditioning supply	83 753	41	119	67	51	254	532
5.	E- Water supply; sewerage waste management and remediation activities	33 745	26	39	217	37	1 867	2 186
6.	F- Construction	506 458	55	426	122	76	1 699	2 378
7.	G- Wholesale and retail trade; repair of motor vehicles and motorcycles	343 028	222	189	191	66	1 760	2 428
8.	H- Transportation and storage	488 830	54	246	80	131	1 138	1 649
9.	I- Accommodation and food service activities	152 810	61	231	418	60	2 199	2 969
10.	J-Information and communication	51 298	53	860	89	196	157	1 355
11.	K- Financial and insurance activities	79 996	59	201	80	53	234	627
12.	L- Real estate activities	34 974	71	86	39	94	832	1 122
13.	M- Professional scientific and technical activities	105 928	3 867	8 932	1 921	8 117	276	23 113
14.	N- Administrative and support service activities	123 619	808	1 430	864	932	1 975	6 009
15.	O- Public administration and defense; compulsory social security	144 516	244	359	184	208	1 245	2 240
16.	P- Education	178 170	124	71 546	142	72 297	3 649	147 758
17.	Q- Human health and social work activities	76 503	24 597	659	17 451	113	2 311	45 131
18.	R- Arts entertainment and recreation	53 053	40	383	72	209	514	1 218
19.	S- Other service activities	1 772 590	8 465	8 966	4 379	6 628	78 299	106 737
20.	T- Activities of households as employers; undifferentiated goods- and services-producing activities of households for own use	71 332	54	89	64	102	12 944	13 253
21.	U-Activities of extraterritorial organizations and bodies	25 781	133	234	214	105	414	1 100

Source: Compiled from unpublished table 2019 Population Census

Table 10: Size of the care sectors and number of care workers in the economy in 2019

	Education	Health	Activities of households	Other non-care sectors	Total
Both sexes					
Number of care workers	336 362	117 382	63 088	615 870	1 132 702
Number of non-care workers	60 224	68 433	111 929	-	240 586
Total number of care workers + non-care workers in care sectors	396 586	185 815	175 017	615 870	1 373 288
Female					
Number of care workers	188 601	72 244	49 832	411 094	721 771
Number of non-care workers	29 810	36 058	53 846	-	119 714
Total number of care workers + non-care workers in care sectors	218 411	108 302	103 678	411 094	841 485
Male					
Number of care workers	147 758	45 131	13 253	204 738	410 880
Number of non-care workers	30 412	31 372	58 079	-	119 863
Total number of care workers + non-care workers in care sectors	178 170	76 503	71 332	204 738	530 743

Source: Table 7, 8 and 9 supra.
Note: Small discrepancies between both sexes and total female and male relate to intersex.

In summary, informal employment in the education sector take the form of multiple jobs holding between the public and the private sector (33.7% of the workers in the sector; 22.3% among women and 43.8% among men). In the health and social sector, 15% of the jobs would be informal (20% among women, 6.7% among men). It is more difficult to interpret the results concerning households as employers, a sector that is supposed to cover domestic workers, but also producers of goods for own final consumption. The figures from the Economic Survey can be considered as a measure of informal employment (by construction, the concept is a component of the informal economy), and the residual balance between the population census and the economic survey would reveal an even more hidden part of this sector: It represented 12.7% of employment in the care economy in 2019 (12.3% among women and 13.4% among men). Only KNBS can tell whether these figures are a measure of the number of domestic workers or whether it also includes producers of goods for own final use.

Interestingly however, the availability of data on employment at 4-digit level of ISCO allows an estimate of the number of domestic workers in 2019. According to table 6, some 531 313 persons worked in personal and protective services (and 386 305 women or 72.7% according to table 8), an aggregate occupation that is comprised of cleaners, launders and domestic workers as well as cooks and other catering workers. Such a figure should be considered as a maximum. A more realistic figure would be given by the intersection and the aggregation of 'other service activities' and 'activities of households as employers' with the 'personal and protective service workers' (302 303 + 62 393 = 364 696) in Table 7, among whom 223 990 + 49 446 = 273 436 women or 75.0% (Table 8).

Figures 9 and 10 show the composition of employment in the care economy in Kenya in 2019 and its share (and the share of its components) in total employment. In these Figures, we distinguish domestic workers (using the above 'realistic' estimates and to this aim, we have subtracted these estimates from care workers in care sectors and from care workers in non-care sectors for their

respective numbers in households as employers and in other service activities). Globally, as already mentioned, 7.4% of workers are employed in the care economy (8.5% of women, 5.8% of men). Care workers in care sectors are the most prominent component (with 33.1% of total employment in the care economy (33% for women), but if we add up domestic workers in the households (respectively 26.6% of total care employment and 34.5% of female care employment), care workers in care sectors comes to represent 59.7% of total care employment (and 67.5% of total female care employment). This component of the care economy is followed by care workers in non-care sectors (22.8% of total employment in the care economy). Then come non-care workers in care sectors (17.5%).

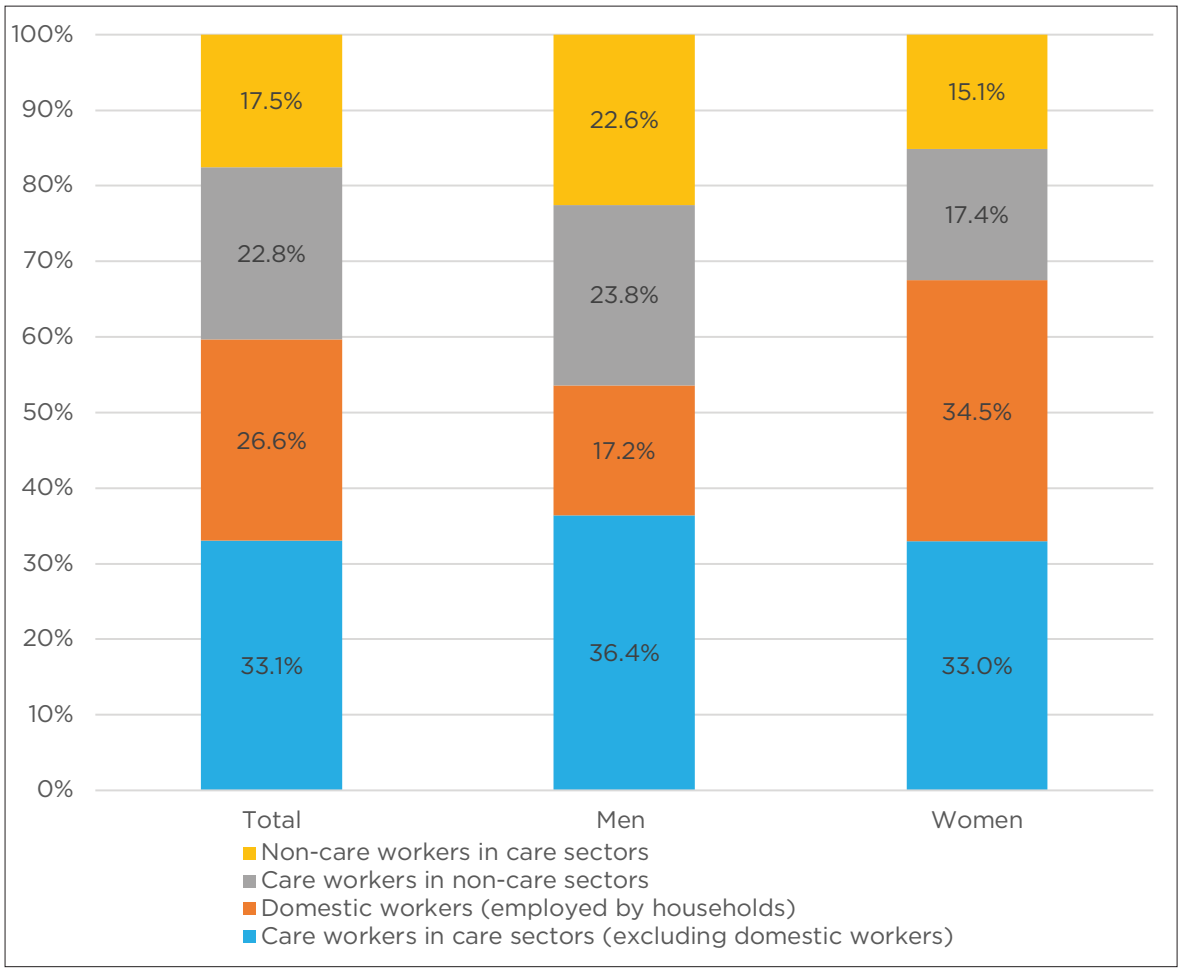


Figure 9: Composition of employment in the care economy in Kenya 2019

Source: Table 10 supra

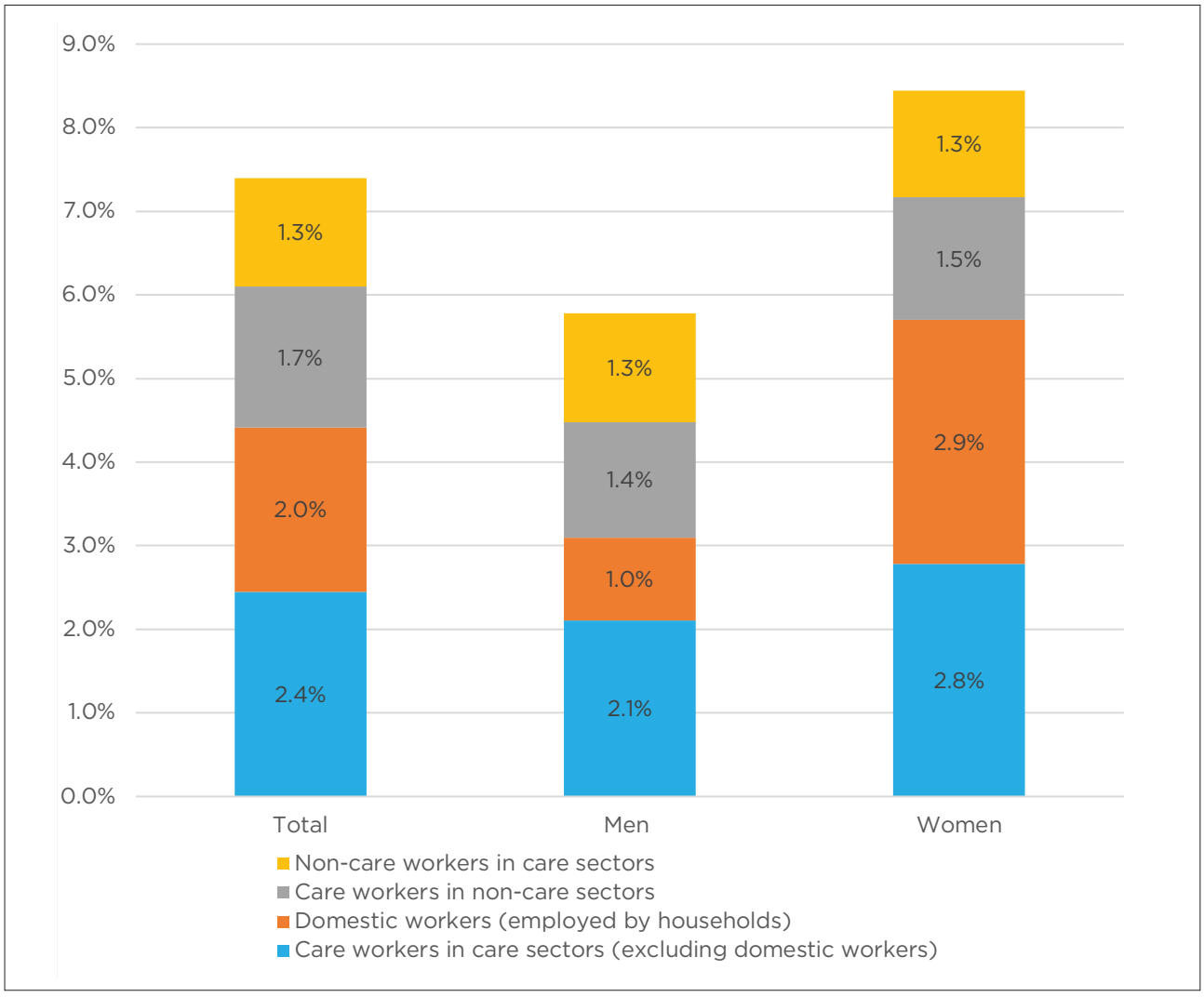


Figure 10: Table 10 supra corrected for domestic workers as explained above

Source: Table 10 supra corrected for domestic workers as explained above

If we compare these results with the estimates compiled for Africa by the ILO report on 'Care work and care jobs for the future of decent work' (ILO 2019) (Figure 11), the difference is of not more than 0.3 percentage point (7.4% for Kenya compared with 7.7% for Africa), but of 2.1 percentage point as regards female employment in the care economy.

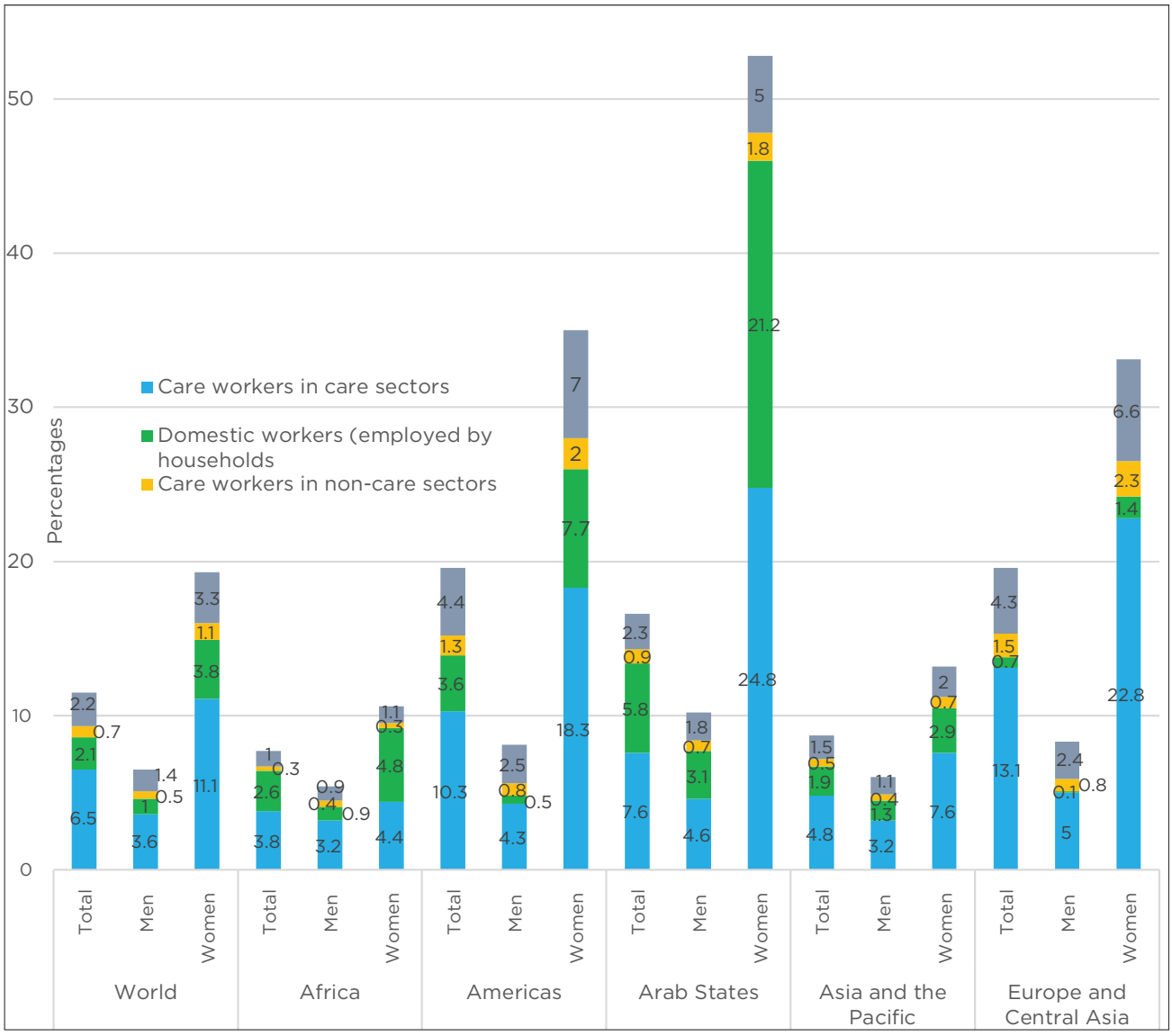


Figure 11: Care employment as a proportion of total employment, by sex and region

Source: Addati et al. ILO 2019, p.170. ILO calculations based on labour force and household survey microdata.
Note: Employed population covered and number of countries by global estimates: World 88% (99); Africa: 64% (22); Americas: 87% (14); Arab States:82% (8); Asia and the Pacific: 96% (19); Europe and Central Asia: 83% (36).

4.3 Contribution of the care sector to GDP

Table 11 shows that the care sectors (including domestic workers) contribute to 6.8% of GDP at current process in 2021 (from 7.1% in 2017). The overall share of education in the total care sector has increased over the years from 60.8% in 2017 up to 62.6% in 2021, approximately 2/3 of the care sector (Table 11), but within the education sector, the relative share of pre-primary and primary education has declined (from 50.4% of total sector in 2017, down to 48.6% in 2021). The remaining 1/3 is comprised of the health sector (28.3% in 2021) and paid domestic services (9.1% in 2021).

Table 11: Share of the care sector in GDP 2017-2021 (at current prices, KSh Million)

Ksh million	2017	2018	2019	2020	2021
Education	365,477	399,515	431,876	413,026	515,129
*Pre-primary and primary education	184,303	208,393	215,329	209,901	250,175
*Secondary education	98,828	109,878	119,592	110,004	149,977
*Higher and other education	82,346	81,245	96,955	93,121	114,976
Human health and social work activities	175,811	188,778	197,969	213,215	232,623
Households as employers	59,870	65,710	68,917	72,064	75,121
Total care sector	601,158	654,003	698,762	698,305	822,873
GDP at market prices	8,483,396	9,340,307	10,237,727	10,716,034	12,098,200
Care sector in % of GDP	7.1%	7.0%	6.8%	6.5%	6.8%

Source: Economic Survey 2022 (Table 2.1)

Table 12: Share of the various care sectors and sub-sectors in the total care sector

	2017	2018	2019	2020	2021
Education	60.8%	61.1%	61.8%	59.1%	62.6%
*Pre-primary and primary education	50.4%	52.2%	49.9%	50.8%	48.6%
*Secondary education	27.0%	27.5%	27.7%	26.6%	29.1%
*Higher and other education	22.5%	20.3%	22.4%	22.5%	22.3%
Human health and social work activities	29.2%	28.9%	28.3%	30.5%	28.3%
Households as employers	10.0%	10.0%	9.9%	10.3%	9.1%
Total care sector	100.0%	100.0%	100.0%	100.0%	100.0%

Source: Table 11 supra

It is interesting to look at the share of compensation of employees (equivalent to or rather proxy of the total wage bill) in the care sectors. Table 13 disaggregates the value added of the care sectors between the compensation of employees and the operating surplus/mixed income which relates to the private sector only.

Unlike previous tables, Table 13 takes the informal sector into account (by construction of the system of national accounts), and we see that the care sector distributes 21.4% of total wages in the economy (on an increasing trend since 2017 (20.9%) and despite a low in 2020. It also distributes 1.4% of operating surplus/mixed income, equivalent to profits (2% in 2017), corresponding to the enterprises and the individual professionals operating in these sectors (such as doctors' private cabinets).

Table 13: Compensation of employees and operating surplus/mixed income in the care sector

Ksh million	2017	2018	2019	2020	2021
Education (GVA)	365,477.2	399,515.2	431,875.5	413,026.0	515,128.6
*Compensation of employees	314,694.5	358,634.2	384,783.7	379,703.1	469,096.2
*Operating surplus/Mixed income	50,782.7	40,880.9	47,091.8	33,322.9	46,032.5
Human health and social work activities (GVA)	175,810.8	188,777.5	197,968.9	213,215.3	232,622.5
*Compensation of employees	126,233.9	138,350.1	149,923.7	164,789.4	174,217.1
*Operating surplus/Mixed income	49,576.9	50,427.4	48,045.2	48,425.9	58,405.5
Households as employers	59,870	65,710	68,917	72,064	75,121
Total care sector (GVA)	601,158	654,002.7	698,761.4	698,305.3	822,872.1
*Compensation of employees	500,798.4	562,694.3	603,624.4	616,556.5	718,434.3
*Operating surplus/Mixed income	100,359.6	91,308.3	95,137	81,748.8	104,438
Gross Value Added at market prices	7,754,322.7	8,531,502	9,371,398	9,848,354	11,110,661
*Compensation of employees	2,396,166.1	2,694,738	2,960,366	3,074,295	3,357,957.9
*Operating surplus/Mixed income	5,133,337.7	5,590,296	6,150,701	6,490,380	7,449,817.6
Care sector in % of GDP	7.8%	7.7%	7.5%	7.1%	7.4%
*Compensation of employees	20.9%	20.9%	20.4%	20.1%	21.4%
*Operating surplus/Mixed income	2.0%	1.6%	1.5%	1.3%	1.4%

Source: Economic Survey 2022 (Table 2.6)

Note: The household as employers (paid domestic workers) cannot be distinguished and are mixed with other services activities. In Table 2.6 of the Economic Survey. However, provided that value added equals compensation of employees in this particular sector, we have filled the information based on Table 5 supra.

Table 14 provides the annual average wage earnings in the care sectors (and in the public and private sectors), as compiled by the Ministry of Labour and Social Protection and published by the Economic Survey. Table 15 provides the average monthly earnings for the same sectors. The monthly legal basic minimum wages in urban areas are also included in the table, so that it is possible in Table 16 to calculate the average wage in care sectors in multiple of the minimum wage (to this aim, the average minimum wage for Nairobi, Mombasa and Kisumu has been used).

It is important to note that while the average monthly earnings in the total economy reach 3.24 times the basic minimum wage in 2021, the average earnings hardly reach 2.76 times the minimum wage in the education public sector, which means that the level of salaries are not really motivating, including the private sector where salaries are a little bit higher but still rather low.

In the health and social work sector on the contrary, the average wage earnings are rather high, rising up to 7.29 times the minimum wage. But a more detailed disaggregation at professional level would be highly necessary.

If these data were available by detailed professions (for nurses or for pre-primary and primary teachers) and by sex, they would be useful for identifying sectors and sub-sectors where efforts should be made toward a better incentivization and motivation of essential but low paid jobs.

Table 14: Average annual wage earnings per employee 2015-21

In KSh	2015	2016	2017	2018	2019	2020	2021
Education							
Private	885,101.5	896,491.7	931,440.0	961,150.1	996,661.7	980,708.3	1,010,686.8
Public	539,771.3	584,082.8	604,281.7	663,712.9	712,026.1	692,751.03	706,234.91
Human health and social work activities							
Private	715,536.5	764,256.0	828,851.1	896,968.5	970,509.8	1,052,848.4	1,077,155.3
Public	1,051,715.4	1,139,156.5	1,373,201.2	1,437,515.9	1,594,048.1	1,753,909.14	1,864,526.43
Households as employers							
	203,473.4	215,885.3	233,630.7	251,955.3	271,769.4	292,280.0	298,895.5
Total economy							
Total	594,293.1	628,672.3	680,892.6	729,138.0	784,674.8	808,917.8	827,441.2
Private	586,949.1	620,053.0	670,327.7	721,230.1	780,072.9	811,030.1	829,234.9
Public	612,252.8	649,905.6	705,738.5	748,060.7	795,648.5	804,481.3	823,585.6
Average gazetted monthly Basic minimum wages[1] urban areas							
Nairobi, Mombasa, Kisumu	15,357	17,200.03	19,830.96	21,310.85	21,310.85	21,310.85	21,310.85
Mavoko, Ruiru and Limuru	14,267	15,979.51	17,422.86	19,798.61	19,798.61	19,798.61	19,798.61
All other towns	12,136	13,592.75	16,039.43	16,841.40	16,841.40	16,841.40	16,841.40
Agricultural industry	7,284	7,284	8,585	9,014	9,014	9,014	9,014

Source: Ministry of Labour and Social Protection (KNBS, Economic Survey 2022, Table 3.7 pp.62s)
Note: 1 Excluding Housing Allowance

Table 15: Average monthly wage earnings per employee 2015-21

Monthly average in KSh	2015	2016	2017	2018	2019	2020	2021
Education							
Private	73,758	74,708	77,620	80,096	83,055	81,726	84,224
Public	44,981	48,674	50,357	55,309	59,336	57,729	58,853
Human health and social work activities							
Private	59,628	63,688	69,071	74,747	80,876	87,737	89,763
Public	87,643	94,930	114,433	119,793	132,837	146,159	155,377
Households as employers							
Private	16,956	17,990	19,469	20,996	22,647	24,357	24,908
Total economy							
Total	49,524	52,389	56,741	60,762	65,390	67,410	68,953
Private	48,912	51,671	55,861	60,103	65,006	67,586	69,103
Public	51,021	54,159	58,812	62,338	66,304	67,040	68,632
Average gazetted monthly Basic minimum wages urban areas							
Nairobi Mombasa Kisumu	15,357	17,200.03	19,830.96	21,310.85	21,310.85	21,310.85	21,310.85

Source: Based on Table 14 supra.

Table 16: Average monthly earnings in the care sectors in multiples of the basic minimum wage

Monthly average	2015	2016	2017	2018	2019	2020	2021
Education							
*Private	4.80	4.34	3.91	3.76	3.90	3.83	3.95
*Public	2.93	2.83	2.54	2.60	2.78	2.71	2.76
Human health and social work activities							
Private	3.88	3.70	3.48	3.51	3.80	4.12	4.21
Public	5.71	5.52	5.77	5.62	6.23	6.86	7.29
Households as employers							
Private	1.10	1.05	0.98	0.99	1.06	1.14	1.17
Total economy							
Total	3.22	3.05	2.86	2.85	3.07	3.16	3.24
Private	3.19	3.00	2.82	2.82	3.05	3.17	3.24
Public	3.32	3.15	2.97	2.93	3.11	3.15	3.22

Source: Based on Table 15 supra.

4.4 Share of the care sectors in national and county Governments expenditures

The care sectors (Education, Health, Social) represented 22.8% of total national Government expenditures in 2021/22, 23.6% of total recurrent account (salaries and other expenditures), and 18.1% of total development account (investments). A regular increase is observed since 2018/19, despite a low in 2020/21. The development account 2021/22 is marked by a significant increase in development expenditures, by more than 16,000 million KSH representing more than 11.5% of total national government expenditures (against 9.9% in 2020/21 and 10.6% in 2019/20, but 12.1% in 2018/19). Development expenditures in care sectors have been given a high priority in 2021/22, given that they came to represent more than 18.1% of total development expenditures in all sectors (against 12 to 14% for the previous years).

In the meantime, the recurrent account has rather decreased (Tables 17 and 18).

In 2021/22, the education sector accounted for 63.1% of total national government expenditures in care sectors, in regress from 69.8% in 2018/19, to the benefit of the health sector which received 14.3% of the total care sectors expenditures (from a low 11.8% in 2018/19). The social protection sector for its part is regularly increasing in the national government expenditures for the care sectors (from18.4% in 2018/19 up to 22.6% in 2021/22).

While the education sector captures approximately (a little bit less) 2/3 of national government expenditures in care sectors, it is the reverse that is observed in county governments expenditures (Table 19): In counties, it is the health sector that captures more than ¾ of the total expenditures in care sectors (and around 22% or 23% for the education sector). In 2021/22, the total expenditures of county governments in the care sectors represented as much as 66.8% of the national government expenditures in the same care sectors (against 62.2% in 2018/19).

Figures 12 present the share of care expenditures in total government expenditures and the composition of these expenditures by sector for National Government and for County Government.

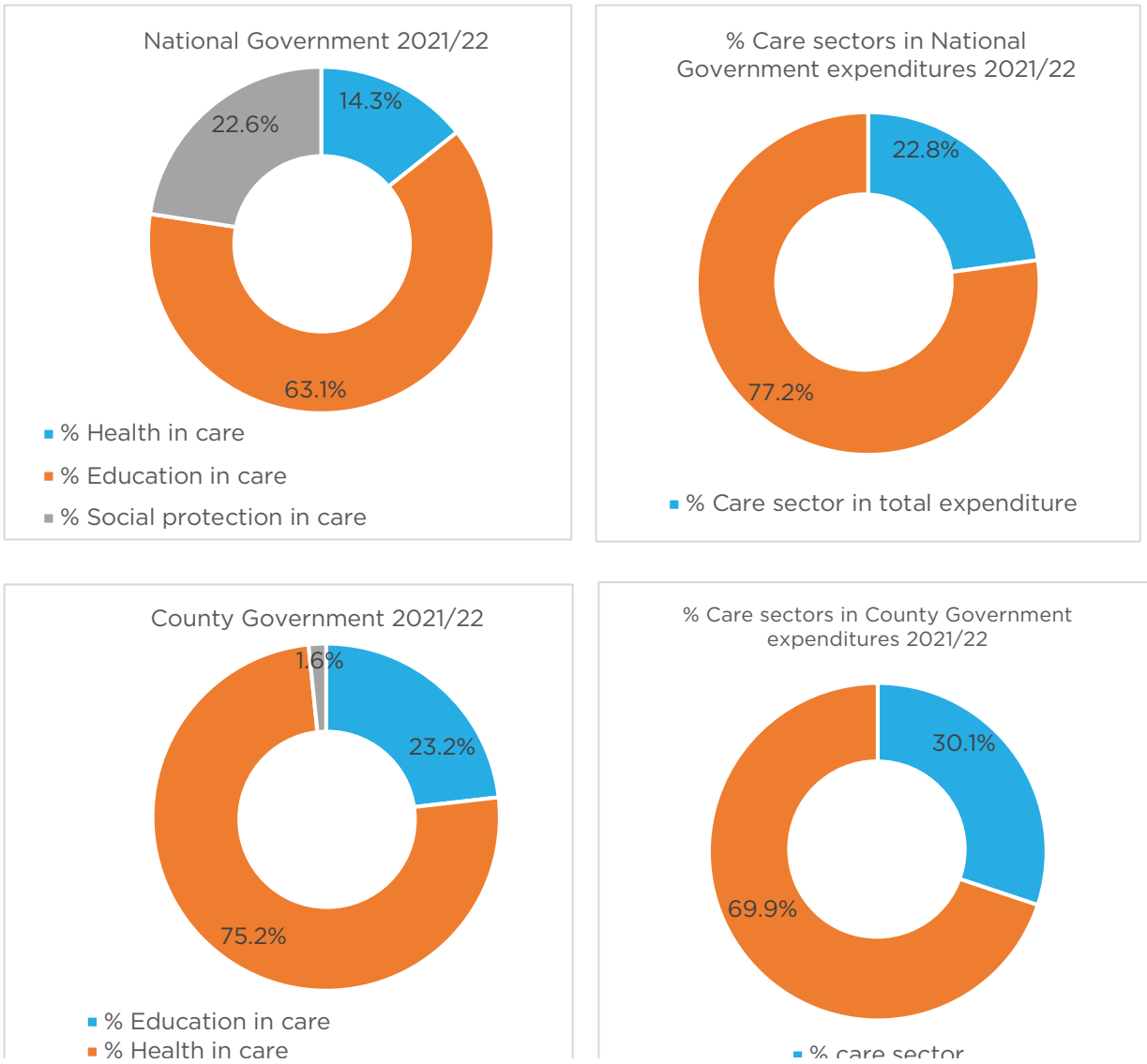


Figure 12: Shares of the care sectors in government expenditures (National and Counties)

Sources: Tables 17 and 18 infra

Interestingly, the Education statistics booklet (Republic of Kenya, Ministry of Education 2021) provides the details of total expenditures in education by source (Table 19 and Figure 13), which show that the total national and county governments expenditures hardly represented half of the total expenditures in education: 44% in 2016/17, 52% in 2017/18, finally reaching 57% in 2018/19. Households' expenditures amounting to 33% of total.

Table 17: National Government Expenditure Classification by Functions of Government, 2018/19-2021/22 (KSH Million)

	2018/19			2019/20			2020/21			2021/22		
	Recurrent Account	Develop-ment Account	Total	Recurrent Account	Develop-ment Account	Total	Recurrent Account	Develop-ment Account	Total	Recurrent Account	Develop-ment Account	Total
Health	42,472.11	34,211.92	76,684.03	61,387.61	42,771.15	104,158.75	48,883.83	45,637.40	94,521.24	41,672.95	68,479.61	110,152.56
Outpatient services	2,650.04	9,364.00	12,014.04	2,633.71	6,681.24	9,314.95	3,392.22	7,108.55	10,500.76	2,749.49	9,071.10	11,820.59
Hospital services	22,952.41	487.23	23,439.64	27,496.26	2,349.66	29,845.92	26,898.47	1,562.54	28,461.00	24,328.18	2,577.14	26,905.32
Public health services	9,897.75	23,993.11	33,890.86	12,740.01	32,233.24	44,973.25	3,969.84	31,594.96	35,564.81	1,720.22	46,195.66	47,915.88
Health expenditure not elsewhere classified	6,971.91	367.58	7,339.49	18,517.62	1,507.01	20,024.63	14,623.30	5,371.36	19,994.66	12,875.05	10,635.71	23,510.77
Education	428,200.60	26,879.24	455,079.84	449,366.50	16,320.67	465,687.17	456,558.70	15,853.47	472,412.18	475,950.70	10,112.23	486,062.93
Administra-tion	2,148.72	0.00	2,148.72	2,667.59	0.00	2,667.59	3,311.04	0.00	3,311.04	3,743.66	9.00	3,752.66
Pre-primary and primary	165,667.43	3,871.03	169,538.47	179,008.07	1,574.52	180,582.59	185,343.88	2,590.54	187,934.42	189,024.08	976.10	190,000.18
Secondary education	135,263.34	2,724.53	137,987.88	138,782.81	2,678.87	141,461.68	155,142.79	3,696.85	158,839.64	159,820.79	4,652.70	164,473.49
Tertiary education	108,271.52	19,938.54	128,210.06	113,113.50	11,885.84	124,999.34	97,290.00	9,370.51	106,660.52	107,018.97	4,081.38	111,100.35
Education expenditure not elsewhere classified	16,849.59	345.13	17,194.71	15,794.52	181.44	15,975.97	15,470.99	195.57	15,666.56	16,343.20	393.05	16,736.25
Social protection	101,879.19	17,925.90	119,805.09	129,256.44	17,156.27	146,412.71	151,261.68	10,893.00	162,154.68	163,690.94	10,238.85	173,929.79
Total care sector	572,551.9	79,017.06	651,568.96	640,010.55	76,248.09	716,258.63	656,704.21	72,383.87	729,088.1	681,314.59	88,830.69	770,145.28
TOTAL OUTLAYS	2,375,052.84	569,745.19	2,944,798.04	2,391,337.81	608,269.54	2,999,607.35	2,706,990.35	584,838.05	3,291,828.39	2,882,145.13	491,677.88	3,373,823.01

Source: The National Treasury. Economic Survey 2022 (Table 5.8)
* Provisional; + Revised

Table 18: National Government Expenditure Classification by Functions of Government, 2018/19-2021/22 (In %)

	2018/19			2019/20			2020/21			2021/22		
	Recurrent Account	Development Account	Total	Recurrent Account	Development Account	Total	Recurrent Account	Development Account	Total	Recurrent Account	Development Account	Total
% Health in care	7.4%	43.3%	11.8%	9.6%	56.1%	14.5%	7.4%	63.0%	13.0%	6.1%	77.1%	14.3%
% Education in care	74.8%	34.0%	69.8%	70.2%	21.4%	65.0%	69.5%	21.9%	64.8%	69.9%	11.4%	63.1%
% Social protection in care	17.8%	22.7%	18.4%	20.2%	22.5%	20.4%	23.0%	15.0%	22.2%	24.0%	11.5%	22.6%
% Care sector in total expenditure	24.1%	13.9%	22.1%	26.8%	12.5%	23.9%	24.3%	12.4%	22.1%	23.6%	18.1%	22.8%

Source: Based on Table 17 supra

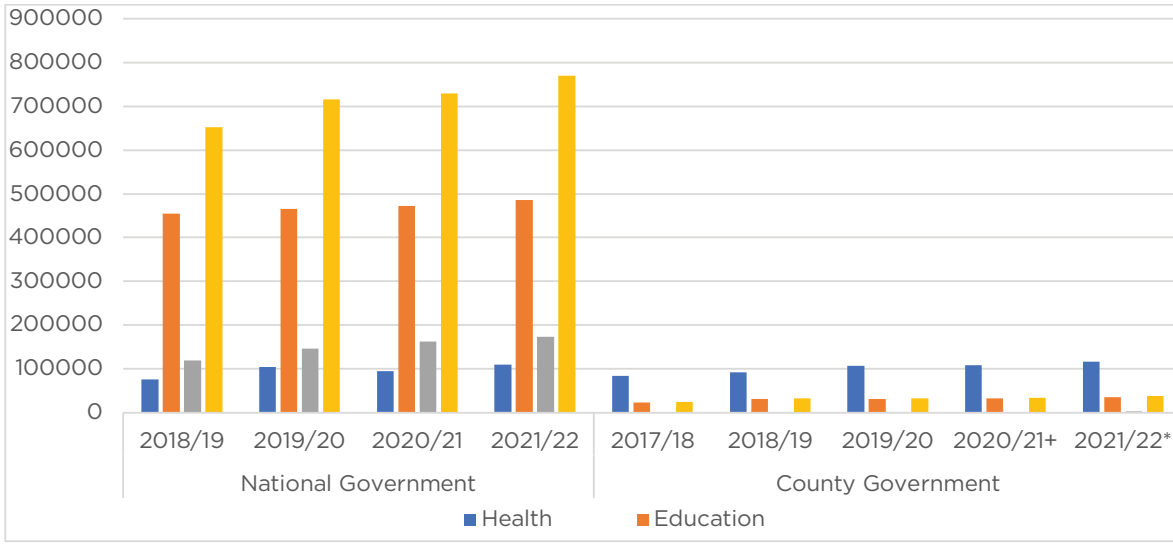


Figure 13: National government and county government expenditures in care sectors in million Ksh (2017/18-2021/22)

Source: Table 18 supra and 19 infra

Table 19: County Governments Expenditures Classified by Functions, 2017/18 - 2021/22 (KSh Million)

	2017/18	2018/19	2019/20	2020/21+	2021/22*
Education	23,754.34	31,038.16	31,285.14	32,223.63	35,907.02
Health	83,978.29	92,023.58	106,727.14	108,838.64	116,528.74
* Recurrent	*71,813.3*	*75,940.0*	*89,139.2*	*90,554.6*	*92,625.9*
*Development	*12,165.0*	*16,083.6*	*17,588.0*	*18,284.0*	*23,902.9*
Social protection	950.87	2,279.09	1,871.57	1,731.90	2,517.85
Total care sector	108,683.5	125,340.8	139,883.9	142,794.2	154,953.6
Total	336,397.48	405,531.74	417,153.55	425,039.63	514,271.66
% Education in care	21.9%	24.8%	22.4%	22.6%	23.2%
% Health in care	77.3%	73.4%	76.3%	76.2%	75.2%
% Social protection in care	0.9%	1.8%	1.3%	1.2%	1.6%
% care sector	32.3%	30.9%	33.5%	33.6%	30.1%

Source: The National Treasury-IFMIS. Economic Survey 2022 (Tables 5.15 and 16.2).
+Revised; * Provisional

Table 20: Expenditure on Education by Source (Million KSH)

	Funding by Source Kshs. Millions			Percentage-Graph		
	2016/17	2017/18	2018/19	2016/17	2017/18	2018/19
National Government	316.799	371,237	407,888	41%	48%	53%
Constituency Development Fund	6,340.40	6,594.00	6,657.72	1%	1%	1%
County Government	24,609.40	31,402.50	32707.35	3%	4%	4%
Household (parents)	245,869.30	249,124.10	252,362.72	32%	32%	33%
NGO and Religious Bodies	3,962.70	4,121.20	4,146.09	1%	1%	1%
Private Sector and Companies	118.9	123.6	123.63	0%	0%	0%
Externally Generated Funds	9,153	14.481	14,939	1%	2%	2%
Internally Generated Funds	18.591	40,566	49,667	2%	5%	6%
Total Education Financing	625,443.70	717,649.40	768.491.51	100%	100%	100%

Source: Ministry of Education

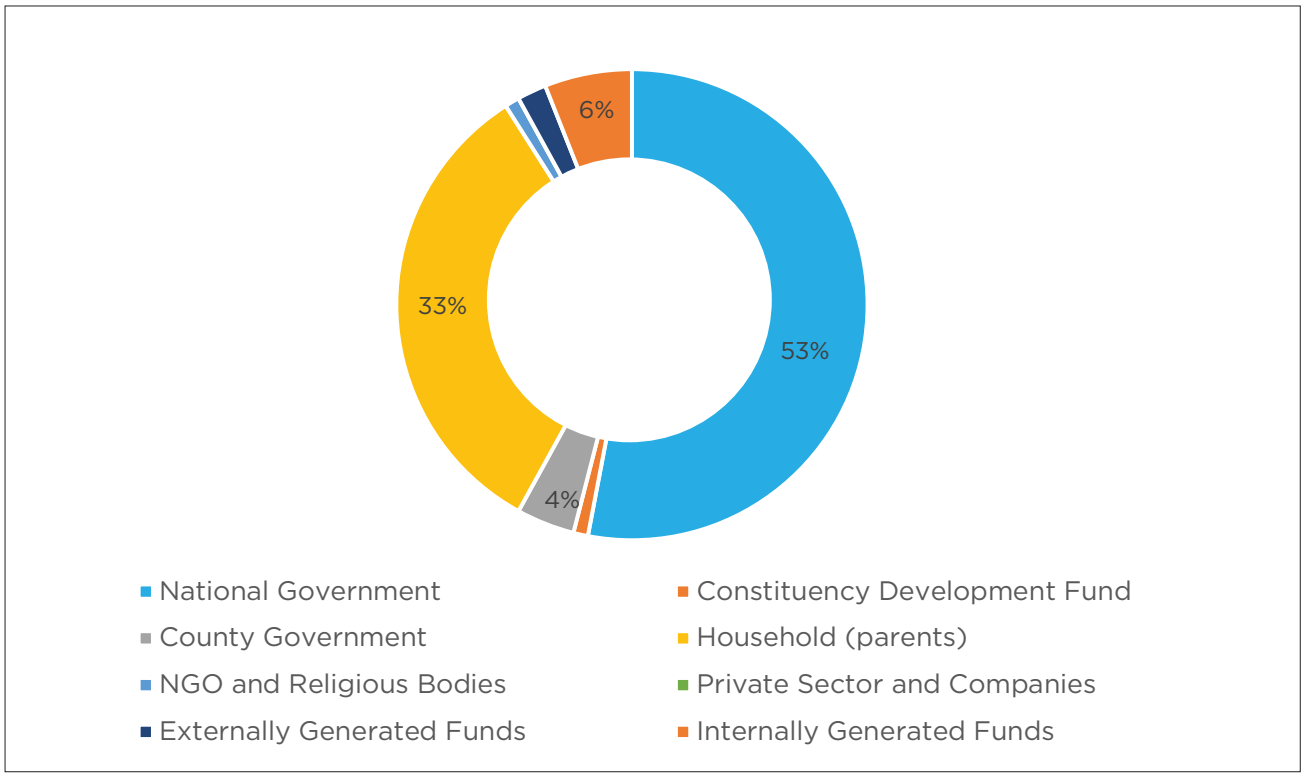


Figure 14: Sources of funding in the education sector 2018-19

Source: Table 20 supra

5 | THE DEMAND FOR CARE SERVICES: DEMOGRAPHICS

The demand for care services depends on the number of the population in the various age groups: children and the elderly in particular. The 2019 Population Census has provided the numbers and proportions of the various age groups on which depends the demand for care: <1, 1-3, 4-5, 6-13, and 65+ and the population prospects indicate how the populations in these various age groups will change (increase) over years and decades.

5.1 Structure of the population by age groups

Figure 15 presents the population pyramid in Kenya in 2019. It shows the importance of the 0-14 years old population, while the 65+ old are far from negligible. The narrow base of the pyramid would mean that women have tended to have less children during the past ten years, indicating a significant drop in fertility rates (Figure 16), a trend that was confirmed by the 2014 Demographic and Health Survey (DHS) (KNBS 2015). Kenya is quoted as a case study for its commitment to lower fertility policies in the UN Population Division Report on World Population Policies (UN 2021).

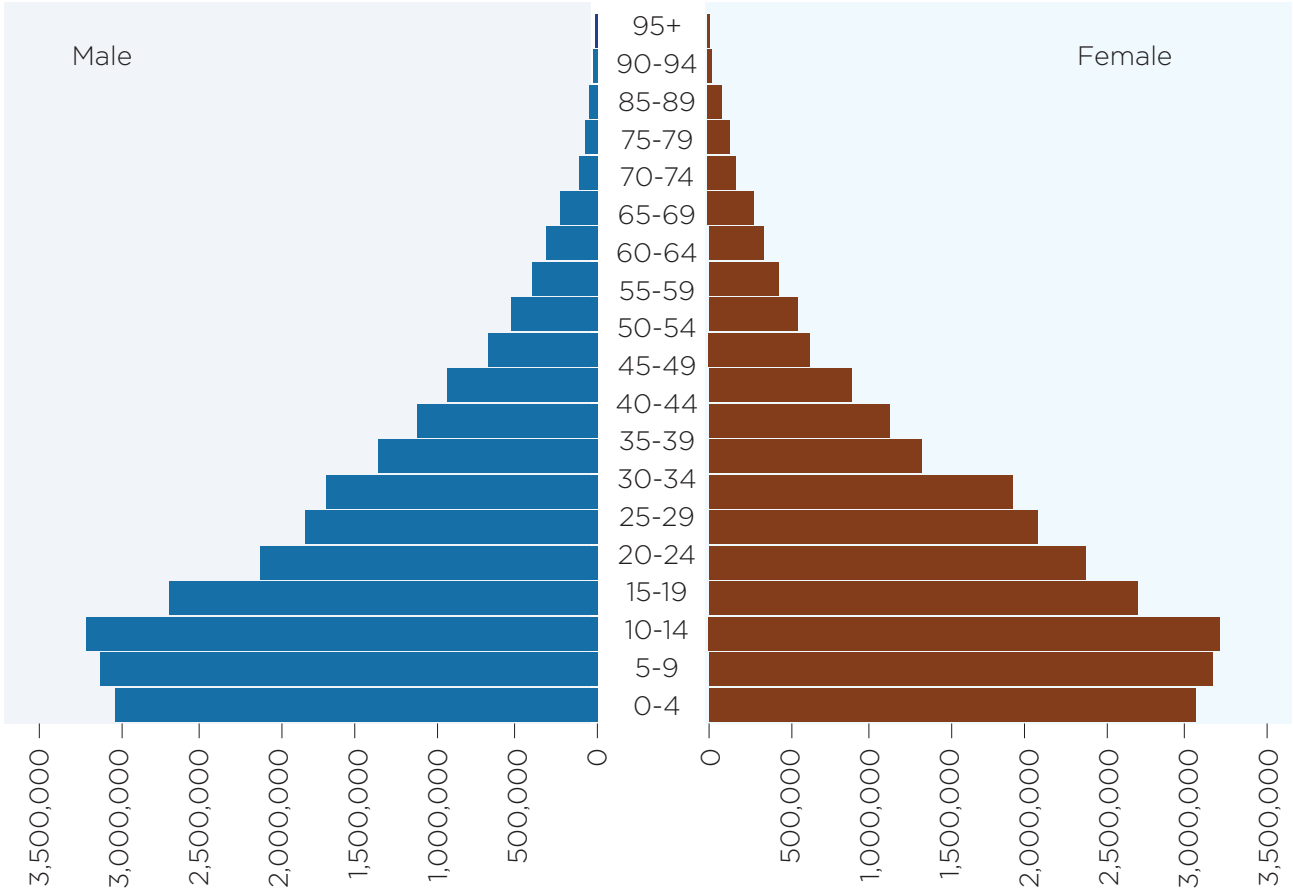


Figure 15: Population pyramid for Kenya (Population Census 2019)

Source: KNBS (2019), Population Census, Volume III

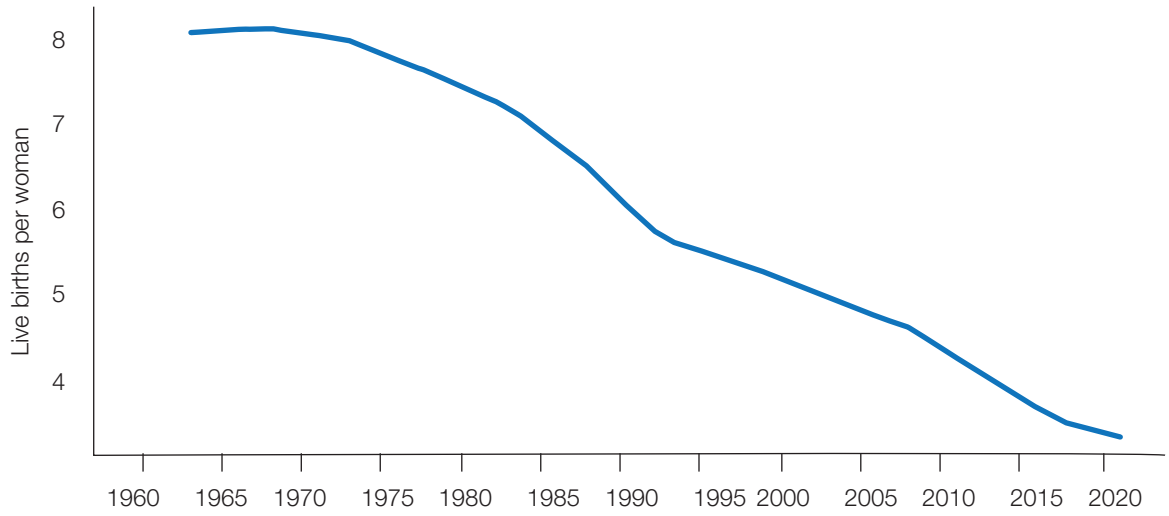


Figure 16: Total fertility rates in Kenya (1960-2021)

Source: United Nations (2019 and 2021).

According to population census data (KNBS, Population Census Vol. III), the population in the younger age groups (0-14) was representing 39.0% of the total population, and 3.9% in the older age group (65+). Table 21 presents the numbers and proportions by sex. The population in need of care is defined as comprising the population aged 0 to 13 (up to the end of primary school) and the elderly (65+). With this definition, the population in need of care represents 40.3% of the total population in 2019.

If we add the secondary school age group (14-17), then the population in need of care would reach 50.0% of total population.

Table 21: Population in need of care (school-age and elderly) by sex in 2019

	Population in need of care			In % of total population in need of care		
Age groups	Female	Male	Total	Female	Male	Total
<1	552528	552508	1105074	5.7%	5.8%	5.8%
1-2	1154776	1194861	2349637	12.0%	12.5%	12.3%
3	621941	619989	1241930	6.5%	6.5%	6.5%
4	627675	638986	1266661	6.5%	6.7%	6.6%
5	610459	626157	1236616	6.3%	6.6%	6.4%
3-4	1249616	1258975	2508591	13.0%	13.2%	13.1%
4-5	1238134	1265143	2503277	12.9%	13.3%	13.1%
6-13	5022287	5087183	10109470	52.1%	53.3%	52.7%
65+	1044070	826373	1870443	10.8%	8.7%	9.8%
Population in need of care	9633736	9546057	19179831	100.0%	100.0%	100.0%
	Total population			Population in need of care in % of total population		
Total population	23548056	24014716	47564296	40.9%	39.8%	40.3%

Source: Based on Table 2.2, pp.15s (KNBS, Population Census 2019, Vol III)

However, it should be noted that the population aged 65+ is not entirely in need of care and even that a part of the elderly can provide care (for their grand-children for instance). In this regard, the 2019 population census provides useful data on the population, aged 65+ with disabilities (see Table 34 infra). The time use survey can provide useful information on these aspects as long as it is taken into account that grand-parents are not any more members of the households of their children, but rather constitute independent households (at least for many of them in urban areas) and that their unpaid care activities will have been captured through the category of time-use activity "help to other households" (see Charmes 2017 and Samuels et al. 2018).

5.2 Trends in population age groups

The population prospects based on the 2019 population census have just been released by KNBS and the main results are presented below. However, the population prospects prepared by the United Nations Population Division in 2022 – also just released – are presented, for their medium variant (United Nations 2022) because they allow insights on a longer period (until 2100) and for more detailed age groups for population aged 1 to 4. Though, it must be kept in mind that the two exercises are not strictly comparable and in particular the UN Population Division model leads to greater volumes of population (although the gap with national projections was reduced as compared to the previous prospects).

Figure 17 shows the trends for various age groups: While the population aged 0-4 continues to increase until 2040-50 and then stabilized at a high level, the population aged 65+ has started to enter into an upward-oriented trend that will accelerate rapidly after 2025. In other words, the population in need of care will continue to increase in the years to come and policymakers must be prepared to the childcare and elder care crises that will irretrievably occur if the necessary investments in care facilities, job creation and training of care workers are not planned in advance.

Note however that the steep of the curves is exaggerated after 2030 given that the 5-year periods used for years 2000 to 2030 are replaced by ten-year periods. This does not change the moment when the curve for population aged 65+ cross-cuts the various age groups under 25.

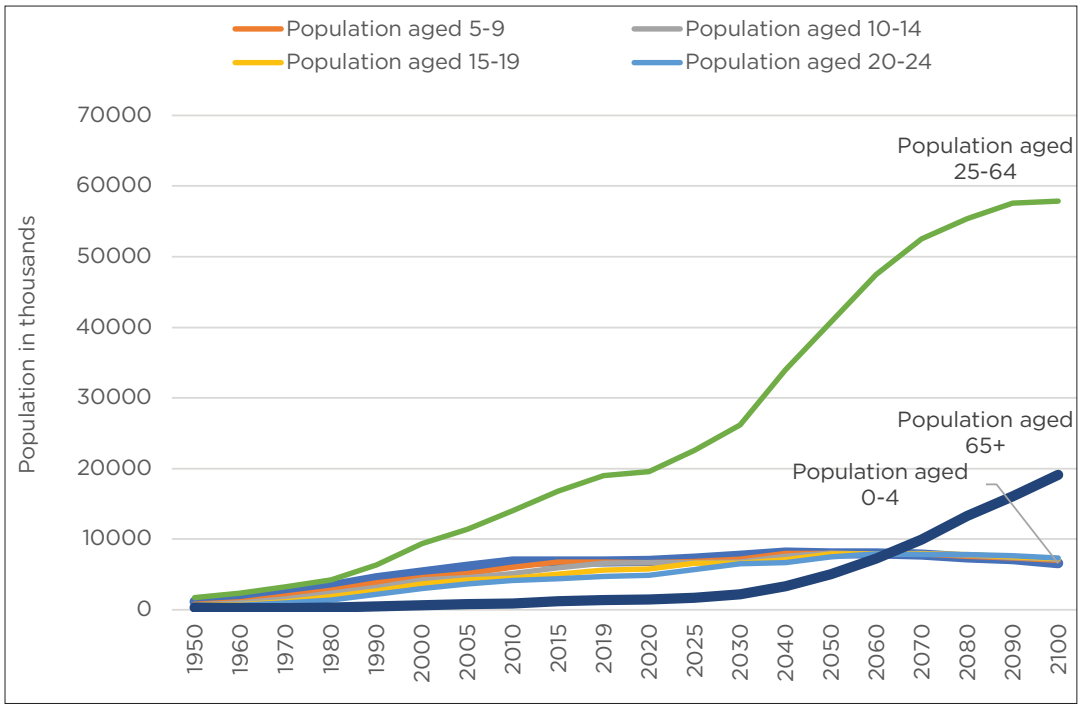


Figure 17: UN Population prospects for Kenya

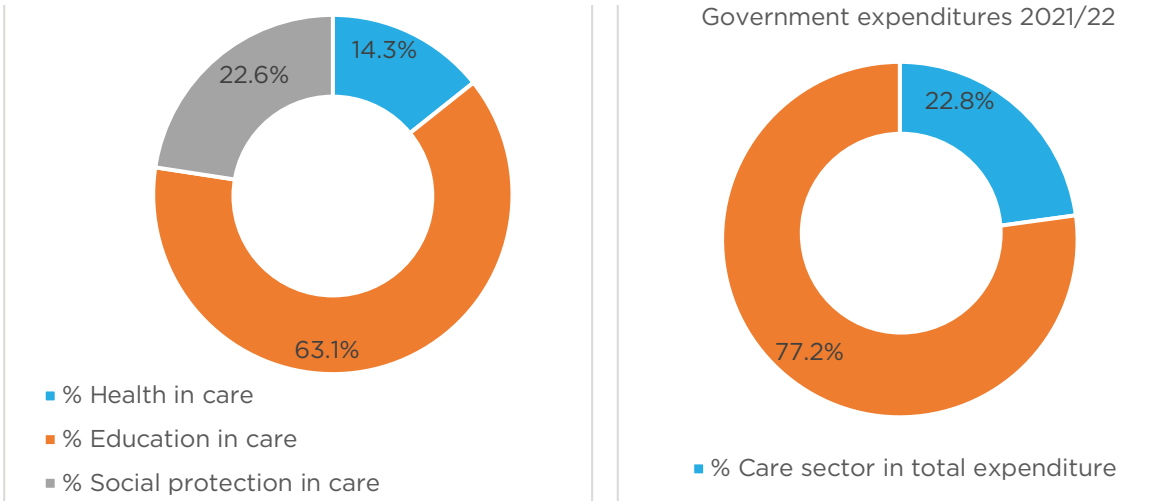
Source: Based on UN Population Prospects 2022

Table 22 translates these trends into numbers. If we look at the population for 2019, we can see Table 22 translates these trends into numbers. If we look at the population for 2019, we can see that the medium variant (constant fertility rates) overestimated the total population (50,952,000 against 47,564,296 as per Table 15 supra). According to these perspectives, the populations aged 0-4, 15-19 and 20-24 start to decrease around 2070, and population aged 5-9 around 2060, while the population aged 65+ will have tripled by 2045.

Figure 18 presents the prospects for the populations in need of care. It shows that the population aged 65+ (in a phase of rapid increase since 2030 will be equivalent around 2100 to the population aged 0-14 (whose decline starts in 2050).

Table 23, based on UN Population prospects 2022, provides the trends by 1-year age groups until 2030.

Figure 18: Trends in populations in need of care



Source: Based on UN Population Prospects 2022

Table 22: Trends in various population age groups Kenya 2015-2100 (in thousands)

Kenya	2015	*2019*	2020	2025	2030	2040	2050	2060	2070	2080	2090	2100
Population aged 0-4	6813	6847	6883	7218	7690	8106	7994	8012	7789	7445	7194	6581
Population aged 5-9	6731	6736	6700	6806	7151	7975	7981	7935	7873	7579	7299	6982
Population aged 10-14	5932	6561	6678	6668	6776	7595	8019	7919	7945	7730	7393	7148
Population aged 15-19	5013	5641	5812	6618	6619	7076	7903	7915	7874	7816	7527	7250
Population aged 20-24	4377	4739	4879	5728	6542	6664	7486	7916	7825	7857	7648	7317
Population aged 25-64	16812	19022	19578	22554	26152	33975	40760	47431	52493	55385	57584	57868
Population aged 65+	1172	1406	1458	1731	2175	3366	5067	7215	9969	13326	16053	19109
Population aged 0-14	19476	20144	20261	20692	21617	23676	23994	23866	23607	22754	21886	20711
Total population	46850	50952	51988	57323	63105	74757	85210	94343	101768	107138	110698	112255
Total population in need of care	20648	21550	21719	22423	23792	27042	29061	31081	33576	36080	37939	39820

Source: Based on United Nations (2022)

Table 23: Population by 1-year age group (in thousands)

Age /Years	0	1	2	3	4	5	0-1	0-2	0-3	0-4	0-5
2000	1159	1099	1053	1013	981	952	2258	3311	4324	5305	6257
2001	1195	1130	1085	1045	1007	977	2325	3410	4455	5462	6439
2002	1228	1167	1117	1077	1040	1004	2395	3512	4589	5629	6633
2003	1252	1201	1154	1109	1072	1036	2453	3607	4716	5788	6824
2004	1277	1227	1189	1147	1104	1069	2504	3693	4840	5944	7013
2005	1309	1254	1215	1182	1142	1101	2563	3778	4960	6102	7203
2006	1343	1287	1243	1208	1177	1139	2630	3873	5081	6258	7397
2007	1378	1322	1276	1236	1204	1174	2700	3976	5212	6416	7590
2008	1408	1359	1312	1270	1232	1201	2767	4079	5349	6581	7782
2009	1423	1390	1350	1307	1267	1230	2813	4163	5470	6737	7967
2010	1420	1405	1381	1344	1303	1264	2825	4206	5550	6853	8117
2011	1406	1402	1395	1374	1339	1299	2808	4203	5577	6916	8215
2012	1394	1388	1391	1388	1369	1335	2782	4173	5561	6930	8265
2013	1384	1377	1378	1384	1382	1365	2761	4139	5523	6905	8270
2014	1374	1366	1366	1370	1378	1378	2740	4106	5476	6854	8232
2015	1378	1357	1356	1358	1364	1374	2735	4091	5449	6813	8187
2016	1393	1362	1347	1349	1353	1361	2755	4102	5451	6804	8165
2017	1399	1378	1353	1341	1344	1350	2777	4130	5471	6815	8165
2018	1394	1383	1368	1345	1335	1340	2777	4145	5490	6825	8165
2019	1395	1379	1373	1361	1340	1331	2774	4147	5508	6848	8179
2020	1405	1382	1371	1368	1357	1337	2787	4158	5526	6883	8220
2021	1415	1393	1375	1366	1364	1354	2808	4183	5549	6913	8267
2022	1435	1404	1386	1370	1362	1362	2839	4225	5595	6957	8319
2023	1460	1426	1399	1383	1368	1360	2886	4285	5668	7036	8396
2024	1477	1452	1421	1395	1380	1366	2929	4350	5745	7125	8491
2025	1494	1468	1446	1417	1392	1378	2962	4408	5825	7217	8595
2026	1513	1485	1462	1443	1414	1390	2998	4460	5903	7317	8707
2027	1534	1504	1479	1458	1440	1412	3038	4517	5975	7415	8827
2028	1553	1525	1498	1476	1456	1438	3078	4576	6052	7508	8946
2029	1569	1544	1519	1494	1473	1454	3113	4632	6126	7599	9053
2030	1584	1560	1538	1515	1491	1471	3144	4682	6197	7688	9159

Source: Compiled from UN Population Division: World Population Prospects 2022 https://population.un.org/dataportal/data/indicators/47/locations/336,404/start/2000/end/2030/table/pivotbylocation

Tables 24 and 25 present KNBS population prospects.

Table 24: Trends in various population age groups 2020-2035, by year (KNBS population projections)

	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035
Population aged 0-4	6280	6291	6301	6312	6323	6333	6345	6356	6368	6379	6391	6394	6398	6402	6405	6409
Population aged 5-9	6039	6075	6111	6147	6183	6219	6229	6240	6251	6262	6273	6285	6297	6309	6321	6333
Population aged 10-14	5819	5851	5884	5916	5948	5980	6016	6053	6089	6125	6161	6173	6184	6195	6206	6217
Population aged 15-19	5407	5472	5538	5604	5670	5736	5769	5801	5834	5867	5899	5936	5973	6009	6046	6083
Population aged 20-24	4959	5032	5105	5177	5250	5323	5389	5455	5521	5587	5652	5686	5719	5752	5785	5818
Population aged 25-64	18392	19047	19703	20359	21014	21670	22356	23042	23727	24413	25101	25790	26481	27172	27863	28554
Population aged 65+	1922	1952	1981	2011	2040	2070	2123	2176	2229	2282	2334	2418	2501	2584	2668	2751
Population aged 0-14	18138	18217	18296	18375	18454	18532	18590	18649	18708	18766	18825	18852	18879	18906	18932	18959
Total population in need of care	48818	49720	50623	51526	52428	53331	54227	55123	56019	56915	57811	58682	59553	60423	61294	62165

Source: Based on KNBS 2022i

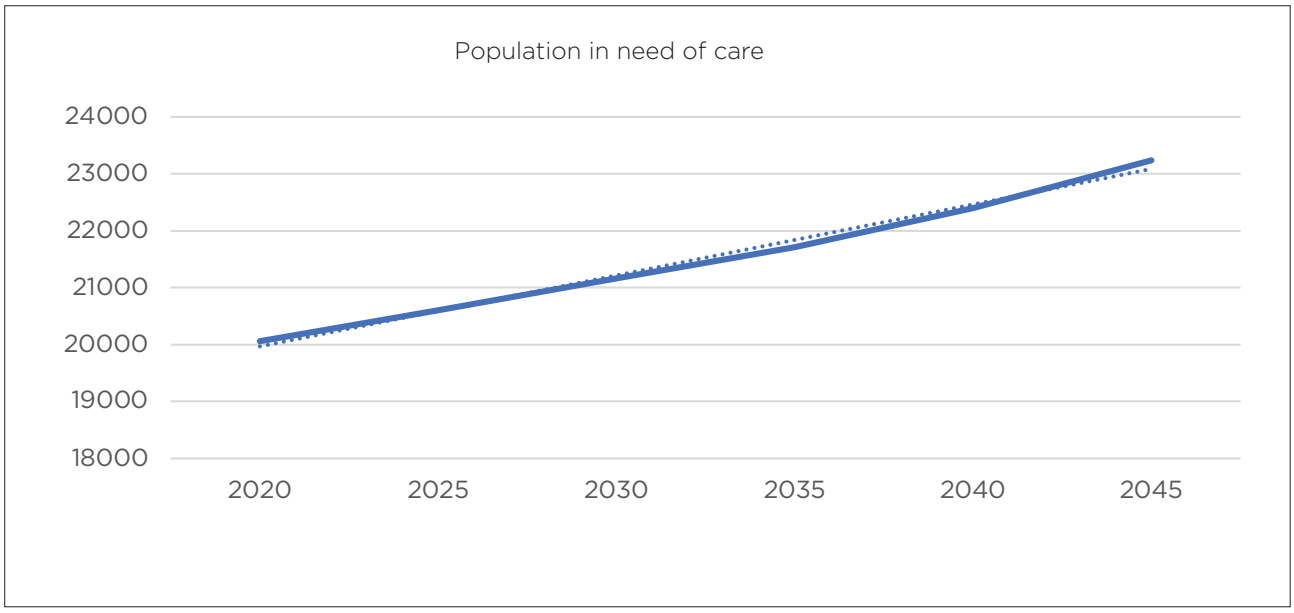
Table 25: Trends in various population age groups 2020-2035, by 5-year period (KNBS population projections)

	2020	2025	2030	2035	2040	2045
Population aged 0-4	6280	6333	6391	6409	6396	6356
Population aged 5-9	6039	6219	6273	6333	6353	6343
Population aged 10-14	5819	5980	6161	6217	6279	6301
Population aged 15-19	5407	5736	5899	6083	6141	6206
Population aged 20-24	4959	5323	5652	5818	6003	6064
Population aged 25-64	18392	21670	25101	28554	31767	34673
Population aged 65+	1922	2070	2334	2751	3368	4237
Population aged 0-14	18138	18532	18825	18959	19028	19000
Total population in need of care	48818	53331	57811	62165	66307	70180

Source: Based on KNBS 2022i

The population prospects prepared by KNBS covered a shorter period: until 2035 by year and 2045 by 5-year period. Figure 19 show the trend of population in need of care over the period 2020-2045. An inflexion toward acceleration of the trend is visible after 2035.

Figure 19: Trend in population in need of care over 2020-2045 according KNBS population projections



Source: Based on KNBS 2022i

In section 7 infra on matching the supply and demand for care, we will use our knowledge of populations in need of care at national and county levels for the year 2019. Population projections presented above will allow us to extend our estimates for 2019 to the next decades. To this aim however, we need the population aged 0 to 4 by 1-year age groups, but at the same time, it is preferable to use national projections rather than the UN Prospects. Therefore, the solution would be to use the volume of population aged 1-4 as per national projections and to disaggregate this volume by 1-year age group, by using the distribution by 1-year age group in the population aged 0-4 in the UN population prospects.

To end with the demand for care, it is necessary to point out that data from the time-use survey on unpaid domestic and care work can be used to infer the potential demand from household by comparing for example time spent by non-working mothers of children aged 0 to 4 and by working mothers, among other possible estimations.

6 | THE SUPPLY OF CARE SERVICES BY THE CARE SECTORS

Once the real size of the care sector is known (in terms of employment, value added to GDP and government expenditures) and therefore, better perceived, the supply of care services by the public sector as well as the private sector (including the non-profit sector) must be assessed in each of the care sectors: education, health, and in the access to water, energy and sanitation.

6.1 Supply of care services in the education sector

6.1.1 Introduction

In the education sector, the Early Childhood Development and Education (ECDE) centres form an important part of the overall mechanism covering childcare by the education system.

While the pre-primary (4-5 years old) and the primary (6-13 years old) schools receive the children of these age groups, ECDE centres were in charge of the 3-5 years old before the 2019 Reform. In 2019, Kenya has transformed its education and training system and adopted the Competency Based curriculum (CBC) for all levels of basic education. In the implementation of the new curriculum, the 8-4-4 structure will eventually be replaced by the 2-6-6-3 structure, which consists of 2 years of pre-primary (for ages 4-5); 3 years of lower primary and 3 years of upper primary (for ages 6-11); and 3 years of junior secondary, 3 years of senior secondary (for ages 12-17 years) as well as 3 years of university education (Republic of Kenya, Ministry of Education 2021).

Care services for the 1-2 years old and now for the 1-3 years old remain the missing link that would help women staying in employment. Public services are relatively inexistent and day care centres are mainly staffed by informal care workers with too many children per care worker to provide quality and safe care services. An enumeration of day care centres that could provide reliable and systematic data on these structures does not exist. Some counties have collected data but they are not consolidated. Only incomplete and anecdotal data are available that describe the situation at local level and the actions of Civil Society Organizations engaged in such activities in some counties.

Table 26 indicates the number of educational institutions and their distribution between pre-primary, primary, secondary and tertiary, and public and private, from 2017 to 2021. It can be noted that the number of institutions has rather stagnated or even slightly decreased between 2019 and 2021.

Table 26: Educational institutions by category 2017-2021

Schools	2017	2018	2019	2020	2021
Registered Pre-primary	41779	42317	46510	46652	46671
Public	25381	25589	28363	28505	28585
Private	16398	16728	18147	18147	18086
Primary	35442	37910	32344	31464	32594
Public	23584	24241	23286	23368	23566
Private	11858	13669	9058	8096	9028
Secondary	10655	11399	10463	10390	10482
Public	9111	9643	8933	9100	9238
Private	1544	1756	1530	1290	1244
Total	87876	91626	89317	88506	89747
Public	58076	59473	60582	60973	61389
Private	29800	32153	28735	27533	28358

Source: Ministry of Education, Council of Governors, KNBS (2022), Economic Survey, Table 15.2, p.306.

6.1.2 Early childhood (ECDE), pre-primary education and primary education

Changes introduced in 2019 as parts of reforms in the education sector have an important impact on learner enrollment and teacher statistics. As we can see on Table 24, changes in classifications introduced between 2018 and 2019 need to be considered when interpreting this data: Pre-primary enrollment data for 2017 and 2018 include learners aged 3, whereas for the subsequent years, age 3 remains included in ECDE Centres. The total number of children enrolled in pre-primary schools falls from 3,390,545 in 2018 to 2,738,587 in 2019, 2,832,897 in 2020 and 2,845,565 in 2021. It can be noted that in 2019, 821,897 pupils among the 2,738,587 in pre-primary, were enrolled in private schools (30.0%). The child/teacher ratio has been increasing over the years, increasing from 24.1 in 2014 to 29.1 in 2016 and 30.1 in 2019, even reaching 161.1 in Turkana county (the highest ratio).

Considering that the pre-primary enrolment rates cover the 3-4 years old age group (2,508,591 in 2019 according to the Population Census: see Table 20 in section 5.1 supra), the gross enrolment rate for pre-primary would be of 109.2%.

Even if the recent period corresponds to the COVID 19 pandemic, the drop is mainly due to the 3 years old age group, that is no longer included in the data. Their exclusion is due to "the full adoption of the CBC from the 2018 academic year and the redundancy of the three-tier Baby Class Nursery and Pre-Unit system under the 8-4-4 curriculum which has been replaced by the two-tier pre-primary 2 system under the CBC" (Republic of Kenya, The Senate 2022).

One wonders whether the new system is going to add further pression on the childcare crisis resulting from the gap between the number of children in need of care and the actual provision of care – a crisis that is not specific to Kenya, but worldwide (Samman et al. 2016; Grantham et al. 2021). This been a subject of debate and concern since a long time in Kenya.

The ECDE system is regulated by the Early Childhood Education Act, 2021.

A recent report by the Senate on Early Childhood Development and Education (Republic of Kenya, The Senate 2022), based on data provided by the counties, indicates that both gross and net enrolment rates have increased until 2019, a sign of an increasing demand, with huge variations across the Counties as well as over years. County hearings reveal huge disparities amongst counties as regards to the number of ECDE centres and teachers, teachers' status and salaries (varying from 10,000Ksh or less to 40,000Ksh, depending on diploma) leading to high attrition rates. Several problem areas are identified in the report, such as the relinquishment of rooms for primary classrooms, the lack of adequate teaching, the lack of toilets, playgrounds, learning and play materials, furniture or kitchenettes. Further noted is the low pay of teachers and sometimes their recruitment by parents with challenges such as unreliable and delayed payments. Furthermore, school-feeding programmes the benefits of which are multiple (to the child, the community, with increased enrolments and completion rates) are far from being generalised.

The report concludes that "the governance and institutional arrangements between the two levels of governments are not clear", creating "inconsistencies in hiring and remuneration of ECDE teachers (...) thus adversely affecting their morale". Noting that the emphasis put on ECDE has been in constructing classrooms rather than allocating related adequate resources, it also recognizes that "the available ECDE data is limited and inconsistent impeding planning and evidence-based decision-making".

The report finally recommends that the County Assemblies consider increasing annual budgetary allocations to the ECDE sector to at least 10% of the county revenue out of which 50% should be to the ECDE sub-sector, that the Ministry of Education ensures standardization of provision of Early Childhood Education across the country establishing quality standards and rigorous monitoring and evaluation and implement an effective and efficient data collection and sharing system to ensure updating verifiable and credible. It also recommends that "the Council of Governors undertake a

comprehensive functional analysis, unbundling and costing of ECDE service provision".

In a further section of this report, we will attempt to calculate the number of teachers that should be hired if all the ECDE age group (3-4) were to be enrolled in the system, based on an adequate child/teacher ratio (see section 7.2 infra).

Tables 27, 28 and 29 establish the landscape for the primary education.

Table 27: Pupil enrolment and number of teachers in Pre-Primary Schools

	2017	2018	2019	2020	2021*
Enrolment					
Boys	1,681,530	1,730,237			
Girls	1,612,283	1,660,308			
TOTAL	3,293,813	3,390,545			
Boys 2 Pre-Primary 1 and 2			1,393,719	1, 436,924	1,422,247
Boys 2 Pre-Primary 1 and 2			1,344,868	1,395,973	1,432,018
TOTAL			2,738,587	2,832,897	2,845,265
Trained Teachers					
Male	17,746	18,703			
Female	89,192	94,000			
Sub Total	106,938	112,703			
Trained Teachers 3					
Male	..	..	14,634	15,584	11,225
Female	..	..	77,725	79,657	57,374
Sub-Total			92,359	95,241	68,599
Untrained Teachers					
Male	2,445	2,294	..	..	..
Female	8,893	8,158	..	..	..
Sub-Total	11,338	10,452			
Total	118,276	123,155	92,359	95,241	68,599

Source: Ministry of Education, Council of Governors, KNBS (2022), Economic Survey, Table 15.3, p.307

Notes: *Data for 2017 and 2018 include Age 3
1 Comprises number of pupils enrolled in baby class, middle class and pre-unit under 8.4.4 System
2 Comprises of number pupils enrolled in pre-primary 1 and 2 under Competency Based Curriculum
3 Number of teachers under Competency Based Curriculum

Table 28: Primary School Enrolment by Class and Sex, 2017-2021

	2017			2018			2019			2020			2021		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
Grade 1	705.9	66.4	1,370.3	716.1	674.1	1,390.2	661.0	620.1	1,281.1	647.0	609.6	1,256.6	654.5	622.0	1,276.5
Grade 2	695.7	655.2	1,350.9	704.9	663.9	1,368.8	658.2	618.9	1,277.1	669.4	623.7	1,293.0	672.5	635.6	1,308.1
Grade 3	693.3	652.9	1,346.2	702.4	661.6	1,364.0	637.0	605.5	1,242.5	655.7	618.3	1,274.0	675.2	643.2	1,318.4
Grade 4	694.2	665.4	1,359.7	703.4	674.4	1,377.8	665.8	635.6	1.301.4	641.2	605.4	1,246.6	658.3	626.7	1,285.1
Grade 5	681.1	667.5	1,348.6	690.0	676.2	1,366.2	657.4	643.7	1,301.2	679.6	644.8	1,324.5	649.6	618.6	1,268.2
Standard 6	669.8	655.2	1,325.0	678.5	663.8	1,342.4	650.4	645.4	1,295.7	666.1	649.3	1,315.4	687.4	660.8	1,348.2
Standard 7	656.1	652.9	1,309.0	664.6	661.5	1,326.1	646.3	647.6	1,294.1	651.1	645.0	1,296.1	656.5	647.2	1,303.7
Standard 8	496.3	496.3	994.0	504.3	502.8	1,007.1	529.2	549.2	1,079.0	581.3	582.5	1,163.8	589.4	587.6	1.177.0
TOTAL	5,293.9	5,109.8	10,403.7	5,364.3	5,178.3	10,542.5	5,105.8	4,966.3	10,072.0	5,191.4	4,978.7	10,170.1	5,243.5	5,041.7	10,285.1

Source: Ministry of Education
*Provisional | **Estimates

Table 29: Public Primary School Teachers by Qualification/Category and Sex, 2017-2021

Qualification/ Category	2017			2018			2019			2020			2021		
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
Masters and Doctorate degrees	201	328	529	192	307	499	188	293	481	197	294	491	191	298	489
Bachelor degrees	9,043	9,669	18,712	8,730	9,434	18,164	8,576	9,315	17,891	8,627	9,303	17,930	8,351	9,097	17,448
Diploma	16,491	18,164	34,655	13,272	14,461	27,733	11,561	13,043	24,604	9,821	11,811	21,632	8,207	10,288	18,495
Certificate	80,873	83,321	164,194	82,670	87,601	170,271	84,293	91,491	175,712	84,469	93,555	178,024	86,732	97,580	184,312
Contract Teachers	....	.....	.....	56	6	62	66	6	72	.....	.....	.....	.....	.....	.....
TOTAL	106608	111482	218,090	104920	111809	216,729	104,684	114,076	218,760	103,114	114,963	218,077	103,481	117,263	220,744

Source**:** Ministry of Education, KNBS (2022), Economic Survey, Table 15.4, p.309 and 15.7 p.313.

6.1.3 Day care centres

In Kenya, according to Employment Act 2007, article 29, paid maternity leave lasts 90 days at 100% pay (but Government does not administer 100% of paid leave benefits) and paid paternity leave 14 days. Furthermore, articles 45 and 46 prohibit dismissal of pregnant workers (World Bank 2022).

There is no public provision of care for the 1-2 years olds (and now for the 1-3 years olds, subsequent to the 2019 reforms) and the quality of private childcare service is not regulated by any license or registration requirement, any zoning requirement or pupil-teacher ratio requirement, or penalties for noncompliance with laws.

Whatever the number of their employees (or female employees) employers have no legal obligation to support childcare and do not receive any Government incentives to do it. However, some large companies such as Safaricom (10,800 employees), or commercial banks, provide day-care services for their staff.

Fifty per cent of employed staff at Safaricom are women. The company supports employees (both women and men) with children through on-site creches (from 3 months to 7 years old), "bring your child to work" policy, additional paid maternity leave (beyond statutory provision), "mother's shift" – reduced working week at full-time pay, breastfeeding rooms, shift preference system (at Call Centre), and on-site doctor and medical insurance (IFC 2017). Business impacts are noticeable: improved punctuality, reduced absenteeism and stress, productivity and motivation gains for women and men, recruitment and retention benefits, progress against company vision for numbers of women in leadership (from 25% in 2018 to 36% in 2020 in executive leadership, and from 32% to 35% in senior management) and technology functions (23% to 24%). The policy also demonstrates commitment to best practice in sustainable and responsible business, as part of the company's overall sustainability initiatives and helps company deliver on strategic priorities (Ibid.).

In the absence of public sector provision of childcare for children under 3, these services remain mainly unpaid care services within the households or the community, or informal (domestic workers, privately hired childminders or nannies, besides private creches).

Data collection on such types of day care services remain anecdotal and not systematic. If some day care services can be identified as micro-businesses, most of them remain home-based (sometimes with more than 20 children) and even a census of establishments or a population census may miss many of them because the care providers will not declare the activity as an economic activity.

In Nairobi, the number of private creches would be around 3,000, with fees ranging from 300 to 1,000 Ksh per day and even 3,000 in some places. The low and non-guaranteed quality of services and care-providers' skills has created room for social businesses in the social and solidarity economy, in order to raise the quality of existing creches or support the creation of higher quality day care centres. Kidogo (www.kidogo.co) is an example of such a social enterprise that aims at improving access to quality, affordable early childhood care and education in East Africa's low-income communities, by using an innovative social franchising approach to identify, train and support female entrepreneurs ("Mamapreneurs") to start or grow childcare micro-businesses. Kidogo itself operates several 'centres of excellence' across Nairobi, which also serve as training centres for the mamapreneurs.

A study conducted by the African Population and Health Research Center (APHRC 2022) on 129 childcare centres in two informal settlements of Nairobi, Korogocho and Viwandani found that the caregiver-to-child ratios ranged from 1/8 to 1/32, with only 20% of the caregivers having received any training. In most care centres, children receive lunch, but only in a minority children have something to play with.

Good practice example: on-site crèches at Safaricom

Safaricom has two on-site crèches in Nairobi—one at its Call Centre, established in 2010, and the second at one of its three headquarters sites, established in 2013. The second crèche was established to ensure fair access to such services for all Nairobi staff. All employees can use the crèches, and there are no fees. Both sites are open to children from three months to seven years, and parents bring their own food, clothes, and diapers for infants. At the Call Centre site, the crèche is open from 6:30 a.m.–6 p.m., seven days per week, including weekends and holidays. The center has one room for all children, with a separate sleeping room and separate kitchen, as well as an outdoor play area. Access to a doctor is provided separately for all staff as well as for children using the crèche. The Human Resources department reports that staff without childcare needs still value the crèches as an indication of the company's overall approach to employee care.

At the headquarters' site crèche, hours are 7:30 a.m.–5:30 p.m., weekdays only. Here there is also one room for all children, with separate changing facilities and a food preparation room. All staff at the crèches have qualifications in first aid.

Safaricom wanted to ensure that the best quality care was provided for children at the crèche. Thus, from their inception, both crèches have been operated by Children's World, an independent, qualified, private, external provider of crèche, play, and childminding services, under the overall management of Safaricom's Health, Safety, and Wellness Team (part of the Human Resources division). Parents are welcome to give feedback about the crèche services. Over time, this has included suggestions to have more structured activities for the children, to improve provision for children over age three, including adding more educational activities, and a request for childminders to have first aid training.

A range of employees, both women and men, use the crèches, although Call Centre staff who work shifts make most use of the Call Centre site. The parents of some very young children use the crèche as their main form of childcare because this allows them to visit during the day and feel reassured that they are close by. Yet at both sites, the crèche facilities' main use is for back-up care when employees' regular childcare arrangements break down during a standard working week. For employees at the Call Centre (which operates 24 hours a day, 365 days a year), the fact that the Call Centre crèche is open on weekends and holidays when domestic staff may be unavailable is also especially important.

Staff also value the crèche services for school-age children (e.g., when they are ill) and the crèches are much busier during the holidays and on weekends. Safaricom is now considering partnerships with other daycare service providers in the regions to reach out to all staff. Employees report that many children prefer the crèche to being at home alone with a childminder, since they have the company of other children and prefer the atmosphere and facilities.

Source: IFC 2017.

Recently, Nairobi county government passed a bill requiring all childcare centres to be registered and is developing minimum standards and guidelines.

Outside the capital city, several projects are addressing the issue of how the lack of day care services impacts on women's labour force participation rates and women economic empowerment. For instance, the Women's economic Empowerment Hub at Kenyatta University (KU-WEE) and a sister hub at Nairobi University, with the financial support of Bill and Melinda Gates Foundation, recently implemented a rapid needs assessment and livelihood survey in Tharaka Nithi county for enhancing women's labour force participation, child development and women's psychosocial wellbeing through a creche programme in the county. The study is based on a random control trial (experimental economics) which compares a population having benefitted of creches (made available to mothers against payment of a small amount) with a population that has not benefitted. Preliminary results show that women are willing to use creches which are within 3 km from their homes and the uses of daycare centres increases women's participation in wage employment.

For rural areas, the above-mentioned study (APHRC 2022) found that as children grow older (2 years and older), they were more likely to be left alone with no one to care for them (73%) and more likely to be left for more than one hour under the care of another child (less than 10 years old) or a person other than the mother or father, which means that in rural areas, childcare needs remain unmet within the community.

6.1.4 Candidates With Special Needs

The 2019 Population Census provides the number of persons with disabilities by age group and sex.

The disability status among respondents was defined using the threshold of those with "a lot of difficulty" or "cannot do at all" in at least one of 6 domains: visual, hearing, mobility, cognition, selfcare, communication.

Table 30 shows that total population having some form of disability and attending schools amounted 129,694 (the total population with disabilities aged 5-19 being 174,955, according to Table 30).

Provided that it is difficult to compare the two previous figures because a certain proportion of the enrolled children with disabilities may not correspond to the definition applied in the population census (see section 6.2.3 infra), it is interesting to compare the numbers in age groups 5-9 and 6-14 with the number of registered candidates at Kenya Certificate of Primary Education (KCPE): 2,414 children were registered at KCPE in 2019 (Table 28) on a total number of candidates: 1,088,986. The ratio is 0.22%.

Table 30: Percentage distribution of population attending school by disability status, sex and class

	Total			PWDs			Persons without Disabilities		
	Total	Men	Women	Total	Men	Women	Total	Men	Women
Total	15,698,421	7,985,746	7,712,311	129,694	69.660	60,028	15,568,727	7,916,086	7,652,283
Pre-Primary	13.8	14.1	13.4	13.6	14.5	12.5	13.8	14.1	13.4
Standard/Grade1	8.2	8.3	8.1	7.8	8.3	7.1	8.2	8.3	8.1
Standard/Grade2	7.9	8.0	7.9	7.6	8.2	7.0	7.9	8.0	7.9
Standard/Grade 3	7.8	7.9	7.8	8.0	8.4	7.4	7.8	7.9	7.8
Standard/Grade 4	8.1	8.1	8.0	8.1	8.4	7.7	8.1	8.1	8.0
Standard/Grade 5	8.1	8.0	8.1	8.4	8.6	8.1	8.1	8.0	8.1
Standard/Grade 6	8.1	7.9	8.2	8.3	8.4	8.2	8.1	7.9	8.2
Standard/Grade 7	8.0	7.8	8.2	8.5	8.3	8.8	8.0	7.8	8.2
Standard/Grade 8	7.9	7.8	8.0	8.2	7.8	8.7	7.9	7.8	8.0
Form 1/Grade 9	5.9	5.7	6.1	5.9	5.3	6.6	5.9	5.7	6.1
Form 1/Grade 10	5.4	5.3	5.6	5.6	4.9	6.5	5.4	5.3	5.6
Form 1/Grade 11	4.7	4.7	4.8	4.8	4.2	5.4	4.7	4.7	4.8
Form 1/Grade 12	6.0	6.2	5.9	5.3	4.6	6.0	6.0	6.2	5.9

Source: KNBS, Population Census 2019, Vol. XV, Table 2.23 p.54.

Table 31: Registered KCPE Candidates with Special Needs by Type of Disability and Sex, 2017-2021

	2017			2018			2019			2020			2021*		
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
Blind	47	40	87	60	44	104	76	50	126	77	34	111	85	65	150
Low Vision	296	231	527	319	244	563	325	281	606	359	273	632	344	262	606
Hearing Impairment	381	368	749	418	373	791	415	377	792	392	344	736	397	406	803
Physical Handicapped[1]	425	293	718	590	447	1037	506	384	890	694	507	1201	759	536	1295
Total	1,149	932	2,081	1,387	1,108	2,495	1,322	1,092	2,414	1,522	1,158	2,680	1,585	1,269	2,854

Source: Kenya National Examinations Council, KNBS (2022), Economic Survey, Table 15.6, p.311.
Notes: *Provisional
1 Physical Handicap only in writing

6.2 Supply of care services in the health sector

Health service provision in Kenya is done by a mix of public (49%), private-for-profit (32%) and private-not-for-profit (16%) health facilities. The majority of public health facilities are managed by county governments and are categorized into tiers ranging from community health services (Level 1), dispensaries and health centres (Level 2 and 3), County and sub-county hospitals (Level 4), regional hospitals (Level 5) and national referral hospitals (Level 6) (Ministry of Health 2021a).

Table 32 and 33 indicate the number of beds and cots and the number of health facilities by ownership (Ministry of Health, Private, Faith-based Organisation and NGO) and by type (from level 2 dispensary and medical clinic to level 6 tertiary referral hospitals).

Table 32: Hospitals Beds and Cot by Type of Ownership, 2017-2021

Ownership	2017		2018		2019		2020		2021	
	Beds	Cots	Beds	Cots	Beds	Cots	Beds	Cots	Beds	Cots
Public	35,439	3,693	35,556	3,723	36,267	3,773	37,069	3,867	38,132	3,932
Private	17,777	2,159	21,835	2,557	24,154	2,557	30,496	3,493	36,817	4,046
FBO[1]	13,061	1,443	13,253	1,472	13,323	1,472	13,277	1,421	14,068	1,612
NGO[2]	918	127	957	130	1,124	130	1,249	165	1,400	176
Total	67,195	7,422	71,601	7,882	74,868	7,882	82,091	8,946	90,417	9,766

Source: Kenya Master Health Facility List (KMHFL), Ministry of Health. KNBS (2022), Economic Survey, Table 16.7, p.344.
Notes: *Provisional
[1]FBO- Faith Based Organization; [2]NGO- Non-Governmental Organization

Level 1 corresponds to Community Health Unit (CHU) that covers every 1,000 households (approximately 5,000 people) and is comprised of a Community Health Committee (CHC) and two Community Health Extension Workers (CHEWS) supervising 10 Community Health Volunteers (CHVs). In 2021, the nationwide coverage of community health units reached 89% (Ministry of Health 2021b).

The Ministry of Health (2021c) provides the following indicators as regard Demand, Access and Quality of Health Services: 1) Number of outpatient visits per person per year demonstrated a marginal increase from 1 visit in 2017/18 to 2 visits in 2019/20 per person per year but below a target of 3; 2) Number of health facilities per 10,000 population increased from 2.4/10,000 population in 2017/18 to 2.5/10,000 population in 2018/19; 3) Health facility density is at 2.2 surpassing the WHO target of 2.0; 4) The national caesarean section rate has increased from 14% to 15%. There is however a wide variation across counties in the performance of this indicator.

A recent publication (Ministry of Health 2022b) provides a lot of indicators at county level, such as density of health facility, of beds, of maternity beds, of health workforce, of service utilization, of availability of basic equipment, of diagnosis, etc.

However, indicators on access to health care centres are more interesting for the care needs assessment.

Table 33: Operational Health Facilities by Level, Type and Ownership, 2017-2021

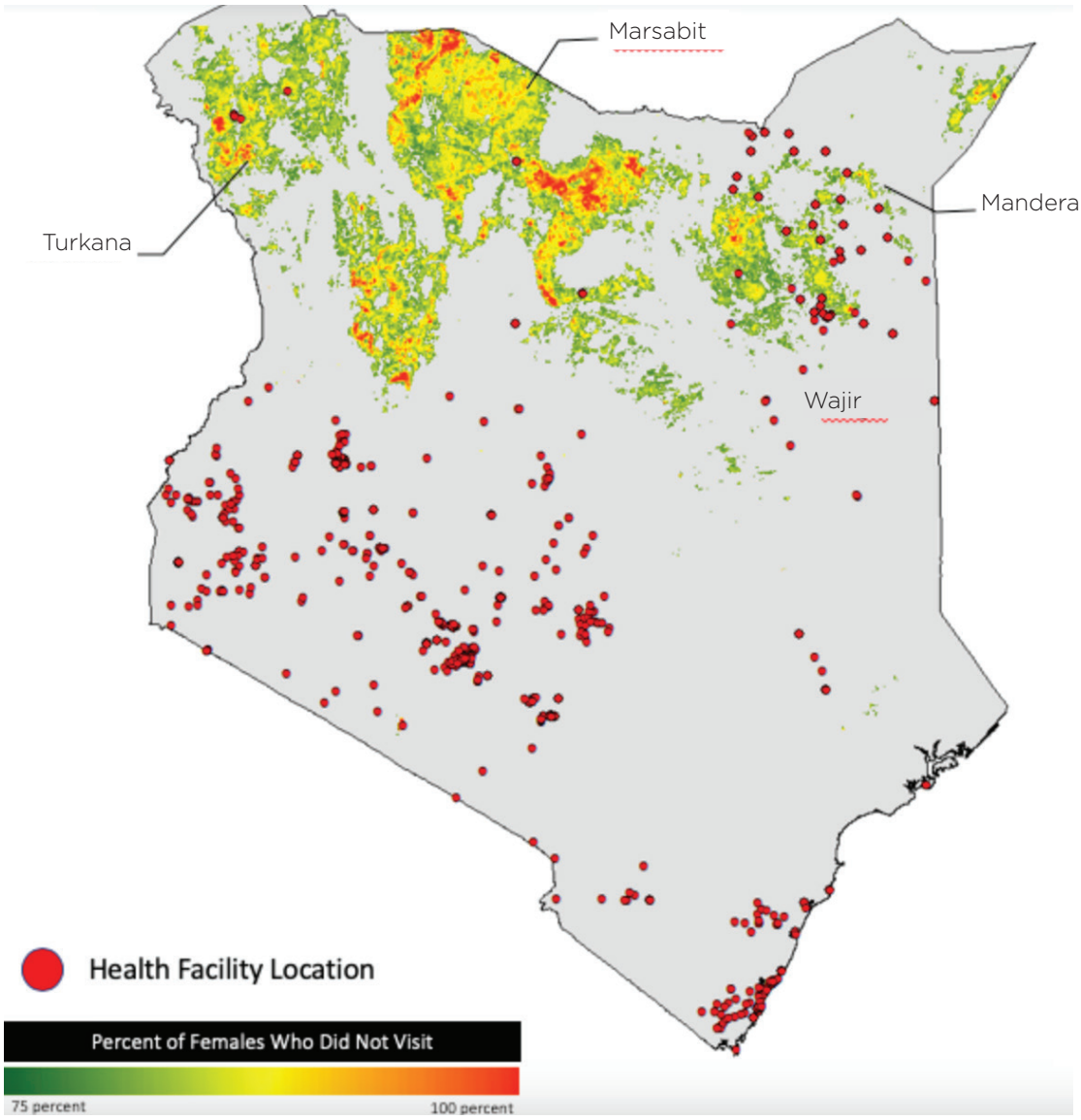
KEPH Level	Type of health facility	Ownership	2017	2018	2019	2020	2021
Level 2	Dispensary	MoH	4350	4,459	4,652	4,818	4,902
		Private	126	138	147	153	118
		FBO	812	819	829	843	661
		NGO	21	23	27	36	35
	Sub-Total		5,309	5,439	5,655	5,850	5,716
	Medical Clinic	MOH	11	13	14	20	31
		Private	3,902	4,193	4,427	4,890	4,619
		FBO	11	16	17	23	49
		NGO	233	238	240	245	217
	Sub- Total		4,157	4,460	4,698	5,178	4,916
	Stand alone	MoH	34	34	34	35	39
		Private	143	149	169	188	172
		FBO	22	22	22	22	20
		NGO	86	90	93	99	80
	Sub - Total		285	295	318	344	311
	Total		9,751	10,194	10,671	11,372	10,943
LEVEL 3	Medical Centre	MoH	0	0	0	0	0
		Private	469	582	685	719	533
		FBO	3	7	8	9	10
		NGO	21	23	24	18	13
	Sub- Total		493	612	717	746	556
	Health Centre	MoH	1,023	1,026	1,039	1,093	1,109
		Private	11	12	13	14	15
		FBO	201	202	204	214	192
		NGO	37	37	39	47	33
	Sub - Total		1,272	1,279	1,295	1,368	1,349
	Nursing Home	MoH	0	0	0	0	0
		Private	214	249	286	226	358
		FBO	5	5	5	5	4
		NGO	8	9	10	10	6
	Sub - Total		227	263	301	241	368
	Total		1,992	2,154	2,313	2,355	2,273
LEVEL 4	Primary care hospitals	MoH	353	354	356	357	365
		Private	231	269	303	373	409
		FBO	101	106	109	106	110
		NGO	12	12	14	13	11
	Total		697	741	782	849	895
LEVEL 5	Secondary care hospitals	MoH	13	13	13	13	13
		Private	2	2	2	2	2
		FBO	3	3	3	3	5
		NGO	0	0	0	0	0
	Total		18	18	15	18	20
LEVEL 6	Tertiary referral hospitals	MoH	6	6	6	6	6
		Private	0	0	0	0	0
		FBO	0	0	0	0	0
		NGO	0	0	0	0	0
	Total		6	6	6	6	6
Grand Total			12,464	13,113	13,790	14,600	14,137

Source: Kenya Master Health Facility List, Ministry of Health.
*Provisional.
1 KEPH Level – Kenya Essential Package for Health; 2 Comprehensive[9]and specialized Hospitals.
Source: KNBS (2022), Economic Survey, Table 16.6, p.343.

6.2.1 Access to health care centres

In the absence of data on distance to health facilities or time to access, we refer to a geospatial data analysis (https://fraym.io/blog/womens-access-to-health-facilities-in-kenya/) based on data from 2015 showing that only 65% of women aged 15-49 (DHS) had visited a health facility in the past year. Northern counties of Marsabit and Turkana (characterized by a low presence of health facilities) had the highest concentration of non-visiting women.

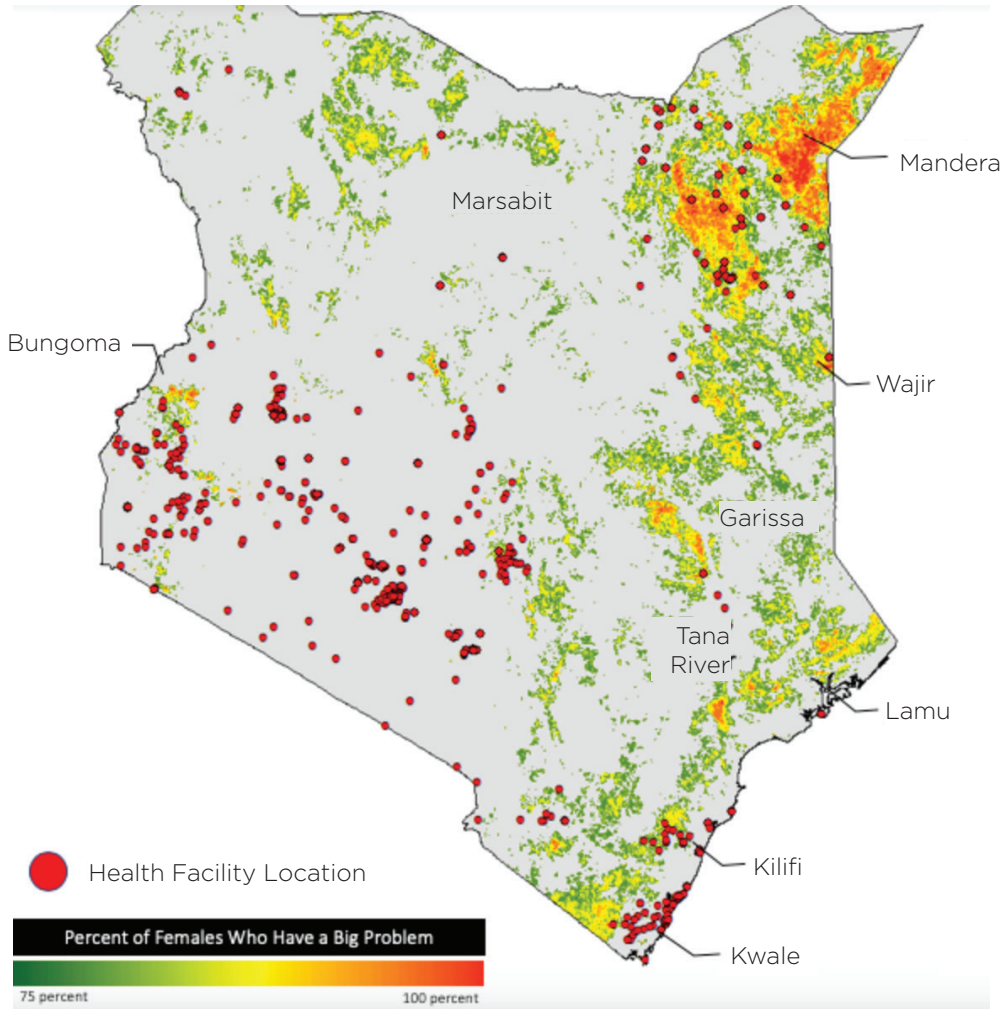
Figure 20: Percentage of women 15-49 who did not visit a health facility



Source: https://fraym.io/blog/womens-access-to-health-facilities-in-kenya/

The analysis confirms that most non-visitors live in areas where there are fewer clinics. But significant proportions of non-visiting women live near a health facility, which means that facility availability does not only equal access. Identified barriers were: getting permission to go, distance to facility, getting money needed for treatment, not wanting to go alone.

Figure 21: Percentage of women 15-49 having problem for visiting a health facility



Source: https://fraym.io/blog/womens-access-to-health-facilities-in-kenya/

6.2.2 Care services for the elderly

In 2019, the population aged 65+ represented 9.8% of the total population (see Table 20 supra). Of course, not all this population is in need of care, an important proportion being in good health. According to WHO[8], the healthy life expectancy at 60 in Kenya is as high as 14 years for women and 11.9 years for men. Though, an important proportion of this population lack resources because they do not benefit of pensions (especially women, who are less likely than men to have contributed to pension schemes). Moreover, many elderly are also care providers. Furthermore, a more robust estimate of the elderly population in real need of care could be derived from the prevalence rates of disabilities among the population aged 65+ that show such a rate increases rapidly above age 65 (Table 34 in next section infra).

A list of institutions and organisations offering services to older persons can be found in annex E. This list has been established by the State Department for Social Protection, Senior Citizens Affairs, and Special Programmes. Some of these institutions provide daycare while others host residents. Although it is difficult to assess the exact volume of supply, it seems extremely limited.

8 https://www.who.int/data/gho/data/indicators/indicator-details/GHO/gho-ghe-hale-healthy-life-expectancy-at-age-60

6.2.3 Care services for Persons With Disabilities (PWD)

The 2019 Population Census provides the number of persons with disabilities by age group and sex.

The disability status among respondents was defined using the threshold of those with "a lot of difficulty" or "cannot do at all" in at least one of 6 domains: visual, hearing, mobility, cognition, selfcare, communication.

Table 32 shows that total population having some form of disability and attending schools amounted to 916,692 persons aged 5 years or more and 116,139 for the population aged 5-14, the overall prevalence in the population aged 5+ is 2.2%, 0.8% for population aged 5-9 and 1% for population aged 10-14.

A list of institutions supporting persons with disabilities can be found in Annex F.

Table 34: Distribution of population age 5 years and above by disability status, sex and age, and prevalence

	Total Population			Population with Disability			Prevalence (% with Disability)		
	Total*	Male	Female	Total*	Male	Female	Total*	Male	Female
All 5+	41,230,306	20,314,377	20,914,684	916,692	393,451	523,184	2.2	1.9	2.5
5-9	6,186,950	3,108,802	3,077,983	52,433	29,564	22,866	0.8	1.0	0.7
10-14	6,316,905	3,192,906	3,123,837	63,706	34,980	28,721	1.0	1.1	0.9
15-19	5,251,094	2,665,906	2,585,125	58,816	30,688	28,124	1.1	1.2	1.1
20-24	4,399,022	2,082,561	2,316,271	44,018	22,197	21,881	1.0	1.1	0.9
25-29	3,805,348	1,805,558	1,999,654	40,295	20,020	20,268	1.1	1.1	1.0
30-34	3,526,863	1,666,831	1,859,889	47,020	22,078	24,938	1.3	1.3	1.3
35-39	2,616,139	1,323,015	1,293,038	41,174	20,185	20,984	1.6	1.5	1.6
40-44	2,233,408	1,137,687	1,095,662	46,808	20,990	25,816	2.1	1.8	2.4
45-49	1,767,413	902,278	865,089	49,878	20,907	28,968	2.8	2.3	3.3
50-54	1,294,756	653,225	641,506	48,669	19,379	29,288	3.8	3.0	4.6
55-59	1,108,875	540,512	568,339	54,938	21,116	33,819	5.0	3.9	6.0
60-64	863,802	415,334	448,444	58,959	21,849	37,109	6.8	5.3	8.3
65-69	654,119	308,744	345,362	63,519	23,474	40,043	9.7	7.6	11.6
70-74	511,473	234,083	277,376	72,183	26,535	45,644	14.1	11.3	16.5
75-79	281,643	118,390	163,249	54,288	18,788	35,500	19.3	15.9	21.7
80-84	202,804	82,354	120,447	50,271	17,730	32,540	24.8	21.5	27.0
85-89	113,038	43,623	69,411	33,636	11,724	21,911	29.8	26.9	31.6
90-94	54,818	19,108	35,707	19,201	6,151	13,050	35.0	32.2	36.5
95-99	27,792	9,650	18,142	10,623	3,481	7,142	38.2	36.1	39.4
100 +	14,044	3,891	10,153	6,257	1,615	4,642	44.6	41.5	45.7

Source: KNBS, Population Census 2019, Vol. Table 2.11, p.32.
Note: Total* includes intersex

Table 35: Registered persons with disabilities by type of disability and sex, 2018-2021

Type of Disability	AS at 30th June 2018			As at 30th June 2019			AS at 30th June 2020			As at 30th June 2021		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Persons with any Disability	223,582	183,035	416,617	261,364	200,664	462,028	306,684	235,489	542,152	329,788	246,281	552,019
Visual Disabilities Blind	7,402	5,823	13,226	7,913	6,084	13,997	8,198	6,270	14,468	8,608	6,529	15,137
Other Disability	19,964	16,283	36,237	22,920	18,121	41,041	24,710	19,204	43,914	26,904	20,449	47,353
Sub - Total	27,356	22,106	49,462	30,833	24,205	55,038	32,908	25,474	58,382	35,512	27,028	62,490
Hearing Disability												
Deaf - able to talk	4,801	3,946	8,747	4,977	4,066	9,043	5,108	4,165	9,273	5,274	4,290	9,564
Deaf- Using Sign Language	13,185	10,452	23,637	14,459	11,404	25,873	15394	12,872	28,266	16,212	13,466	29,677
Other Hearing Disability	11,106	9,489	20,598	12,496	10492	22,968	13,346	11,169	24,515	14,432	11,916	26,348
Sub - Total	29,095	23,887	52,982	31,942	25,962	57904	33,848	28,206	62,054	35,918	29,671	65,589
Physical	133,708	103,780	237,488	149,581	113,511	263,192	160,965	120,440	281,425	173,488	127,451	300,939
Mental	43,176	32,940	76,118	48,067	36,255	84,322	51,664	38,791	90,435	55,179	41,142	96,321
All other Disability												
Albinism	3,072	2,855	5,927	3,308	3,038	6,344	3,412	3,127	6,538	3,546	3,223	6,769
Autisms	1606	711	2,317	2,042	862	2,904	2,477	1,046	3,127	2,894	1,167	4,061
Cerebral Palsy	5,924	5,611	11,535	7,545	7,155	14700	8,272	7,675	15,947	9,097	8,159	17,256
Epilepsy	10,900	9,067	19,967	12,251	10,032	22,283	13,118	10,730	23,848	14,154	11,440	25,594
Sub - Total	21,502	18,244	39,746	25,146	21,085	46,231	27,279	22,578	49,856	29,691	23,989	53,680

Source: KNBS, Economic Survey 2022, Table 17.27 p.393.

6.3 Supply of indirect care services in other sectors (water, sanitation, energy)

Time spent in fetching water and collecting firewood or other sources of fuel may be important in rural communities or informal urban settlements and these tasks disproportionately fall on women's shoulders. Any policy or action aiming at promoting investment in such domains for instance boreholes, improved cookstoves) has an impact on women's time-use, leaving them more time for income-generating activities or rest. Though access or non-access to an improved source of water does not mean that fetching it, improved or not improved, is time-consuming, it can be taken as a proxy given that the populations with no access to improved source are more likely to travel long distances to this aim. Of course, data on time spent or distance to travel is preferable, but only the Demographic and Health Survey (DHS 2014) collected such data on water (Table 35). The same argument can be applied to access to sanitation and to sources of energy (not only firewood), in particular to electricity that is timesaving and a source of reduction of unpaid domestic work. Consequently, policies and investments increasing access to these services are oriented toward the reduction and redistribution of unpaid care work and benefit women.

Details and tables are referred to Annex G.

All the following tables (except Table G1 from DHS) have been extracted from Population Census 2019 and are also available by county (at urban and rural levels).

7 | MATCHING SUPPLY AND DEMAND FOR CARE: DEFINING PRIORITIES

7.1 Summary of interviews with key informants: Emerging Issues from Care Needs Assessment

Child Care

i. In Kenya, Public funded Child Care centers are not in place. Tharaka Nithi is currently implementing a pilot for public Creches in partnership with the county government.

ii. ECDE Centers across the country are not adequate, with few teachers. Parents are supplement by hiring caregivers, who are most often not trained, which results in significant differential approach to care services towards children

iii. Most ECDEs are private owned, with majority operating in deplorable/bad environment spaces that impacts/could impact negatively on child development

iv. The care givers are not skilled enough on child sensitive techniques of handling these children especially children with special needs.

v. Distances to the EDCE centers makes it difficult for mothers to utilize them particularly for 0-4 years old.

vi. ECDE Centres are still under funded at the county level, and the little budget allocation is channelled mostly to bursaries which is a National Government function, and not to the ECDE Centres

vii. Oxfam and County governments of Kiambu and Nairobi have been collaborating to push for budgetary allocation to ECDE - currently, Nairobi County has allocated Kshs. 2,400 for each child in ECDE centers, but no policy guidelines is in place. ActionAid Kenya has also been pushing for the establishment of care needs policy for domestic and unpaid care works, including supporting recognition of unpaid care work in informal settlements in Nairobi, and in coastal region of Kenya. On the other hand, APHRC in 2022 has focused on conducting research on 129 childcare centres in two informal settlements of Nairobi, Korogocho and Viwandani to establish the nature of child care and care givers, and to establish data, and evidence that could inform policy formulation on the same.

Health Sector

i. Distances to access health care services for caregivers who are taking care of the elderly and the sick is still a major impediment, where care givers spend considerable hours seeking medical care for the sick. In most instances, medicines in the health centred are not available, or adequate equipment, where care givers are required to move from hospital to hospital, or to pharmaceutical shops in search of recommended medication.

ii. Majority of community-based health care centers that are accessible to households lack adequate healthcare equipment, medicines, and healthcare personnel

iii. Nurses and homebased caregivers are not well- remunerated

Domestic Work and domestic workers

i. Measuring and valuing unpaid domestic work is still a challenge in Kenya. The recently conducted Time Use Survey should shade some light on how household satellite account could be set up, and help incorporate unpaid care work into mainstream economy, including making adequate provisions for payments for unpaid care work.

ii. Domestic workers are still underpaid and operating in harsh domestic environment, working long hours and being underpaid.

iii. Women and girls bear the largest responsibility for domestic work compared to boys are girls. Mostly, this is due to the cultural norms and gender constructs in most Kenyan communities that placed the burden of cooking, cleaning, child care, care for the sick and elderly on women and girls.

iv. Domestic house workers are mostly female.

Persons With Disabilities

i. KNBS and NCPWDs conducted a survey in March 2022 (yet to be publicised) – "Support Needs Assessment for Persons with Disabilities and their Primary Caregivers" (OPDs). From the findings, Kenya still lacks adequate investments into care infrastructure for PWDs, particularly friendly mobility environments in schools such as ramps, properly fitted toilets. Further to this, different PWDs require support different support services such as self-care (e.g., personal assistance), communication (e.g., sign language interpreters), mobility (e.g., guide, guide interpreters, assistive devices, and transport), decision making (e.g., peer support, personal ombudsman), community participation (e.g., circle of support).

ii. The recommendations made in the Disability Mainstreaming Strategy (2018-2022), National Plan of Action on implementation of recommendations made by the Committee on the Rights of Persons with Disabilities (September 2015-June 2022); The National Policy on Persons with Disability (2006); and Persons with Disability Act (2003) have not been fully enforced, and also, have gaps in articulating comprehensive care needs for PWDs

iii. Within the education sector there exists significant gaps in care supportive infrastructure such as mobility ramps, doors that can be accessed by wheelchairs, disability friendly desks/ furniture within classrooms etc.

iv. At household level, government investment in disability assistive devices is very limited.

v. Women living with disabilities are not included in public participation forums, and this leads to their voices not being heard and subsequently their priority needs are not met.

vi. Some counties can be applauded for including PWDS in decision making positions for instance Kisumu County (which has made deliberate effort to employ PWDs in county government)

Private Sector

i. The private sector in Kenya still lags behind in adopting policies that are family friendly, and that recognizes importance of unpaid care work, and that are helping. To recognize, reduce, redistribute, reward and have representation at high leadership levels, and in decision making on issues of care needs. Few companies such as Safaricom and some commercial banks have started initiatives such as child care centers within office spaces, lactating rooms etc.

ii. According to the Disability Mainstreaming Strategy, both private and public service sectors are required to set a side at least 5% of all employment opportunities to persons with disabilities as a way of social inclusion into economic activities. However, this has not been translated into policy and therefore lack enforcement.

General Gaps

i. There is currently no policy that guides unpaid care work in Kenya

ii. Sex disaggregated data for various care domains is not available

iii. There is limited investment in care infrastructure, and labour-saving technologies.

iv. Lack of coordination framework among the various care sector service providers at national and county levels.

Way Forward /Recommendations

i. The is the need for County Government to develop and institutionalize County level child and elderly care policies to address issues of child /elderly care givers training, care centers structure specifications, supportive infrastructure and sustainability.

ii. There is also the need for an increase in the budgetary allocation (at national and county levels) to help in the establishment and equipping of child care centres and creches.

iii. ECDEs are fully devolved function, but still lacks adequate infrastructure, qualified/trained teachers at the county levels. The available ECDE centers are also inadequate to cover county needs to village levels.

iv. There is need to establish guidelines for private and public operation of child protection centres and creches to ensure the protection and welfare of children is secured and safeguarded.

Priorities for Investment

i. Establish unpaid care policy and legal framework to guide implementation of interventions in the care sector and economy

ii. Budgetary allocations both at national and county level to support establishment, equipping and running of Creches and Child Care Centres

iii. Training of ECDE care givers for child care, building of ECDE centres, and operational equipment and infrastructure

iv. Training of community health workers who provide homecare services for elderly and the sick

v. Investing in labour saving technologies such as piped water, community boreholes, energy efficient cookers /Jikos

vi. Building and equipping community health centres within 5KMs to shorten distances family care givers have to travel seeking health services for the sick, elderly etc.

vii. Restructuring existing care facilities (Schools, hospitals, etc) to be disability friendly (access ramps, classrooms, desks/furniture, mobility equipment, audio-visual equipment etc).

viii. KNBS constructs household satellite accounts to measure and quantify sex disaggregated data and respective contribution to care economy, and GDP (including extended GDP)

ix. KNBS to conduct TUS at regular intervals to monitor policy impacts.

7.2 Potential of job creation

The potential for job creation is tested here for the day care centres that constitute the most important loophole in childcare. The Employment Act of 2007 makes provisions for three months of fully paid maternity leave and from the end of maternity leave to the minimum age for benefiting from ECDEs centres (3-year-old), there is a huge child care needs gap that is mainly and insufficiently filled by the informal sector. All key informants who were interviewed for this assessment insisted on the enormous deficit for the 0-2 /0-3 years old childcare services.

During the training workshops on unpaid care and domestic work for national and county gender and planning directors (Naivasha, 22nd-24th June 27th—29th June, 30th June-2nd July), the following group exercise was executed by the county level participants.

Let's calculate the jobs and revenue that could be created through investing in childcare using the following assumptions:

1) Childcare will be provided for all children from the age when the maternity leave ends (assume 1 year) to the age when formal education starts (assume age 3 years).
2) Childcare workers need to be hired – assume 1 worker can mind 7 children. Calculate the number of jobs. What would be the possible gender disaggregation of the childcare workers? What other jobs and how many jobs could this intervention create?
3) Childcare workers need to be paid, assume a reasonable salary based on level slightly above the legal minimum wage or other income data available (in order to guarantee some quality), for instance 28,000 Ksh per month. Calculate the annual income tax revenue (10%) the country could potentially gain. And assuming that the total amount of these salaries will end in final consumption of goods and services at a VAT of 24% (assuming no exemption), how much does this contribute to GDP?

The present estimate was done at national level and then conducted at county level, and could be also done at sub-county level, based on the detailed data provided by the 2019 Population Census (Volume III). It can also be conducted for the next decades, provided that population projections are available at county level, up to 2035.

Several estimates can be generated depending on the assumptions made. For instance, we could assume that care needs start immediately after the end of maternity leave: age group 0 to 1 could be taken into account in a proportion of 9/12. However, it is likely that at this age, the unpaid care work is mainly mobilised within the household or within the community, unless there are day care services provided by the enterprise within which the mother works (Safaricom for instance). Let us therefore focus on age 1, 2 and 3. A further refinement could consist of distinguishing between urban areas (with care needs applied to the whole age group) and rural areas (where care needs would be applied only to a fraction of the population, provided that children are more likely to be accompanying their mothers everywhere and the community more systematically mobilised in unpaid care work. Finally, various salary rates could be used to take into account variations in the costs of living across regions.

Table 36 shows the data from population census 2019. Based on population projections by KNBS, it should be possible to extend the trends on two decades for example. But KNBS projections are not detailed for each 1-year age group, so that assumptions would have to be made based on UN projections, which provides such details.

Table 36: Population aged 0-1, 1-2, 2-3 and 3-4 in 2019

Age group	
0-1 (Age 0)	1,105,074
1-2 (Age 1)	1,154,805
2-3 (Age 2)	1,224,743
3-4 (Age 3)	1,241,956
Total 1-4 (Age 1+2+3)	3,621,504

Source: KNBS, Population Census 2019, Vol III, Table 2.2 p14.

If we assume that one paid caregiver must be hired to mind 7 children, then the total number of paid caregivers amounts to 522,630. Some of these jobs already exist: nannies, women operating informal day care centres (with very high ratios of children per caregiver), etc. At national level however, their number is negligible (a few thousands).

The total amount of salaries is: 522,630*28,000 Ksh*12 = 175,603 million Ksh. And the total amount of taxes on salaries = 175,560 million Ksh*0.1 = 17,560.3 million Ksh. All net salaries being spent in consumption of goods and services, the fiscal revenues (VAT) accrued from net salaries will be: (175,603 – 17,560)*0.24 = 37,930 million Ksh. Adding up VAT and tax on salaries, the fiscal revenues would be: 55,491 million Ksh or 1.8% of National Government expenditures for year 2019-20 and 7.7% of government expenditures in care sectors (see Table 17 supra). And the total amount of salaries distributed would represent 5.9% of total compensation of employees in the economy and 29.1% of compensation of employees in care sectors (Table 13 supra). Furthermore, other indirect jobs would be created by the direct job creation of paid caregivers: for example, in the construction of day care facilities.

Table 37 computes the model for each of the counties, based on 2019 Census data.

Table 38 also computes the model by county on the basis of the minimum wage for general labourer, as per Kenya Gazette Supplement N°114, 1st July 2022. Based on this new assumption, the estimated fiscal revenue amounts to 19.690 million Ksh or 2.8 times less than with the desired wage rate used in Table 37: 0.7% of total government expenditures and 2.8% of government expenditures in the care sectors, and the total amount of salaries would represent 2.1% of the total wage bill in the economy and 10.3% of the wage bill in the care sectors.

The question arises of whether the households could afford paying such high rates for the desired wage. The system of social protection should be able to provide allowances for the purchase of such care services, or the State should alleviate the purchase of day care services by poor households by subsidizing the wages of day caregivers.

Table 37: Potential job creation and estimated fiscal revenues at county level (at 28,000 Ksh desired monthly average wage)

Counties	Number of children aged 1-3	Estimated number of caregivers	Salary rate	Annual amount of salaries	Taxes on salary	Net annual amount of salaries	VAT	Estimated fiscal revenues (in million KSH)
Mombasa	89729	12818	28000	4306,99	430,70	3876,29	930,31	1361,01
Kwale	77739	11106	28000	3731,47	373,15	3358,32	806,00	1179,15
Kilifi	120796	17257	28000	5798,21	579,82	5218,39	1252,41	1832,23
Tana River	31726	4532	28000	1522,85	152,28	1370,56	328,94	481,22
Lamu	11211	1602	28000	538,13	53,81	484,32	116,24	170,05
Taita/Taveta	23292	3327	28000	1118,02	111,80	1006,21	241,49	353,29
Garissa	70030	10004	28000	3361,44	336,14	3025,30	726,07	1062,22
Wajir	77314	11045	28000	3711,07	371,11	3339,96	801,59	1172,70
Mandera	99642	14235	28000	4782,82	478,28	4304,53	1033,09	1511,37
Marsabit	15269	2181	28000	732,91	73,29	659,62	158,31	231,60
Isiolo	24783	3540	28000	1189,58	118,96	1070,63	256,95	375,91
Meru	104288	14898	28000	5005,82	500,58	4505,24	1081,26	1581,84
Tharaka-Nithi	24433	3490	28000	1172,78	117,28	1055,51	253,32	370,60
Embu	37641	5377	28000	1806,77	180,68	1626,09	390,26	570,94
Kitui	76777	10968	28000	3685,30	368,53	3316,77	796,02	1164,55
Machakos	88528	12647	28000	4249,34	424,93	3824,41	917,86	1342,79
Makueni	58255	8322	28000	2796,24	279,62	2516,62	603,99	883,61
Nyandarua	41850	5979	28000	2008,80	200,88	1807,92	433,90	634,78
Nyeri	43716	6245	28000	2098,37	209,84	1888,53	453,25	663,08
Kirinyaga	34269	4896	28000	1644,91	164,49	1480,42	355,30	519,79
Murang'a	66089	9441	28000	3172,27	317,23	2855,04	685,21	1002,44
Kiambu	117795	16828	28000	5654,16	565,42	5088,74	1221,30	1786,71
Turkana	80813	11545	28000	3879,02	387,90	3491,12	837,87	1225,77
West Pokot	69466	9924	28000	3334,37	333,44	3000,93	720,22	1053,66
Samburu	30396	4342	28000	1459,01	145,90	1313,11	315,15	461,05
Trans Nzoia	78189	11170	28000	3753,07	375,31	3377,76	810,66	1185,97
Uasin Gishu	84014	12002	28000	4032,67	403,27	3629,40	871,06	1274,32
Elgeyo/Marakwet	36053	5150	28000	1730,54	173,05	1557,49	373,80	546,85
Nandi	63842	9120	28000	3064,42	306,44	2757,97	661,91	968,36
Baringo	57425	8204	28000	2756,40	275,64	2480,76	595,38	871,02
Laikipia	39013	5573	28000	1872,62	187,26	1685,36	404,49	591,75
Nakuru	163856	23408	28000	7865,09	786,51	7078,58	1698,86	2485,37
Narok	112848	16121	28000	5416,70	541,67	4875,03	1170,01	1711,68
Kajiado	96730	13819	28000	4643,04	464,30	4178,74	1002,90	1467,20
Kericho	66317	9474	28000	3183,22	318,32	2864,89	687,57	1005,90
Bomet	66727	9532	28000	3202,90	320,29	2882,61	691,83	1012,12
Kakamega	134637	19234	28000	6462,58	646,26	5816,32	1395,92	2042,17
Vihiga	38636	5519	28000	1854,53	185,45	1669,08	400,58	586,03
Bungoma	131955	18851	28000	6333,84	633,38	5700,46	1368,11	2001,49

Counties	Number of children aged 1-3	Estimated number of caregivers	Salary rate	Annual amount of salaries	Taxes on salary	Net annual amount of salaries	VAT	Estimated fiscal revenues (in million KSH)
Busia	68844	9835	28000	3304,51	330,45	2974,06	713,77	1044,23
Siaya	72513	10359	28000	3480,62	348,06	3132,56	751,81	1099,88
Kisumu	85174	12168	28000	4088,35	408,84	3679,52	883,08	1291,92
Homa Bay	93945	13421	28000	4509,36	450,94	4058,42	974,02	1424,96
Migori	97490	13927	28000	4679,52	467,95	4211,57	1010,78	1478,73
Kisii	84973	12139	28000	4078,70	407,87	3670,83	881,00	1288,87
Nyamira	38462	5495	28000	1846,18	184,62	1661,56	398,77	583,39
Nairobi city	430916	61559	28000	20683,97	2068,40	18615,57	4467,74	6536,13
Kenya	3658406	522630	28000	175603,49	17560,33	158043,12	37930,36	55490,71

Source: Based on Population Census 2019, Volume III

Table 38: Potential job creation and estimated fiscal revenues at county level (at basic minimum monthly wages for general labourer)

Counties	Number of children aged 1-3	Estimated number of caregivers	Salary rate	Annual amount of salaries	Taxes on salary	Net annual amount of salaries	VAT	Estimated fiscal revenues (in million KSH)
Mombasa	89729	12818,4	15201,65	2338,3	233,8	2104,5	505,1	738,9
Kwale	77739	11106	8109,9	1080,8	108,1	972,7	233,5	341,5
Kilifi	120796	17257	8109,9	1679,4	167,9	1511,5	362,8	530,7
Tana River	31726	4532	8109,9	441,0	44,1	396,9	95,3	139,4
Lamu	11211	1602	8109,9	155,9	15,6	140,3	33,7	49,3
Taita/Taveta	23292	3327	8109,9	323,8	32,4	291,4	69,9	102,3
Garissa	70030	10004	8109,9	973,6	97,4	876,2	210,3	307,7
Wajir	77314	11045	8109,9	1074,9	107,5	967,4	232,2	339,7
Mandera	99642	14235	8109,9	1385,3	138,5	1246,8	299,2	437,8
Marsabit	15269	2181	8109,9	212,3	21,2	191,0	45,8	67,1
Isiolo	24783	3540	8109,9	344,5	34,5	310,1	74,4	108,9
Meru	104288	14898	8109,9	1449,9	145,0	1304,9	313,2	458,2
Tharaka-Nithi	24433	3490	8109,9	339,6	34,0	305,7	73,4	107,3
Embu	37641	5377	8109,9	523,3	52,3	471,0	113,0	165,4
Kitui	76777	10968	8109,9	1067,4	106,7	960,7	230,6	337,3
Machakos	88528	12647	14025,4	2128,6	212,9	1915,7	459,8	672,6
Makueni	58255	8322	8109,9	809,9	81,0	728,9	174,9	255,9
Nyandarua	41850	5979	8109,9	581,9	58,2	523,7	125,7	183,9
Nyeri	43716	6245	8109,9	607,8	60,8	547,0	131,3	192,1
Kirinyaga	34269	4896	8109,9	476,5	47,6	428,8	102,9	150,6
Murang'a	66089	9441	8109,9	918,8	91,9	826,9	198,5	290,3
Kiambu	117795	16828	14025,4	2832,2	283,2	2549,0	611,8	895,0
Turkana	80813	11545	8109,9	1123,5	112,4	1011,2	242,7	355,0
West Pokot	69466	9924	8109,9	965,8	96,6	869,2	208,6	305,2
Samburu	30396	4342	8109,9	422,6	42,3	380,3	91,3	133,5

Trans Nzoia	78189	11170	8109,9	1087,1	108,7	978,3	234,8	343,5
Uasin Gishu	84014	12002	8109,9	1168,0	116,8	1051,2	252,3	369,1
Elgeyo/Marakwet	36053	5150	8109,9	501,2	50,1	451,1	108,3	158,4
Nandi	63842	9120	8109,9	887,5	88,8	798,8	191,7	280,5
Baringo	57425	8204	8109,9	798,4	79,8	718,6	172,5	252,3
Laikipia	39013	5573	8109,9	542,4	54,2	488,1	117,1	171,4
Nakuru	163856	23408	15201,65	4270,1	427,0	3843,1	922,3	1349,3
Narok	112848	16121	8109,9	1568,9	156,9	1412,0	338,9	495,8
Kajiado	96730	13819	8109,9	1344,8	134,5	1210,4	290,5	425,0
Kericho	66317	9474	8109,9	922,0	92,2	829,8	199,2	291,4
Bomet	66727	9532	8109,9	927,6	92,8	834,9	200,4	293,1
Kakamega	134637	19234	8109,9	1871,8	187,2	1684,6	404,3	591,5
Vihiga	38636	5519	8109,9	537,1	53,7	483,4	116,0	169,7
Bungoma	131955	18851	8109,9	1834,6	183,5	1651,1	396,3	579,7
Busia	68844	9835	8109,9	957,1	95,7	861,4	206,7	302,5
Siaya	72513	10359	8109,9	1008,1	100,8	907,3	217,8	318,6
Kisumu	85174	12168	15201,65	2219,7	222,0	1997,7	479,5	701,4
Homa Bay	93945	13421	8109,9	1306,1	130,6	1175,5	282,1	412,7
Migori	97490	13927	8109,9	1355,4	135,5	1219,8	292,8	428,3
Kisii	84973	12139	8109,9	1181,4	118,1	1063,2	255,2	373,3
Nyamira	38462	5495	8109,9	534,8	53,5	481,3	115,5	169,0
Nairobi City	430916	61559	15201,65	11229,6	1123,0	10106,6	2425,6	3548,5
Kenya	3658406	522629		62311,1	6231,1	56080,0	13459,2	19690,3

Source: Based on Population Census 2019, Volume III

Building new day care centres, but also new ECDE centres would therefore generate much more jobs, but whereas caregivers' salaries would be paid by the households (except by the poorest who could benefit from special allowances or vouchers), centres would have to be paid – at least partly - by the State: the investment costs need to be assessed in a next step.

7.3 Investment costs

The methodology used for costing the care coverage gaps has been developed by Ilkkaracan, Ipek (2021) for the UN Women/ILO *Guide to Public Investments in the Care Economy. Policy Support Tool for Estimating Care Deficits, Investments Costs and Economic Returns.*

It consists of the following steps:

- Determining the prevailing unit cost through
  - Sectoral expenditures:
    - Wages costs vs non-wage costs
    - Existing number of beneficiaries
- Adjust unit cost for service quality criteria
  - Existing and target service receiver-to-provider ratios, for instance pupils/teachers ratios
  - Any other quality measures

- Adjust unit cost for employment quality criteria by comparing the existing earnings in care occupations to other measures of earnings (average or median wage in all occupations) and setting target wages
- Find the total cost
- Number of additional service receivers to be covered.

Data for costing exercise are scarce. A study conducted by the World Bank Early Learning Partnership (World Bank 2016) in 4 counties provides a range of estimates, based on the following costs:

Investment/Capital Costs

- Renovation and maintenance of existing building and infrastructure
- ECDE center construction
- Learning and play equipment (indoor and outdoor)
- Information and communications technology (ICT)
- Furniture and equipment
- Toilet construction and renovation

Recurrent Costs

- Salaries for teachers and teacher assistants
- In-service training
- Teaching and learning materials (curriculum materials, stationery, pens, books, chalk, plasticine/clay, teaching aids and tools, etc.)
- Supervision and quality assurance staff
- Support staff (e.g., cooks, security)
- Meals for feeding program
- Utilities and operations

The range of unit costs to send one child to public preschool varied from 11,800 Ksh in Nairobi county to 5,500 Ksh in Nyamira county. The average of 4 counties (including Kirinyaga- 10,300 Ksh and Nyeri- 7,300 Ksh) equals 8,725 Ksh. If we apply the average for Nyamera and Nyeri (6,400 Ksh) to all other not-surveyed counties (except Mombasa for which we apply the cost in Nairobi City)

Table 39: Total investment costs at county level

Counties	Number of children aged 1-3	Unit cost per child	Total cost (in million Ksh)
Mombasa	89,729	11,800	1058,80
Kwale	77,739	6,400	497,53
Kilifi	120,796	6,400	773,09
Tana River	31,726	6,400	203,05
Lamu	11,211	6,400	71,75
Taita/Taveta	23,292	6,400	149,07
Garissa	70,030	6,400	448,19
Wajir	77,314	6,400	494,81
Mandera	99,642	6,400	637,71
Marsabit	15,269	6,400	97,72
Isiolo	24,783	6,400	158,61
Meru	104,288	6,400	667,44

Tharaka-Nithi	24,433	6,400	156,37
Embu	37,641	6,400	240,90
Kitui	76,777	6,400	491,37
Machakos	88,528	6,400	566,58
Makueni	58,255	6,400	372,83
Nyandarua	41,850	6,400	267,84
Nyeri	43,716	7,300	319,13
Kirinyaga	34,269	10,300	352,97
Murang'a	66,089	6,400	422,97
Kiambu	117,795	6,400	753,89
Turkana	80,813	6,400	517,20
West Pokot	69,466	6,400	444,58
Samburu	30,396	6,400	194,53
Tran Nzoia	78,189	6,400	500,41
Uasin Gishu	84,014	6,400	537,69
Elgeyo/Marakwet	3,053	6,400	230,74
Nandi	63,842	6,400	408,59
Baringo	57,425	6,400	367,52
Laikipia	39,013	6,400	249,68
Nakuru	163,856	6,400	1048,68
Counties	Number of children aged 1-3	Unit cost per child	Total cost (in million Ksh)
Narok	112,848	6,400	722,23
Kajiado	96,730	6,400	619,07
Kericho	66,317	6,400	424,43
Bomet	66,727	6,400	427,05
Kakamega	134,637	6,400	861,68
Vihiga	38,636	6,400	247,27
Bungoma	131,955	6,400	844,51
Busia	68,844	6,400	440,60
Siaya	72,513	6,400	464,08
Kisumu	85,174	6,400	545,11
Homa Bay	93,945	6,400	601,25
Migori	97,490	6,400	623,94
Kisii	84,973	6,400	543,83
Nyamira	38,462	5,500	211,54
Nairobi city	430,916	11,800	5084,81
Kenya	3,621,504		26,363,66

The total investment cost corresponding to the pre-schooling of all children aged 1-3 amounts to 26,363 million Ksh. An amount that is much lower than our previous estimate for salaries only. The gap can be explained 1) by the fact that the criteria used are dated from 2015; 2) by the use of the rates of schooling observed whereas in our scenario, we have assumed that all children would be schooled; 3) by the ratio of child to teacher/care-giver, which is much higher (in fact equivalent to the observed ratio) in the World Bank ERL scenario, as compared with our scenario (computed in Table 39) based on a ratio of 7 to 1; and 4) by the wage rate relatively high in our scenario.

8 | CONCLUSION AND POLICY ROADMAP

On the basis of recent data collected on time-use and of detailed data from the population census, the time that could be saved through the provision of paid day care services can be calculated and add to the benefits of a cost-benefit analysis of public (and private) investments in day care centres and early childhood development and education centres.

Also, the availability of detailed results of the 2019 population census on employment makes it now possible to generate estimates on the informal care sector and refine the projections on the potential of employment creation in the care sector, on a longer-term perspective as well as at county level.

Finally, on the basis of the above exercises, several scenarios could be built with several hypotheses, depending on:

- the proportion of children aged 1-3 in need of day care and the related proportion of mothers who are free to join (or stay in) the labour market,
- the proportion of children aged 1-3 already hosted by day care centres,
- the child to teacher/caregiver ratio,
- the number of existing day care centres and of their staff,
- the salary rate of caregivers.

The policy roadmap that follows results from discussions conducted during the training sessions with gender and planning officers of the Department for Gender, at national and county levels.

	Policy Roadmap	2022		2023	2024-2028		
		Schedule	Status	schedule			Responsibility
1	National Care Needs Assessment	March-Sept - Mapping of the size of Unpaid/ Paid care Needs Services, Demographics, - Conduct KIIs with stakeholders & providing policy recommendations	Done				- UN Women - SDfG - Assessment Consultants
2	Capacity Building Workshops	June- Sept & Report - National Govt stakeholders - County Govt Stakeholders - CSO Stakeholders	Done				- UN Women & Oxfam - SDfG - Assessment Consultants
3	Policy Formulation (Based on key policies areas identified)	January 2023 - Technical Co. & Consultant - County Sector WG - Public participation	To be planned	Revised Jan-April 2023			- SDfG
4	Validation and Adoption	July 2023 - Technical Co. & Consultant - County Sector WG - National stakeholders	To be planned	June-July (virtual or Physical)			- UN Women - SDfG - Assessment Consultants
5	Implementation	Min of Public Services, Gender, Youth, Special Programs - SDfG	To be planned		Continous		- Min of Public Services, Gender, Youth, Special Programs- SDfG & County Govts.
6	Monitoring & Evaluation	Min of Public Services, Gender, Youth, Special Programs - SDfG	To be planned		- MTE & ETE in 2025 & 2028		- SDfG & County Govts. - NGEC, KNCHR, KNBS, Treasury

Summary of Policy Formulation Roadmap

Table 40: Key indicators for paid and UCDW, key issues, policy recommendations and persons /entities responsible

Unpaid Care and Domestic Workers (UCDWs)				
Categories	Indicator Areas	Key Issues being addressed	Policy Recommendations	Responsibility
Care Supporting Infrastructure	- Piped Water	- Time lost travelling to fetch water - Energy spent by women to go fetch water - Distances to water points - Water safety - Women safety and security during trips to fetch water	- improve access to clean reliable water through policy on 2KMs radius centers for piped water, boreholes, tanks, etc.	- County Government - National Government
	Household Electricity	- Lack of connectivity in rural areas and informal settlements affect women disproportionately who have to cook using charcoal and wood hence spending a lot of time - Costs of connectivity and supply is too high for poor families - Inaccessible green energy alternatives	- Enhance affordable connectivity - Regular supply - Zero rate green energy	- National Government - County Government - Support from development partners
	Sanitation services & facilities	- Poor disposal of Waste which pre-disposes UCDW to Water Borne diseases - Environmental degradation - Access to sanitation service facilities by PWDs	- Policy regulations and enforcement on waste management & prohibition of ODF - Sensitization programmes on waste disposal - Construction of relevant infrastructure to support PWDs, and care givers	- County Government - NEMA
	Public Transport	- Safety and security of women and girls who are harassed and exposed to SGBV during commuting - Lack of Affordability, Availability for PWDs compliant mobility transport and facilities	- Invest adequate resources in Reliable public transport - Improved transport infrastructure to carter for PWDs, woman and girls safety	- National and County government - Support from development partners
	Time & Energy saving equipment and Technologies	- Lack of affordable energy saving cooking equipment for women - Respiratory disease challenges for women who constantly prepare meals using charcoal and wood. - Too much time spend by women preparing meals for families.	- Reduce cost of energy saving equipment - Adoption of modern technology - Public supply of energy - Efficient reuse and recycling	- National and County Government

Unpaid Care and Domestic Workers (UCDWs)				
Categories	Indicator Areas	Key Issues being addressed	Policy Recommendations	Responsibility
Care Services	Public Healthcare services	- Lack of policy guidelines on Home based care for the sick - Inadequate support for mental and psychosocial support to care givers dealing with stressful public health services - Increase in Drug and Substance Abuse by care givers as copping mechanism - Long distances to health facilities	- Develop care policy, - Training health care workers - Strengthening CHV (Community Health Volunteers) - Strengthening community strategy systems - Investment in health care - Establish public Rehabilitation centres. - Implement prevention and awareness on communicable and Non communicable diseases	- County Government
	Early Childhood care and Education Services	- Time poverty - Insufficient productive time for women. - Inadequate Early childhood infrastructure and facilities - Inadequate ECDE care givers. - Low enrollment and retention of ECDE children. - Inadequate guidelines e.g. scheme of services for ECDE.	- Invest in ECDE infrastructure. - Recruit and deploy more care givers in the ECDE institutions. - Enhance school feeding program - Upscale Family planning programs	- County Government - Development Partners
	Care Services for older people	- Lack of care facilities for the elderly - Inadequate social safety net programmes for the elderly e.g cash transfers, NHIF	- Establish care facilities for elderly - Enhance cash transfer - Upscale the safety net programme - Recruit and train care givers.	- National and County Government and Partners
	Care Services for People with Additional care needs	- Insufficient aiding devices for PWDs - Inadequate need assessment for PWDS - Poor and unfriendly infrastructure - Inadequate special institutions for PWDs - Inadequate policy framework to address special needs of PWDs	- Integrate special needs services in Public institutions - Review and implement existing policy framework for special needs - Enhancing financing for special needs programme - Advocate for PWDs programmes - Develop a curriculum and train PWDs care givers. - Waiver Programme for special needs programme for Autistic and other Cerebral palsy.	- Civil Societies, County and National Government.

Unpaid Care and Domestic Workers (UCDWs)				
Categories	Indicator Areas	Key Issues being addressed	Policy Recommendations	Responsibility
Social Protection benefits related to care	Public Pension	- Delayed pension payments for elderly - Inadequate social protection payment. Current Kshs. 2,000 is not adequate - Since 2017, the social protection o=for elderly has not enrolled new members who have reached 70 years and above. - Exclusion of unpaid workers and those in informal employment. - Lack of coherent policy for third party who represent or collect the pension payment on behalf of the elderly	- Enact timelines for payment of social protection and pension into law - have universal pension scheme for all care workers - Digitalization of information on social protection - Sensitization of the informal sector on the importance of pension schemes.	- Government RBA. - The community. - The private sector .
	Cash Transfer policies related to care	- Exclusion of some elderly persons who have attained age of 70 years - Available data not on cash transfers is not updated. - insufficient amounts paid. - delayed payments. - untrustworthy caregivers.	- Inclusion by constant re targeting. - Timely recruitment - Increased allocations. Timely payments. - Sensitization on integrity issues.	- Government-community - Church.
	School based meals of food Vouchers	- Not all schools are covered by meal programs excluding majority of children in need - Inadequate funding and budgetary allocation to school feeding programs	- Policy formulation on care should include mandatory school feeding programs - Provide adequate allocation to school feeding programs	- National and County Governments - CSOs.
	Care-Sensitive Public work programs	- -limited care sensitive public work programs. - -limited resources. - -policy implementation gaps.	- Policy development and resource allocation. - Multi-sectoral strategies. - Sensitization.	- Government - Partners - PPP - CSOs

Unpaid Care and Domestic Workers (UCDWs)				
Categories	Indicator Areas	Key Issues being addressed	Policy Recommendations	Responsibility
Care Supporting Work Places	Paid sick Leave	- Lack of a legal and policy framework at both the County and National level for UCDWs sick leave - Lack of sensitization and advocacy of unpaid care workers' rights - Absence of formal structured and binding terms of employment	- Policy and legal formulation framework - Advocacy and sensitization of workers on importance of paid sick leave for domestic and care workers	- National and County Partners - CSO's
	Equal Paid Parental Leave	- Lack of secure and safe areas for breast feeding - Expensive alternative breastfeeding methods - Paternity leave days are too few to offer adequate support to new mothers	- Policy formulation to set the clinches' at work place - Policy guidelines to include longer paid paternity leave days - Maintenance of the clinches' to be adopted by counties/ sub-counties, wards	- National and County - Partners - FBOs
	Flexible Working	- Lack of Clinches / child care centers - Most organizations private/ public don't have flexible working arrangements for young mothers - Long working hours for PWDs – same as able bodied persons	- Policy formulation to set the clinches' at work place - Policy formulation should provide guidelines for public and private sector organizations on flexi working models for mothers and other care givers - Establish guidelines for child care centers and cliches at work place, markets, and public spaces - Flexi working hours for PWDs should be introduced	- National and County Partners - FBOs
	Onsite Childcare	- Lack of onsite childcare services and facilities	- Policy formulation to set the clinches' at work place - Policy formulation should provide guidelines for public and private sector organizations on flexi working models for mothers and other care givers	- National and County Partners - FBOs
	Breastfeeding at Work	- Limited time for working mothers to breastfeed - Lack of or inaccessible or unaffordable Post-partum care for majority of mothers	- Introduce Flexible work arrangement for lactating mothers - Introduce allowances for caregivers accompanying the lactating mothers - Introduce mental health programmes	- National and County - Partners - FBOs

	Paid Care				
	Categories	Indicator Areas	Key Issues being addressed	Policy Recommendations	Responsibility
	Labor Conditions and Wage policies	Minimum Wage	- Min Wage of 15,200 (COTU) is too low in relation to prevailing circumstances - Lack of implementation and enforcement across board	- Review and enforce minimum wage policies	- Ministry of Labor - COTU - FKE
		Gender wage gap and equal pay for equal work	- Inconsistency in remuneration for care workers in informal settings	- Implementation and enforcement of policies for equal pay for equal work	- Ministry of Labor - COTU - FKE
		Working Hours	- Unequal distribution of working hours at the household level	- Develop a policy on unpaid care and domestic work	- Ministry of Labor - COTU FKE
		Rights to Social Security	- lack of universality - Inadequate resourcing - Gaps in M&E	- Proper resourcing - Increase coverage - Proper Monitoring and evaluation	- Ministry in charge of Gender - COTU - Social security agencies
		Child Rights and Labor Protection	- Existence of cases of child labour - Inadequate enforcement of child labour protection rights - Inadequate capital and human resource for enforcement	- Enforce deterrent measures for offenders - Increase allocation for capital and human resources	AG Parliament Public service SDfG DCS Judiciary MoI ODPP
	Work Place environment regulations	Occupational Health and Safety in the workplace	Lack of implementation of OSHA in both public and private sectors	Fully implement and enforce OSHA Update OSHA to include emerging challenges associates with working from home as a result of covid-19	National Government County Government
		Protection against gender-based discrimination, harassment and violence in the workplace	Lack of coherent and consistent GBV policies, and implementation thereof in public and private sector has created an environment where SGBV , discrimination and violence at work place thrive	Review and enforce all policies related to GBV, Gender Mainstreaming, anti-discrimination code of conduct etc. Conduct quality assurance and periodic assessments of both private and public entities	National Government County Government

	Paid Care				
	Categories	Indicator Areas	Key Issues being addressed	Policy Recommendations	Responsibility
		Workplace inspections and grievance mechanism	Lack of consistent Conduct quality assurance and periodic assessments of both private and public entities Lack of proper procedures for grievance mechanisms, including for care workers	Conduct quality assurance and periodic assessments of both private and public entities Institute proper guidelines for grievance handling and response for PWDs, care workers and entire workforce at large	Conduct quality assurance and periodic assessments of both private and public entities
	Migrant Care Workers Protections	Equal Rights and protection for migration care workers	- Exploitation and poor payments for migrant workers - Problem with decent housing of migrant workers - Security & Protection - Lack of access to adequate clean Water & Sanitation - Lack of access to education opportunities for their children - Xenophobia and SGBV - Poor Working conditions - Human and Child Trafficking	- Develop a Fair reward system in place for migrant workers - Development of pension scheme for migrants care workers - flexible working hours (maternity/ paternity leave) - Inclusion of migrants care workers on universal health care system - provision for healthy living conditions - protect labour rights and promote safe and secure working environment - provision & access to safe and clean drinking water - provision of sanitation facilities - access to affordable & quality education	National & county Government National & county Government National & county Government County Government County Government National & county Government National & county Government County Government National & county Government

	Paid Care				
	Categories	Indicator Areas	Key Issues being addressed	Policy Recommendations	Responsibility
	Right to Organize	Rights to representation and negotiation, freedom of association and right to strike	- Absence of Union/ Framework to represent paid domestic workers - Domestic workers terms and conditions of work- minimum pay, long hours of work - Lack of a legal framework for care workers - Lack of structured training of Domestic workers - Enforcement and implementation of laws - Non-compliance of collective bargain agreements - Lack of sensitization on the rights to representation, negotiation, freedom of association and right to strike - Stressful working environments	- Capacity building of Trade Unions leadership on rights of their members - Enforcement laws and policies for domestic workers - Care Policy formulation to guide implementations - Capacity building of duty bearers - Awareness raising on domestic workers rights and legislation - Provisions by ministry of labour, Gender, and Social protection on enforcement of laws - Referral mechanisms for psychosocial support for Domestic care workers	- Ministry of labour - Ministry of interior - Trade Unions - Civil society - Private sector

Cross Sectional Policies (Paid and Unpaid)				
	Indicator Areas	Key Issues being addressed	Policy Recommendations	Responsibility
Social Norms Interventions	Standards prohibiting gender stereotypes in advertising and media representation			
	Government awareness raising campaigns	- Raising numbers of unpaid care workers - Lack of recognition of care givers - Lack of enforcement structure - Lack of data - Inadequate social facilities and infrastructures - cultural diversities - On distribution of work - low numbers of women in the formal and informal labour market - Emerging issues	- Development of policy to address care economy - Mobilize and allocate resources for social facilities - Strengthen continuous data/ statistics management - Public sponsored child care centres - Employment of professional care givers - Capacity building and creating of awareness on positive cultural diversities - Increase the duration of Maternity and paternity - Integration of care economy interventions in planning framework - Blended working models	- Ministry of Gender - Ministry of social services - The National Treasury and Planning - County Government- Department of Gender - Non-State Actors - Community - KNBS
	Education Policies that address gender stereotypes	- Boy child centered education - unrecognized unpaid care work - Biased gender specific roles - Gender biased curriculum	- Educational and training gender policies - Equal Access to education for both gender - Empowerment of - all stakeholders - Gender sensitive curriculum	- -Ministry of Education - -Ministry of Gender - Community and community leaders - -county government - Non-stators

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ANNEXES

A. Interview guides for Key Informants

B. List of Key Informants

C. Summary of Bills and Legislation available to guide Care Sector in Kenya

D. Employment by main industry and by care occupations (4-digit level).

E. List of institutions and organisations offering services to older persons

F.: Institutions Supporting Persons with Disability

G. Supply of indirect care services in other sectors (water, sanitation, energy)

Annex A. Interview guides for Key Informants

State Actors
Non-State Actors
KNBS

Interview's guide for the care needs assessment in Kenya (State actors)

Name of the Key Informant_____ Gender: _____
Sector/State/Non-State: (specify name of institution) _____
Function/Job title: _____
Sector/Ministry :_____
Province/county :_____

Hello. My name is _____ an independent consultant recruited by UN women to support the State Department for Gender to conduct a National Care Needs Assessment that will help in development of a National care Policy Roadmap with evidence-based policy recommendations.

The care needs assessment for Kenya intends to investigate to what extent the provision of care services by the Government and by the private sector matches the households' needs of a society that is both young and ageing and where the externalization of the unpaid care services usually provided by household members themselves is deemed to grow.

Early childhood care, child care, education of adolescents, care of the elderly and of persons with disabilities are services provided by the government and by the private sector to meet the increasing demand for these services by the households where such services - unpaid - fall disproportionately on women's shoulders. Kenya has recently conducted a time-use survey that will allow measuring the unpaid care services provided within the households. On the other hand, the care sector (including education, health and other personal services such as domestic work) is an important provider of jobs in the economy, generally low paid and with a predominance of women, that rarely meets the needs expressed by a demand by the households. The care needs assessment for Kenya intends to examine to what extent the care needs resulting from demographic trends, and from the increasing households' demand for the externalization of care services.

The main objective mapping this data is to support the government in devising policies that will redress gender inequalities by providing data evidence on the costs and benefits of the institutionalization of care in the country. To this end, the assessment will map the current size of the sector, the range of providers, working conditions, accessibility, affordability, quality, and projected economic benefits of investing in care services.

Your participation in this interview is voluntary. The interview will take 30-40 minutes to complete. If you have any question or concerns, kindly let me know.

0) Don't you mind if our discussion is tape-recorded?

1) Could you present a brief assessment of the situation in your domain on care needs trends in the last decade and perspectives for the next years? Please give your answer in a descriptive as well as statistical format where possible

2) Are statistics on care needs of the units and staff in your department/organization available for the present and past years. If yes, please provide the data on the number of units and staff disaggregated
   - by sex,
   - level of education/training,
   - level of average earnings
   - type of qualification – i.e. directly assigned to the core of business (for instance teachers in education services) and in support services (for instance administrative staff, others)
   - distribution across counties
   - total number of places available
   - number of actual and current beneficiaries (disaggregated by sex and by counties)

3) Do you think that overall care needs in the domain are currently being met? If not, can you give an estimate of the needs to be met and of the gaps to achieve these objectives?

4) To what extent does the private sector contribute to meeting these needs? Does your department/organization collect information on the contribution of the private sector? Are statistics available in this respect?

5) What would be the priorities in terms of investment in infrastructures and recruitment/training of staff, or any other domain in the sector?

6) Are these priorities included in the current policies or in the future policies or in the planning process? Or to what extent do these current or future policies take into account (or do not take into account) the identified priorities?

7) Are there any reports, surveys, studies, yearbooks, that you would recommend for conducting a global assessment of the sector?

8) Are there any other Key Informants that you would recommend us to meet for conducting a global assessment of the sector?

9) Any questions or issues you would like to raise in relation to our discussion?

Thank and assure the key informant you will keep in touch for any further issues that may appear alongside the study, and also for keeping him/her aware of the next steps of the study.

The interview's guide will have to adapt according to the various situations (in reference to early childhood, primary/secondary education, persons with disabilities, domestic workers, etc.). The guide is flexible and will be adapted depending on how the discussion takes place during the interview.

Interview's guide for the care needs assessment in Kenya (Non-State actors)

Name of the Key Informant_____ Gender: _____

Sector/State/Non-State: (specify name of institution) _____

Function/Job title: _____

Sector/Ministry:_____

Province/county: _____

Hello. My name is _____ an independent consultant recruited by UN women to support the State Department for Gender to conduct a National Care Needs Assessment that will help in development of a National care Policy Roadmap with evidence-based policy recommendations.

The care needs assessment for Kenya intends to investigate to what extent the provision of care services by the Government and by the private sector matches the households' needs of a society that is both young and ageing and where the externalization of the unpaid care services usually provided by household members themselves is deemed to grow.

Early childhood care, child care, education of adolescents, care of the elderly and of persons with disabilities are services provided by the government and by the private sector to meet the increasing demand for these services by the households where such services - unpaid - fall disproportionately on women's shoulders. Kenya has recently conducted a time-use survey that will allow measuring the unpaid care services provided within the households. On the other hand, the care sector (including education, health and other personal services such as domestic work) is an important provider of jobs in the economy, generally low paid and with a predominance of women, that rarely meets the needs expressed by a demand by the households. The care needs assessment for Kenya intends to examine to what extent the care needs resulting from demographic trends, and from the increasing households' demand for the externalization of care services.

The main objective mapping this data is to support the government in devising policies that will redress gender inequalities by providing data evidence on the costs and benefits of the institutionalization of care in the country. To this end, the assessment will map the current size of the sector, the range of providers, working conditions, accessibility, affordability, quality, and projected economic benefits of investing in care services.

Your participation in this interview is voluntary. The interview will take 30-40 minutes to complete. If you have any question or concerns, kindly let me know.

0) Don't you mind if our discussion is tape-recorded?

1) Could you present a brief description and assessment of the action of your organization?

2) Is your organization active in the domain of care? Yes → Go to 3
No → Go to 6

3) If Yes, could you please describe in details your action with its inputs, outputs and outcomes? (In descriptive and in quantitative terms).

4) Can you provide an evaluation study of your action in the domain?

5) On what needs' assessment is your action based and justified?

6) What is your general assessment on the care sector in the country?

7) Has there been recent changes in legislation or in government's programs that would deserve to be noted in the concerned domain? Or in similar domains?

8) Do you think that overall care needs in the domain are currently being met? If not, can you give an estimate of the needs to be met and of the gaps to achieve these objectives?

9) To what extent does the private sector (profit as well as non-profit) contribute to meeting these needs? Are you aware of statistics available in this respect?

10) According to your experience, what would be the priorities in terms of investment in infrastructures and recruitment/training of staff, or any other domain in the sector?

11) Are these priorities included in the current policies or in the future policies or in the planning process? Or to what extent do these current or future policies take into account (or do not take into account) the identified priorities?

12) Are there any reports, surveys, studies, yearbooks, that you would recommend for conducting a global assessment of the sector?

13) Are there any other Key Informants that you would recommend us to meet for conducting a global assessment of the sector?

14) Any questions or issues you would like to raise in relation to our discussion?

Thank and assure the key informant you will keep in touch for any further issues that may appear alongside the study, and also for keeping him/her aware of the next steps of the study.

The interview's guide will have to adapt according to the various situations (in reference to early childhood, primary/secondary education, persons with disabilities, domestic workers, etc.). The guide is flexible and will be adapted depending on how the discussion takes place during the interview.

Interview's guide for the care needs assessment in Kenya (KNBS)

Name of the Key Informant_____ Gender: _____

Department/Division/Section in KNBS _____

Function/Job title: _____

Heallo. My name is _____ an independent consultant recruited by UN women to support the State Department for Gender to conduct a National Care Needs Assessment that will help in development of a National care Policy Roadmap with evidence-based policy recommendations.

The care needs assessment for Kenya intends to investigate to what extent the provision of care services by the Government and by the private sector matches the households' needs of a society that is both young and ageing and where the externalization of the unpaid care services usually provided by household members themselves is deemed to grow.

Early childhood care, child care, education of adolescents, care of the elderly and of persons with disabilities are services provided by the government and by the private sector to meet the increasing demand for these services by the households where such services - unpaid - fall disproportionately on women's shoulders. Kenya has recently conducted a time-use survey that will allow measuring the unpaid care services provided within the households. On the other hand, the care sector (including education, health and other personal services such as domestic work) is an important provider of jobs in the economy, generally low paid and with a predominance of women, that rarely meets the needs expressed by a demand by the households. The care needs assessment for Kenya intends to examine to what extent the care needs resulting from demographic trends, and from the increasing households' demand for the externalization of care services.

The main objective mapping this data is to support the government in devising policies that will redress gender inequalities by providing data evidence on the costs and benefits of the institutionalization of care in the country. To this end, the assessment will map the current size of the sector, the range of providers, working conditions, accessibility, affordability, quality, and projected economic benefits of investing in care services.

Your participation in this interview is voluntary. The interview will take 30-40 minutes to complete. If you have any question or concerns, kindly let me know.

1) A care needs assessment requires information on the supply and the demand sides: what are the main sources that KNBS can provide on these matters?
2) Time-use. KNBS conducted a national time-use survey in 2021. Is it possible to know the agenda of publications?
   i) of preliminary results (time spent in unpaid domestic services-indirect care; in unpaid care for children, for persons with disabilities, for elderly, by gender, for the three basic indicators: time by participants, participation rate, time for population.
   ii) of detailed results
   iii) Is it possible to ask for specific tabulations of the results?

iv) As the time use survey was a module of the labour force survey, will it be possible to connect data on time use with the activity status, employment status of the person, as well as with characteristics of the corresponding household (size, number of children under a certain age, number of elderly, presence and number of persons with disabilities)?

3) Labour force survey. Are detailed results available by sex and by industrial sectors? By professions? (to what level of detail? For example, is it possible to have estimates for such professions as domestic workers, workers in the care sectors (education, health, social)? And by regions?

4) Demographics. Does KNBS produce population prospects by detailed age group and gender? When were these prospects prepared for the last time? Until when are they prepared?

5) Sectoral statistics. Does KNBS compile statistics from Health and Education departments or what sources would you suggest to access in order to get statistics of staff by gender, education level, level of earnings, for pre-primary, primary, secondary, tertiary, as well as number of schools, seats, teachers, enrolled by sex. Same for the health sector. What about data on the private sector in Education and Health?

6) National budget data for Health, Education and Social sectors, detailed by salaries expenditures/ functioning expenditures/investment expenditures

7) National Accounts: does a satellite account exist for the health sector, the education sector?

8) Does KNBS compile statistics on persons with disabilities? And on specialized institutions dedicated to them?

9) On all the domains above, are there key publications/reports you would recommend? And Key informants you would suggest?

10) Any other suggestion regarding these domains you would point out as important to look at?

Annex B: List of Key Informants

S/No	Name of the organization	Org. Brief	Key Contact person -Name	Scheduled Interview Date	Time Slot	Nature of Interview
1	UN Women	UN Women is the UN organization delivering programmes, policies and standards that uphold women's human rights and ensure that every woman and girl lives up to her full potential.	Rukaya Mohamed	17th June 2022	1:00PM-2:00PM	Virtual
2	UN Women		Maureen Gitonga & Canable Oganga	20th June 2022	10:30-11:00PM	Virtual
3	World Bank		Catherine Akasa	20th June 2022	9:00- 10:00AM	Virtual -Zoom Link
4	Kenya Association for Breastfeeding		Josphine	20th June 2022	8:00AM- 9:00AM	Virtual -Zoom Link
5	Uthabiti Kenya	Uthabiti Africa is the Nairobi-based African non-profit that exists to accelerate Early Childhood Care, Education and Development (ECCED) in Africa	Caroline Linda	17th June 2022	10:00AM- 11:00AM	Virtual -Zoom Link
6	National Council for Persons with disability	SDfG- Social Protection	Rosabel Githinji	17th June 2022	11:00-12:00PM	Virtual -Zoom Link
7	Oxfam in Kenya	Oxfam has conducted a study "Women and Unpaid Carework" Rapid Care Work Analysis in Nairobi Informal Settlements	Blandina Bobson	16th June 2022	11:00-12:00PM	Physical Meeting
8	Innovations for Poverty Action (IPA)	Innovations for Poverty Action (IPA) is a research and policy nonprofit that creates and shares evidence, while equipping decision-makers to use evidence to reduce poverty	John Ochieng	16th June 2022	8:00AM- 9:00AM	Virtual -Zoom Link
9	Collaborative Centre for Gender & Development		Masheti Mashinjila	31st- May 2022	2:00PM- 3:00AM	Virtual
10	Groots , Kenya	GROOTS Kenya is a National grassroots CSO that supports women-led community based and groups and self-help groups to engage in effective development through movement building, leadership and advocacy	Frida	6th - June 2022	2:00PM- 3:00PM	Virtual
11	International Centre for Research on Women	ICRW is a global research institute whose mission is to empower women, advance gender equality and fight poverty	Cryspin Afifu	6th - June 2022	4:00PM- 5:00PM	Virtual

S/No	Name of the organization	Org. Brief	Key Contact person -Name	Scheduled Interview Date	Time Slot	Nature of Interview
12	Kenya Private Sector Alliance (KEPSA)		Dr. Elizabeth Wala	30th - May 2022	1:00PM-1:30PM	Virtual
13	Kenya National Bureau of Statistics	Custodian of National Gender dissagregated data, including Census, and Time Use survey	Stanley Wambua	8th June 2022	12:00PM-1:00PM	Virtual -Zoom Link
14	Kenyatta University WEE Hub		Dr. Christine Njuguna	1st June 2022	8:00AM- 9:00AM	Zoom Link
15	Council of Governors	Intergovernmental coordination between National and county governments	Jackline Migide	3rd June 2022	08:00AM-9:00AM	Virtual -Zoom Link
16	National Gender and Equality Commission (NGEC)	NGEC focuses on Special Interest Groups, which include women, youth, persons with disabilities (PWDs), children, the older members of society, minorities and marginalized groups.	Tabitha Nyambura	14th June 2022	1:00PM- 2:00PM	Virtual -Zoom Link
17	SDFG Director Planning	The Care Work is domiciled at the State Department for Gender	Michael Kariuiki	7th June 2022	4:15PM-5:15PM	Virtual
18	Action Aid International Kenya		Lina Moraa	15th June 2022	10:00AM - 11:00AM	Virtual
19	APHRC	The African Population and Health Research Center is the continent's premier research institution and think tank, generating evidence to drive policy action to improve the health and wellbeing of African people	Dr Grace Lang'at	8th June 2022	4:30 – 5:30 PM	Virtual

Annex C: Summary of Bills and Legislation available to guide Care Sector in Kenya

No	Name of the Bill	Summary of Provisions	Status
1	National Early Childhood Development Policy Framework 2006	The policy is in place to ensure and safeguard the rights and welfare of all children, provide coordinated partnerships, quality and integrated services for the holistic development of children.	In Place, but focuses more on child than Care givers to the child
2	The Geriatric Bill, 2021	The Geriatric Bill, 2021 seeks to improve the living conditions of older members of society (60 years and above). It aims to transfer care for the old from relatives to the government.	Still under parliamentary consideration
3	Kenya National Social Protection Policy, 2011	The overarching goal of social protection is to ensure that all Kenyans live in dignity and exploit their human capabilities to further their own social and economic development. This includes National Health Insurance Fund (NHIF),	In place, elderly members of society get Kshs. 2,000 stipend. Stopped registering new members in 2019
4	Kenya Health Policy 2014-2030	The policy embraces the principles of protection of the rights and fundamental freedoms of specific groups of persons, including the right to health of children, persons with disabilities, youth, minorities, the marginalized and older members of the society, in accordance with the Constitution	Adopted
5	National Pre-Primary Education Policy, 2017	This Policy applies to all Children in pre-primary education institutions and their parents, caregivers, teachers, support staff and managers. It also applies to pre-primary education training institutions, National and County Governments as well as state and non-state actors and local communities that engage in the provision of Early Childhood Development and Education.	Adopted, but does not provide for adequate care investment and infrastructure both at national and county levels. Does not make provisions for children between 0-3 years- shifting burden of care to mothers/caregivers
6	Constitution of Kenya 2010	The Constitution of Kenya in Article 43 (1) (a) guarantees each Kenyan citizen the right to access the highest attainable standard of health including reproductive health care; Chapter 4 on Bill of Rights and Fundamental Freedoms	Adopted. Policies to protect, safeguard rights of unpaid care workers (equal payment for equal value of work) not established, nor Act of Parliament to protect and enact such provisions
7	Protocol to the African Charter on Human and Peoples' Rights on the Rights of Persons with Disabilities	The protocol seeks to promote, protect and ensure the full and equal enjoyment of all human and people's rights by all persons with disabilities, and to ensure respect for their inherent dignity	Ratified, 2021. Significant provisions for investments in and infrastructure to support PWDs PWD Fund in Place
8	Protocol to The African Charter on Human And Peoples' Rights on the Rights of Older Persons	The protocol seeks to promote, protect the rights of older persons	Ratified, 2021 Social Protection Fund for Older persons in -place, remittance of Kshs. 2000 monthly

9	National Gender Policy, 2019	The overall goal of this policy is to achieve gender equality by creating a just society where women, men, boys and girls have equal access to opportunities in the political, economic, cultural and social spheres of life.	Adopted, 2019
10	African Charter on the Rights and Welfare of the Child	Provides for provision, protection and safeguarding of fundamental rights and freedoms of children, including duty of care	Ratified 2000 Gap- limited investment in unpaid care work for children caregivers, and supportive investment and infrastructure.
11	Maputo Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, with reservations on article 10 (3) and 14 (c).	Article (13) Economic and Social Welfare Rights- provides that States Parties shall adopt and enforce legislative and other measures to guarantee women equal opportunities in work and career advancement and other economic opportunities. In this respect, they shall: a) promote equality of access to employment; b) promote the right to equal remuneration for jobs of equal value for women and men etc.	Ratified, 2003
12	African Union Agenda 2063	Provides for and the Declaration on Gender Equality in Africa	Adopted, 2018
13	Persons With Disabilities Act N° 14 2003	Creates the National Council for Persons with disabilities, establishes the rights and privileges of PWD, as well as their civic rights, establishes a national development fund for PWD	
14	The Persons With Disabilities (Amendment) Bill 2019	Changes the definition of 'disability', lists the obligations of the national and county governments, and adjusts the functions and funding of the council	
15	The Persons With Disabilities (Amendment) Bill 2020	Proposes to impose obligations on each level of government to address the socioeconomic needs of persons with disability, also seeks to align the Persons with disability Act, 2003 with the Constitution. The Bill further proposes to review the membership of the National Council for Persons with disability to include a nominee of the Council of County Governors in order to make the workings of the Council more efficient and representative.	

ANNEX D1: Employment by main industry and by care occupations (4-digit level). Both sexes

Employed population aged 15+ BOTH SEXES	Kenya	health professionals	nursing and mid-wifely professionals	Health professionals	university and post-secondary teachers/lecturers	secondary and technical institute teachers and instructors	special education teaching professionals	education methods advisers and assessors	other teaching professionals	Teaching professionals	auxiliary nurses	medical/clinical officers	Sanitarians	optometrists and opticians	dental technicians	physiotherapists and related associate professionals	pharmaceutical officers	other associate medical nursing and nutrition workers	social workers and helpers	Medical health associate professionals	primary education teachers	pre-primary education teachers	other teachers and instructors	Pre-primary and primary education and other teachers	cooks and other catering service workers	cleaners launders and domestic workers	Personal and protective service workers	Total care workers
Total	18 560 557	42 125	62 972	105 097	16 112	17 927	2 084	7 859	163 043	207 025	2 019	28 578	6 023	913	979	1 765	856	6 645	11 372	59 150	209 721	18 463	1 933	230 117	164 214	474 495	531 313	1 841 487
1. A- Agriculture	10 936 766	1 949	1 941	3 890	409	721	120	1 432	8 748	11 430	183	461	713	10	50	32	63	686	1 407	3 605	8 900	515	118	9 533	13 872	98 605	98 605	169 393
2. B- Mining and quarrying	86 068	21	8	29	4	9	-	2	56	71	5	6	2	2	-	1	1	4	11	32	170	-	3	173	137	731	731	1 478
3. C- Manufacturing	263 782	127	129	256	13	27	-	20	266	326	20	36	30	8	8	6	14	72	99	293	191	25	10	226	1 319	4 918	4 918	8 439
4. D- Electricity gas steam and air conditioning supply	93 399	46	13	59	33	19	-	5	95	152	19	7	7	6	-	1	1	2	38	81	78	6	1	85	236	370	370	1 360
5. E- Water supply; sewerage waste management and remediation activities	44 776	26	23	49	18	9	-	5	28	60	4	16	171	3	5	-	2	44	42	287	55	2	1	58	126	3 478	3 478	4 512
6. F- Construction	529 173	44	28	72	28	36	4	24	380	472	17	15	13	4	-	7	1	6	82	145	72	18	9	99	284	2 393	2 393	4 253
7. G- Wholesale and retail trade; repair of motor vehicles and motorcycles	689 889	397	46	443	15	47	2	14	220	298	5	36	48	23	2	10	89	86	37	336	108	5	5	118	16 164	9 191	9 191	27 745
8. H- Transportation and storage	511 243	47	30	77	28	29	2	6	225	290	9	12	8	4	1	3	4	15	51	107	77	11	104	192	304	1 493	1 493	3 129
9. I- Accommodation and food service activities	392 641	71	91	162	37	22	4	4	268	335	4	32	11	14	18	1	8	702	52	842	114	6	15	135	70 562	10 310	10 310	83 820
10. J-Information and communication	81 795	58	45	103	162	555	7	50	535	1 309	5	17	13	24	1	4	-	7	100	171	428	18	15	461	67	309	309	4 464
11. K- Financial and insurance activities	155 673	75	180	255	43	42	-	26	212	323	4	32	17	4	2	5	1	9	107	181	105	4	5	114	127	631	631	2 504
12. L- Real estate activities	55 222	64	128	192	9	15	-	6	135	165	6	20	8	-	1	3	2	11	42	93	113	46	1	160	341	2 835	2 835	4 396

13. M- Professional scientific and technical activities	176,889	4,129	7,454	11,583	1,507	1,6714	120	291	14,633	18 265	32	1,904	280	91	47	189	72	278	307	3,200	21,667	865	116	22,648	663	581	581	112,636
14. N- Administrative and support service activities	209,454	380	1,039	1,419	193	355	15	160	1,878	2,601	31	581	123	12	16	21	8	67	672	1 531	2,053	1,313	55	3,421	1,514	5,421	5,421	24,879
15. O- Public administration and defense; compulsory social security	175,850	162	318	480	44	54	4	64	383	549	10	70	77	2	-	9	2	16	179	365	336	18	41	395	213	1,928	1,928	5,719
16. P- Education	396,586	115	292	407	11,849	12,684	1,643	4,556	117,594	148 326	13	61	15	4	6	13	4	30	181	327	160,248	14,548	904	175,700	7,190	4,412	11 602	661,122
17. Q- Human health and social work activities	184,815	25,373	44,021	69,394	273	140	14	247	549	1,223	253	23,367	3,494	486	572	1,190	367	2,642	4,320	36,691	224	15	46	285	1,364	8,425	9,789	224,975
18. R- Arts entertainment and recreation	94,662	32	30	62	31	51	7	20	1,842	1,951	1 124	12	7	6	15	6	-	14	79	1,263	391	18	26	435	1,051	898	898	9 371
19. S- Other service activities	3 267,088	8,737	6,904	15,641	1, 341	1,328	136	865	14,576	18 246	256	1,788	919	207	227	259	215	1,886	3,236	8,993	13,985	993	430	15,408	46,602	255,701	302,303	418,879
20. T- Activities of households as employers; undifferentiated goods- and services-producing activities of households for own use	175,017	56	72	128	11	21	2	10	155	199	4	12	8	3	2	-	1	29	59	118	211	27	12	250	1,662	60,731	62,393	63,783
21. U- Activities of extraterritorial organizations and bodies	39,769	216	180	396	64	49	4	52	265	434	15	93	59	-	6	5	1	39	271	489	195	10	16	221	416	1 ,134	1,134	4,630

Source: Compiled from unpublished table 2019 Population Census
Note: Columns in yellow are aggregated in non-coloured columns.

ANNEX D2: Employment by main industry and by care occupations (4-digit level). Female

Employed population aged 15+ FEMALE	Kenya	health professionals	nursing and mid-wifely professionals	Health professionals	university and post-secondary teachers/lecturers	secondary and technical institute teachers and instructors	special education teaching professionals	education methods advisers and assessors	other teaching professionals	Teaching professionals	auxiliary nurses	medical/clinical officers	Sanitarians	optometrists and opticians	dental technicians	physiotherapists and related associate professionals	pharmaceutical officers	other associate medical nursing and nutrition workers	social workers and helpers	Medical health associate professionals	primary education teachers	pre-primary education teachers	other teachers and instructors	Pre-primary and primary education and other teachers	cooks and other catering service workers	cleaners launders and domestic workers	Personal and protective service workers	Total care workers
Total	9 380 780	16 315	47 595	63 910	7 238	7 472	1 234	3 043	86 039	105 026	1 650	12 910	3 507	404	575	753	510	3 416	6 840	30 565	117 746	17 320	899	135 965	109 159	350 291	386 305	9 380 780
1. A- Agriculture	6 338 801	633	1 201	1 834	97	247	52	226	4 036	4 658	130	153	453	3	41	11	33	257	730	1 811	4 654	450	44	5 148	11 752	68 359	68 359	6 338 801
2. B- Mining and quarrying	12 378	10	2	12	2	1	-	1	27	31	-	1	1	1	-	-	-	1	1	5	6	-	-	6	72	368	368	12 378
3. C- Manufacturing	82 343	44	75	119	3	9	-	5	122	139	12	11	14	1	5	1	4	29	50	127	83	20	-	103	665	2 307	2 307	82 343
4. D- Electricity gas steam and air conditioning supply	9 641	14	4	18	5	3	-	2	23	33	2	3	-	-	-	-	-	1	8	14	34	-	-	34	161	116	116	9 641
5. E- Water supply; sewerage waste management and remediation activities	11 029	11	12	23	4	4	-	2	11	21	3	10	33	2	3	-	-	6	13	70	21	-	-	21	46	1 611	1 611	11 029
6. F- Construction	22 684	8	8	16	4	9	2	6	25	46	2	1	2	-	-	1	-	1	16	23	19	3	1	23	151	694	694	22 684
7. G- Wholesale and retail trade; repair of motor vehicles and motorcycles	346 838	195	26	221	8	17	-	4	80	109	3	17	7	10	1	6	55	30	16	145	46	4	2	52	15 698	7 431	7 431	346 838
8. H- Transportation and storage	22 396	8	15	23	2	4	-	-	37	43	1	1	-	1	-	-	2	7	15	27	18	2	41	61	116	355	355	22 396
9. I- Accommodation and food service activities	239 804	42	59	101	26	12	3	3	60	104	3	9	7	12	14	1	2	346	30	424	66	5	4	75	42 167	8 110	8 110	239 804
10. J-Information and communication	30 493	21	29	50	41	77	3	23	305	449	2	5	9	12	1	-	-	4	48	81	243	13	9	265	32	152	152	30 493
11. K- Financial and insurance activities	75 674	37	159	196	6	19	-	10	87	122	2	16	12	1	1	-	1	5	63	101	58	2	1	61	83	397	397	75 674
12. L- Real estate activities	20 247	15	106	121	1	7	-	2	68	78	6	10	4	-	1	1	1	5	26	54	61	5	-	66	153	2 003	2 003	20 247

13. M- Professional scientific and technical activities	70 957	1 748	5 968	7 716	465	864	72	133	7 799	9 333	23	582	125	29	24	75	45	180	196	1 279	13 700	784	47	14 531	432	305	305	70 957
14. N- Administrative and support service activities	85 820	167	444	611	71	140	9	67	884	1 171	13	97	86	5	9	7	6	46	398	667	1 174	1 295	20	2 489	867	3 446	3 446	85 820
15. O- Public administration and defense; compulsory social security	31 312	49	187	236	16	19	2	24	129	190	1	27	33	-	-	3	1	12	104	181	169	14	4	187	60	683	683	31 312
16. P- Education	218 411	46	237	283	5 852	5 327	997	1 965	62 638	76 779	10	26	8	1	4	7	2	16	111	185	89 042	13 774	585	103 401	4 352	3 601	7 953	218 411
17. Q- Human health and social work activities	108 302	10 921	33 874	44 795	112	77	9	162	203	563	141	11 066	2 075	223	302	522	235	1 649	3 024	19 237	136	13	23	172	827	6 650	7 477	108 302
18. R- Arts entertainment and recreation	41 607	7	15	22	13	22	2	8	1 523	1 568	1 120	6	7	2	12	5	-	7	32	1 191	206	15	5	226	473	383	383	41 607
19. S- Other service activities	1 494 380	2 182	4 994	7 176	483	590	82	373	7 751	9 279	164	802	584	99	150	111	121	777	1 806	4 614	7 779	893	108	8 780	29 788	194 202	223 990	1 494 380
20. T- Activities of households as employers; undifferentiated goods- and services-producing activities of households for own use	103 678	22	52	74	4	8	1	3	94	110	3	4	6	2	2	-	1	10	26	54	126	21	1	148	1 047	48 399	49 446	103 678
21. U- Activities of extraterritorial organizations and bodies	13 985	135	128	263	23	16	-	24	137	200	9	63	41	-	5	2	1	27	127	275	105	7	4	116	217	719	719	13 985

Source: Compiled from unpublished table 2019 Population Census
Note: Columns in yellow are aggregated in non-coloured columns.

ANNEX D3: Employment by main industry and by care occupations (4-digit level). Male

Employed population aged 15+ MALE	Kenya	health professionals	nursing and mid-wifely professionals	Health professionals	university and post-secondary teachers/lecturers	secondary and technical institute teachers and instructors	special education teaching professionals	education methods advisers and assessors	other teaching professionals	Teaching professionals	auxiliary nurses	medical/clinical officers	Sanitarians	optometrists and opticians	dental technicians	physiotherapists and related associate professionals	pharmaceutical officers	other associate medical nursing and nutrition workers	social workers and helpers	Medical health associate professionals	primary education teachers	pre-primary education teachers	other teachers and instructors	Pre-primary and primary education and other teachers	cooks and other catering service workers	cleaners launders and domestic workers	Personal and protective service workers	Total care workers
Total	**9,179,219**	25,806	15,377	41,183	8,874	10,455	850	4,815	77,000	101,994	369	15,668	2,516	509	404	1,012	346	3,229	4 528	28,581	91,972	1,143	1,034	94,149	55,048	124,170	144,973	9 179 219
1. A- Agriculture	**4,597,700**	1 315	740	2,055	312	474	68	1,206	4,712	6,772	53	308	260	7	9	21	30	429	677	1,794	4,245	65	74	4,384	2,120	30,235	30,235	4 597 700
2. B- Mining and quarrying	**73,687**	11	6	17	2	8	-	1	29	40	5	5	1	1	-	1	1	3	10	27	164	-	3	167	65	362	362	73 687
3. C- Manufacturing	**181,431**	83	54	137	10	18	-	15	144	187	8	25	16	7	3	5	10	43	49	166	108	5	10	123	654	2 609	2 609	181 431
4. D- Electricity gas steam and air conditioning supply	**83,753**	32	9	41	28	16	-	3	72	119	17	4	7	6	-	1	1	1	30	67	44	6	1	51	75	254	254	83 753
5. E- Water supply; sewerage waste management and remediation activities	**33,745**	15	11	26	14	5	-	3	17	39	1	6	138	1	2	-	2	38	29	217	34	2	1	37	80	1 867	1 867	33 745
6. F- Construction	**506,458**	35	20	55	24	27	2	18	355	426	15	14	11	4	-	6	1	5	66	122	53	15	8	76	133	1 699	1 699	506 458
7. G- Wholesale and retail trade; repair of motor vehicles and motorcycles	**343 028**	202	20	222	7	30	2	10	140	189	2	19	41	13	1	4	34	56	21	191	62	1	3	66	466	1 760	1 760	343 028
8. H- Transportation and storage	**488 830**	39	15	54	26	25	2	6	187	246	8	11	8	3	1	3	2	8	36	80	59	9	63	131	188	1 138	1 138	488 830
9. I- Accommodation and food service activities	**152 810**	29	32	61	11	10	1	1	208	231	1	23	4	2	4	-	6	356	22	418	48	1	11	60	28 389	2 199	2 199	152 810
10. J-Information and communication	**51 298**	37	16	53	121	478	4	27	230	860	3	12	4	12	-	4	-	3	51	89	185	5	6	196	35	157	157	51 298

11. K- Financial and insurance activities	79 996	38	21	59	37	23	-	16	125	201	2	16	5	3	1	5	-	4	44	80	47	2	4	53	44	234	234	79 996
12. L- Real estate activities	34 974	49	22	71	8	8	-	4	66	86	-	10	4	-	-	2	1	6	16	39	52	41	1	94	188	832	832	34 974
13. M- Professional scientific and technical activities	105 928	2 381	1 486	3 867	1 042	850	48	158	6 834	8 932	9	1 322	155	62	23	114	27	98	111	1 921	7 967	81	69	8 117	231	276	276	105 928
14. N- Administrative and support service activities	123 626	213	595	808	122	215	6	93	994	1 430	18	484	37	7	7	14	2	21	274	864	879	18	35	932	647	1 975	1 975	123 626
15. O- Public administration and defense; compulsory social security	144 526	113	131	244	28	35	2	40	254	359	9	43	44	2	-	6	1	4	75	184	167	4	37	208	153	1 245	1 245	144 526
16. P- Education	178 170	69	55	124	5 997	7 357	646	2 591	54 955	71 546	3	35	7	3	2	6	2	14	70	142	71 204	774	319	72 297	2 838	811	3 649	178 170
17. Q- Human health and social work activities	76 503	14 450	10 147	24 597	161	63	5	84	346	659	112	12 301	1 419	263	270	668	132	993	1 293	17 451	88	2	23	113	537	1 774	2 311	76 503
18. R- Arts entertainment and recreation	53 053	25	15	40	18	29	5	12	319	383	4	6	-	4	3	1	-	7	47	72	185	3	21	209	578	514	514	53 053
19. S- Other service activities	1 772 590	6 555	1 910	8 465	858	738	54	492	6 824	8 966	92	986	335	108	77	148	94	1 109	1 430	4 379	6 206	100	322	6 628	16 813	61 486	78 299	1 772 590
20. T- Activities of households as employers; undifferentiated goods- and services-producing activities of households for own use	71 332	34	20	54	7	13	1	7	61	89	1	8	2	1	-	-	-	19	33	64	85	6	11	102	615	12 329	12 944	71 332
21. U- Activities of extraterritorial organizations and bodies	25 781	81	52	133	41	33	4	28	128	234	6	30	18	-	1	3	-	12	144	214	90	3	12	105	199	414	414	25 781

Source: Compiled from unpublished table 2019 Population Census
Note: Columns in yellow are aggregated in non-coloured columns.

Annex E: List of institutions and organisations offering services to older persons

Facility Name	Type	Owner-ship	County	Sub County	Location	Sub Loca-tion	Con-nec-tion To Gok	Sponsors/ Funding	No.of Old-er Persons	Age Range
Emmaus	Elderly Home	Private	Laikipia	Laikipia East	Nanyuki	Muthaiga	Yes	Yes		
Nyumba Ya Baraka	Elderly Home	Private	Laikpia	Laikpia East	Marura	Marura	Yes	Yes		
Nyumba Ya Wazee	Elderly Home	Private	Laikipia	Laikipia East	Nturukuma	Likii	Yes	Yes		
Gaturi home for the elderly (Cottolengo)	church based home	Private	Murang'a	kiharu	mugeka	gaitheri	No	No		
St Mary's Village Home for The Aged	Community based home under Conso-lata missionaries	Religious insti-tution	Kiriny aga	kiriny aga west	Kariti	Sagana	Yes	Local Churches	43	70-97 Yrs
Mama Africa Home for The Elderly	FBO	private	meru	meru-central	marathi	nduruma	Yes	Saints Cel-ebration Family Church	23	80-102
Daughters of charity Chepnyal	FBO	Catholic Church	West Pokot	West Pokot	Sook	Chepnyal	No	No		
Mombasa Women Empowerment Net-work	CBO Residential home	Private	Mombasa	Kisauni	Bamburi	Shanzu	Yes	Yes		
Nyumba ya Wazee	Elderly hone	Public	Mombasa	Mvita	Tudor	Tudor	No	No		
Little sisters of the poor	Elderly hone	Public	Mombasa	Mvita	Tudor	Tudor	No	Yes		
Little Sisters of The Poor	Home For the El-derly-	Private	Nairobi	Kasarani	Kasarani	Kasarsni	No	Yes	73	72-102
Mji Wa Huruma	Home	Public	Nairobi	Westlands	Highridge	Muthaiga	Yes	No	46	50-103
Grandmother raising grandchildren	CBO	Community-Based Organi-zation	Kisumu							

Facility Name	Type	Ownership	County	Sub County	Location	Sub Location	Connection To Gok	Sponsors/ Funding	No.of Older Persons	Age Range
Thogoto home for the elderly	Home Based	Religion institution	Kiambu	Kikuyu						
Fatma Old Age Home			Kajiado							
Cheshire Home the Elderly	Residential/Day Care	Private	Nairobi	Embakasi North	Kariobangi	Njiru	Yes	Churches	260 Daycare and 32 Resident	65-90 Yrs
Brothers Centre	Religious Institution/ Home for the Elderly	Private	Nairobi	Kibra	makina	makina	Yes	International Donors / churches	31	60-90 Yrs
Ushirika Health Clinic	Health Centre	Private	Nairobi	Kibra	Makina	Makina	Yes	None	318	55-102
Got Nyabondo Okoa	CBO	Private	Kisumu	K.East	Kajulu East	Got Nyabondo	No	No	25	50-80Yrs
St Marys Magdaline SHG	Faith Based	Private	Kisumu	K.East	Kolwa	Chiga	No	None	55	60-90Yrs
Yomuller	CBO	CBO	Siaya	Alego Usonga	S. E Alego	Musumbi	No	None	60	60-85 Yrs
Pendeza Africa	NGO	Private	Siaya	Alego usonga	S.E Alego	Nyagora	Yes	Yes	620-	60-75 Yrs
Siaya County Persons Organization	CBO	CBO	Siaya	Ugenya	Ukwala	Ukwala	No	Self	80 -45M 35F	50 Above
Makena Nyanya	CBO	Community Members	Meru	Imenti South	Igoki	Machikine	No	None	24	65+
Kinyana	CBO	Community Based Organization	Meru	Imenti South	Kiangua	Kiangua	No	No	50	60-80Yrs
Almano Home For The Aged	FBO	Catholic Run	Meru	Imenti North	Munithu	Kambiti	Yes	No	8	50-80Yrs
Noes Cbo	CBO	Private	Meru	Imenti North	Mulathankari	Mukua/ Njoka	Yes	No	120	60-90Yrs

Source: State Department for Social Protection, Senior Citizens Affairs, and Special Programmes.

Annex F: Institutions Supporting Persons with Disability

1. National Council for Persons with Disability
2. Persons with Disability,
3. Kenya Nation Commission on Human Rights
4. National Gender and Equality Commission
5. Action Network for the Disabled (ANDY)
6. African Braille Centre
7. African Medical and Research Foundation
8. Association of the Physically Disabled in Kenya
9. Autism Society of Kenya
10. Blind and Low Vision Network
11. Brian Resource Centre
12. Care International in Kenya
13. Celebral Palsy Society in Kenya
14. Christoffel Blinden Mission Community
15. Eye Services Organisation
16. Deaf Empowerement Kenya
17. Deaf Initiatives Network Kenya
18. Deaf Women Initiatives Network (RDWIN)
19. Disability leadership and resource centre
20. Disabled Child Monitor
21. Discovered Potential in Disability Organization DPA
22. Kenya Ecumenical Disability Advocates Network
23. Eden Lifestyle and Community Centre
24. Embakasi Deaf Women Group
25. Federation of Deaf Women Empowerment Kenya
26. Fred Hollows Eastern Africa
27. Furaha Centre for The Deaf
28. Global Deaf Connection
29. Gracious Rehabilitation Centre
30. Handicap Bidii Self Help Group
31. Handicap International Hisan Initiative for Learning Disabilities Kenya (ILDK)
32. Kenya Institute of the Blind Kenya National Association of the Deaf (KNAD)
33. Kenya National Deaf Women Peace Network
34. Kenya Society for Deaf Children

ANNEX G: Supply of indirect care services in other sectors (water, sanitation, energy)

All the following tables (except Table G2 from DHS) have been extracted from Population Census 2019 and are also available by county (at urban and rural levels).

6.3.1 Access to water

Improved source of water is defined as comprised of protected well or spring, borehole/tube well, piped into dwelling/yard/plot, bottled water, rain/harvested water, public tap/standpipe.

In 2019, 61.6% of the population had access to an improved source of water (78.6% in urban areas against 54.0% in rural areas) (Table G1 in annex G). The 2014 Demographic and Health Survey gave a higher rate of access with 66.9% (85.7% in urban areas and 57% in rural areas) (Table G2).

This latter survey provides interesting details on time spent to obtain water (round trip): Taking into account that 33.4% of population had water on premises, 32.9% had at least 30 minutes to spend in collecting water (and another 1/3 less than 30 minutes). In rural areas, these slots increased up to 42.8% (30 minutes and longer) and 33.4% for less than 30 minutes (with 23.6% having water on premises). Taking again into account the same characteristics for access to water on premises, 53.9% of the persons usually collecting water were adult female (15+) and 2.7% female child in rural areas (and respectively 34.3% and 1.3% in urban areas), whereas adult male accounted for 8.8% at country level (and 7.7% in rural areas against 10.9% in urban areas).

Table G1: Percentage distribution of the population by the main source of water

Source by Type	Residence		
	Kenya	Rural	Urban
Total population	47,105,234	32,551,929	14,553,302
Improved	61.6	54.0	78.6
Protected Well	8.0	10.7	2.1
Protected Spring	7.7	9.0	4.7
Borehole/Tubed well	10.8	12.4	7.2
Piped into dwelling	8.9	4.4	19.2
Piped to yard/plot	11.2	6.5	21.8
Bottled Water	2.2	0.2	6.4
Rain / Harvested water	3.8	4.4	2.3
Public Tap / Stand Tap	9.1	6.4	1.5
Unimproved	38.4	46.0	21.4
Pond	2.2	3.0	0.3
Dam / Lake	4.3	5.7	1.2
Stream / River	19.0	26.1	3.0
Unprotected Stream	2.8	3.8	0.3
Unprotected Well	3.3	4.4	0.8
Water Vendor	6.9	2.9	15.8

Source: KNBS, Population Census 2019, Vol. XIX, Table 4.3 p.20.

Such indicators show the room left to progress, that would justify investment in infrastructures for alleviating the burden of water fetching which mainly falls on women's shoulders (or heads).

Table G2: Household drinking water

Percent distribution of household and de jure population by source of drinking water, time to obtain drinking water, treatment of drinking water and a person who usually collects drinking water according to residence Kenya 2014.

	Household			Population		
Characteristics	Rural	Urban	Total	Rural	Urban	Total
Source of drinking water						
Improved source	88.2	59.1	71.3	85.7	57.0	66.9
Piped water into dwelling / yard/plot	45.5	15.0	27.8	43.2	12.1	22.8
Public tap/ standpipe	24.8	9.3	15.8	22.6	9.6	14.0
Tube well or bore hole	3.8	8.2	6.3	4.3	8.4	7.0
Protected well	3.9	10.3	7.6	4.5	10.7	8.6
Protected spring	3.4	11.6	8.2	4.5	12.3	9.6
Rain water	2.6	4.5	3.7	2.8	3.9	3.5
Bottled water	4.3	0.2	1.9	3.8	0.1	1.4
Non- improved source	10.1	39.2	26.9	12.5	41.5	31.6
Unprotected well	1.7	8.8	5.8	2.4	9.8	7.3
Unprotected spring	1.2	5.5	3.7	1.8	5.8	4.4
Tanker/cat with drum	3.1	0.8	1.8	3.0	0.7	1.5
Surface water	4.1	24.0	15.6	5.4	25.2	18.4
Other	1.7	1.7	1.7	1.8	1.4	1.5
Total	100	100.0	100.0	100.0	100.0	100.0
Time to obtain drinking water(round trip)						
Water on premise	57.7	27.0	38.2	52.1	23.6	33.4
Less than 30 minutes	33.4	32.7	33.0	32.2	33.4	33.0
30minutes or longer	11.1	39.9	27.8	13.9	42.8	32.9
Don't know/Missing	1.9	0.4	1.0	1.9	0.3	0.8
Total	100.0	100.0	100.0	100.0	100.0	100.0
Water treatment prior to drinking						
Boiled	25.5	22.5	23.7	25.9	21.0	22.7
Bleach/Chlorine added	21.7	22.5	22.2	24.0	23.8	23.8
Stained through cloth	0.4	1.1	0.8	0.6	1.3	1.0
Ceramic, sand or other filters	1.2	3.5	2.6	1.6	3.9	3.2
Solar disinfection	0.0	0.0	0.0	0.0	0.0	0.0
Other	0.7	2.0	1.5	0.9	2.0	1.6
No treatment	54.5	54.1	54.3	51.9	54.1	53.3
Percentage using inappropriate method	44.9	44.2	44.5	47.5	44.1	45.3
Number of house holds	15,290	21,140	36,430	48,946	93,762	142,708
Person who usually collect drinking water						
Adult female 15+	27.7	56.8	44.6	34.3	64.2	53.9
Adult male 15+	16.4	11.8	13.7	10.9	7.7	8.8

Female child under age 15	0.8	2.5	1.8	1.3	2.7	2.2
Male child under age 15	0.6	1.2	1.0	0.8	1.3	1.1
Other	0.8	0.8	0.8	0.8	0.6	0.7
Water on premises	53.5	26.7	38.0	51.8	23.3	33.2
Total	100	100.0	100.0	100.0	100.0	00.0
Number of selected house holds for full questionnaire	7280	10,080	17,360	23,176	44,073	67,249

Note: Totals may not add up to 100 per cent because households with missing information are not shown separately

[1] Respondents may not report multiple treatment methods; therefore, the sum of all treatment methods may exceed 100 per cent

[2] Other water treatment methods include covering the water container, and letting the water stand and settle

[3] Appropriate water treatment methods include boiling, bleaching/adding chlorine, filtering/ training, and solar disinfectant

Source: KNBS (2015), DHS 2014, Table2.1, p.12

6.3.2 Access to sanitation

Improved sanitation is defined as comprised of main sewer, septic tank, cess pool, VIP Pit latrine, Pit latrine covered and Bio-septic tank/Biodigest. Table G3 shows the results for population census 2019: 82.5% of households had accessed to improved mode of human waste disposal (75.5% in rural areas, against 93.5% in urban areas).

Table G3: Proportion of households by main mode of human waste disposal

	Region	Kenya	Rural	Urban
Improved	No. of households	12,040,701	7,376,595	4,664,106
	Main Sewer	9.74	0.32	24.62
	Septic Tank	9.23	1.71	21.12
	Cess Pool	0.31	0.41	0.57
	VIP Pit Latrine	11.90	11.53	12.49
	Pit Latrine covered	51.17	61.76	34.41
	Bio-septic tank/ Biodigest	9.37	12.48	4.44
	Sub-Total	82.51	75.53	93.54
Un-improved	Pit Latrine uncovered	9.37	12.48	4.44
	Bucket latrine	0.76	0.47	1.22
	Bush	7.37	11.52	0.80
	Sub-Total	17.49	24.47	6.46

Source: KNBS, Population Census 2019, Vol. XIX, Table 4.5 p.22.

6.3.3 Access to sources of energy

Clean source of fueling is defined as comprised of: electricity, LPG (gas), biogas and solar. 25.4% of the households had access to such improved sources in 2019 (55.3% in urban areas and 6.5% in urban areas). Firewood is used by 55.2% of the households (and 84.2% in rural areas against 9.3% in urban areas). (Table G4). Table G5 shows the proportion of households by

main type of lightning fuel. Interestingly, it provides the trend on long period, provided that this question was asked in population censuses since 1989. Progress has been remarkable: Over three decades the proportion of households with electricity grew from 8.7% in 1989 to 50.5% in 2019, and from 1.9% to 26.5% in rural areas (against 32.1% up to 88.6% in urban areas).

Table G4: Proportion of households by main type of cooking fuel

	Clean					Unclean			
	Electricity	LPG(gas)	Biogas	Solar	Sub-total	Firewood	Charcoal	Paraffin	Sub-total
KENYA	0.8	23.9	0.5	0.2	25.4	55.2	11.6	7.8	74.6
Rural	0.3	5.6	0.3	0.2	6.5	84.2	7.7	1.6	93.5
Urban	1.6	53.0	0.7	0.0	55.3	9.3	17.7	17.7	44.7

Source: KNBS, Population Census 2019, Vol. XIX, Table 4.7 p.26.

Table G5: Distribution of households by main type of lighting fuel, 1989-2019

	Electricity				Paraffin				Other			
	1989	1999	2009	2019	1989	1999	2009	2019	1989	1999	2009	2019
KENYA	8.7	13.6	22.7	50.5	81.3	79.1	69.5	16.4	10	7.3	7.8	33.0
Rural	1.9	4.2	5.2	26.5	86.2	87	83.7	23.6	11.9	8.8	11.1	50.0
Urban	32.1	42.1	51.2	88.6	64.3	55.3	46.4	5.1	3.6	2.6	2.4	6.3

Source : KNBS, Population Census 2019, Vol. XIX, Table 4.8 p.27.

Although the use of electricity (or other clean sources) for cooking fuel remains limited, the larger the access, the larger the population that will continue to rely on unclean sources of energy.


UN
WOMEN


WOMEN
COUNT