ASSESSMENT OF DOMESTIC WORKERS PROVIDING CARE AND SUPPORT TO PERSONS WITH DISABILITIES IN KENYA

POLICY BRIEF

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Background

Domestic work is one of the largest informal occupations in Kenya, employing an estimated two million workers as of 2022. The sector is predominantly female (81%) and plays a critical role in caring for persons with disabilities. Yet, domestic workers remain undervalued, underpaid, and largely excluded from formal labor protections.

This policy brief draws on findings from a study of 331 paid domestic workers, working within private households with at least one person with disability/disabilities. The study also surveyed 70 employers of domestic workers in households with at least one person with disability/disabilities.

The main objective of the study was to analyze the intersection between domestic work and care and support provided by and for persons with disabilities. Specifically, the study sought to establish how much care and support persons with disabilities are being provided by paid domestic workers, including those with disabilities; the extent to which domestic workers had unpaid care and support responsibilities for persons with disabilities in their own families; and the working conditions of the domestic workers.

This domestic care issue must also be understood within Kenya's obligations under the UN Convention on the Rights of Persons with Disabilities (CRPD), particularly Article 19 on independent living and community inclusion and Article 28 on social protection. The availability, quality, and sustainability of care and support services are key to the dignity, autonomy, and well-being of persons with disabilities. Poor working conditions for caregivers therefore directly undermine the realization of disability rights.

Key findings

Level of care and support by domestic workers to persons with disabilities

Domestic workers care for an average of 1.6 persons with disabilities per household, though this number can be as high as five. Nearly two-thirds (65.5%) of these individuals require round-the-clock (24-hour care) support, especially those with physical, intellectual, or visual disabilities.

The need for constant care is most prevalent among children and youth (aged ≤ 20 years) and working-age adults (21-60 years). Physical disabilities (62.7%) are the most prevalent type of disability among those requiring 24-hour care, followed by intellectual (13.8%) and visual disabilities (9.7%).

The demand for 24-hour care and support is particularly associated with physical disability, accounting for 62.7% of the cases. Level of care and support is directly linked to long working hours, with over 85% of the domestic workers working more than 40 hours weekly. Live-in domestic workers put in an average of 80.3 hours per week, far above the statutory limit of 52 hours per week. More than half (58%) of domestic workers providing round-the-clock support live in the same household as the person with a disability.

The excessive working hours for domestic workers severely compromise their health by increasing physical and psychological strain, curtails their fundamental right to rest and personal life, and violates their labour rights to reasonable working time and occupational safety and health. Care and support to persons with disabilities is typically provided either alone, with another domestic worker, or with family members. Where domestic workers provide support alone, nearly three-quarters (72.2%) are live-in domestic workers. The presence of an additional worker or family member reduced the need for live-in arrangements, showing that collaborative care models mitigate pressure on a single domestic worker.

Beyond violating labour standards, excessive working hours and caregiver fatigue have direct implications for the quality, safety, and continuity of care received by persons with disabilities. Overworked and unsupported caregivers face higher risks of burnout, injury, and stress, which can compromise safe handling, attentiveness, and responsive care, particularly for persons requiring round-the-clock support.

Unpaid care and support to domestic workers' dependents with disabilities

In addition to paid employment, a significant number of domestic workers shoulder unpaid care responsibilities for their dependent children or relatives with disabilities. Majority (86.7%) of domestic workers had children. Of these, 13.9% have children with disabilities, and 13.3% have other dependents with disabilities. The most prevalent disabilities among the children were physical (30%), intellectual (20%), visual (17.5%) and hearing disability (15%). Similarly, the other dependents of domestic workers with disabilities had physical disabilities (59.1%), hearing (9.1%) and intellectual (6.8%).

More than half (57.5%) of the domestic workers personally provide care to their dependent children with disabilities, compounding their workload and creating a double burden of care. The rest have their dependent children cared for by other relatives (20%), and other domestic workers (5%). The dependent children with disabilities for the other 17.5% of the domestic workers are self-caring and do not require external assistance. The implication is that domestic workers are the primary caregivers of their own dependent children with disabilities, emphasizing the substantial dual responsibility of both paid labour and demanding family care by the workers.

These findings highlight a profound intersection of gender, disability, and poverty, where predominantly female domestic workers shoulder a dual and often invisible burden of paid and unpaid disability care. The lack of adequate social protection and public care services transfers the cost of disability support to low-paid workers, deepening cycles of economic vulnerability and exclusion.

Working conditions for domestic workers

While a majority (82.2%) of the domestic workers surveyed are on full-time employment arrangement, and have worked for the current employer for more than a year (82.7%), suggesting a consistent demand for continuous care, their employment is largely precarious. More than one in three (34.4%) of the domestic workers are on temporary employment arrangement, and another 18.7% are casuals.

This precarity is exacerbated by the lack of formal contracts as most of the workers (68.9%) rely on oral arrangements, 22.4% have no contracts and only a mere 8.8% have written contracts. The widespread lack of formal, written agreements and the prevalence of precarious forms of employment leave domestic workers highly vulnerable. This vulnerability manifests in severe job insecurity and lack of essential employment benefits such as paid leave, social security, and health insurance.

Domestic workers providing care and support to persons with disabilities work for an average of 6.2 days per week and 69.9 hours per week, which exceeds the statutory limit of 52 hours. About one-third (32.5%) of the domestic workers work for 59-83 hours per week. Live-in domestic workers are particularly affected, working for an average of 80.3 hours per week compared to 59.4 hours for leave-out domestic workers. Further, 66.5% of the domestic workers are on-call (standby) at any given time of the day or night.

The living arrangements of the domestic workers are also directly linked to the intensity of care, with over half (58%) of the domestic workers who provide 24-hour care living in the employer's household. A significant majority of the workers (80.1%) are not compensated for overtime, and many are on-call at all hours.

The average monthly wage of a domestic worker of KSh. 7,017.10 (USD 54.03)[1] is 56.5% below the 2025 statutory minimum of KSh. 16,113.75 (USD 124.08) for Nairobi City and Kisumu Counties, and 52.8% below the KSh. 14,866.92 (USD 114.48) legislated minimum for Kakamega and Meru Counties. A small variation of 2% was established between the average monthly wage rates for live-in domestic workers (KSh. 7,092.80/USD 54.61) and live-out domestic workers (KSh. 6,941/USD 53.45). The high absolute average monthly wage for live-in domestic workers is, however, diminished by the longer hours (12.3 hours per day) worked by the live-in domestic workers relative to the live-out domestic workers (10 hours per day), making the wages of the live-in domestic worker to be lower.

There is widespread underpayment for domestic workers, with the reported median monthly wage being KSh. 6,000 (USD 46.20) across all categories of the workers and counties studied. The average wage for the domestic workers covered in the survey [KSh. 7,017.10 (USD 54.03)] is only 11.4% of the average negotiated wage in 2024, reflecting severe wage disparity at the national level. The median wage of the domestic workers is also low, constituting only 16.4% of the median negotiated wage. Further, the highest earning domestic worker only gets 19.1% of the negotiated wage of the best paid unionized employee while the least paid domestic worker receives a mere 3.1% of the wage of the least paid unionized employee.

The underpayment for domestic workers providing care and support to persons with disabilities is exacerbated by rampant nonpayment of overtime, which affects close to four in five of the workers. Furthermore, though most of the domestic workers receive their wages in cash (83%) and on a monthly basis (81%), some are paid both in cash and in kind (14.5%) while others are paid purely in kind (2.7%). Payment in kind brings into question difficulties of valuation, challenges with adherence to the agreed wage rates, compliance with the statutory regulations, and openness to abuse.

The study findings show a consistent wage gap between domestic workers who are largely informal and non-unionized and the more formal unionized workers. The overall pattern suggests a structural issue where domestic workers, who are largely in the informal sector, are subjected to significantly lower and less standardized pay scales compared to those protected by formal collective bargaining and negotiation structures.

Employers of domestic workers often claim to provide non-wage benefits such as food or housing, but the domestic workers rarely acknowledge these as actual benefits. While majority of the employers (81.4%) view the provision of food/meals as non-wage benefits to the domestic workers, only a few (4.3%) domestic workers recognize it as such. Similarly, more than half of the employers (52.9%) consider housing of the domestic worker as a non-wage benefit, but only 16% of the workers view it the same way. Across both sexes, live-in domestic workers had a higher probability of receiving non-wage benefits from their employers (47%) compared to live-out domestic workers (29.7%).

Nine in ten (90%) of the domestic workers lacked statutory leave entitlements. Only small proportions have access to sick leave (9.1%), annual leave (3.6%), maternity leave (1.2%), or paternity leave (0.9%). The situation is confirmed with just 22.5% of the employers offering annual or sick leave, and only 2.8% of the employers are providing maternity leave. More than half (52.1%) of the employers offer one day of rest per week. This clearly shows high levels of contravention and non-compliance with statutory requirements.

A significant majority (56.8%) of the domestic workers do not have access to formal social protection

1 Based on Central Bank of Kenya's exchange rate of 1 USD = KSh. 129.2386 as at 23rd October 2025, https://www.centralbank.go.ke/forex/#

benefits, highlighting a major gap in worker welfare. While 43.2% of the workers are enrolled in some form of government or other benefit scheme, a clear preference for health-related scheme is evident. More than one in three of the workers are, for example, enrolled in the mandatory Social Health Insurance Fund (SHIF), while a considerably smaller proportion (10.3%), are enrolled in the equally mandatory National Social Security Fund (NSSF).

The strong preference for SHIF over NSSF among the domestic workers reveals a strategic prioritization of immediate health security against urgent risks like illness or injury over long-term financial planning for retirement or disability. This disparity highlights the intense financial precarity faced by the domestic workers, for whom the immediate and tangible benefit of healthcare outweighs the abstract, distant benefit of a pension.

Further, the financial burden of these schemes falls primarily on the domestic workers themselves, as 74.7% reported paying their own premiums, 18.3% are being paid for by the employers and 7% are being paid for by other third parties, such as county governments. The finding underscores high levels of employer non-compliance with mandatory social security contributions in the informal sector in general and domestic work sector in particular.

About one in four of the domestic workers have experienced an occupational accident (22.1%) or injury (26.9%) in their current workplace while another 22.6% know of a domestic worker who has either experienced an occupational accident (20.9%) or injury (24.2%). Despite the high likelihood of occupational accidents or injuries occurring in the workplaces, an overwhelming majority (85.2%) of the domestic workers do not have personal protective equipment (PPEs). The workers also neither have employer-provided medical cover (97.6%) nor sick leave (90.9%).

The lack of medical cover and paid sick leave makes the prevalence of occupational accidents and injuries even more financially catastrophic to the domestic workers, increasing the risk of financial distress to the workers. Further, the fact that over 90% of the domestic workers do not have access to paid sick leave implies that they are forced to choose between working while unwell or losing wages for the period of sickness. This not only puts the health of the domestic workers at risk but could also compromise the safety of the person with disability(s) they are caring for. The high percentage of workers not provided with PPEs confirms the exposure of domestic workers to workplace hazards, linking directly to the qualitative examples of occupational accidents suffered by the domestic workers.

Unsafe working conditions and the absence of occupational health protections not only endanger domestic workers but also pose risks to persons with disabilities who rely on them for daily care. Working while ill, injured, or without appropriate protective equipment increases the likelihood of accidents, neglect, or unsafe care practices, particularly in households providing intensive physical support.

The survey established cases of abuse, harassment and violence affecting domestic workers providing care and support to persons with disabilities. The findings showed that the domestic workers were over six times more likely to have experienced abuse (18.7%) than violence (3%), and over four times more likely to have experienced harassment (12.7%) than violence. This pattern suggests that while extreme physical harm is less frequent in the workplaces, systemic violations that target economic security and psychological well-being are widespread.

Economic abuse, which involved the employers leveraging the power imbalance and the worker's vulnerability to lack of alternative employment and income insecurity to impose unfair conditions or demands on the

worker was the main form of abuse endured by the domestic workers. The domestic workers also experienced psychological harassment, and threat of and actual physical violence. The implication is that efforts to promote safe and respectful working environments through awareness creation, enforcement of labour standards, including accessible grievance reporting and dispute handling mechanisms for the domestic workers needs to be stepped up.

Further analysis shows that female domestic workers constituted the majority (91.6%) of those who have experienced all the three forms of violation: abuse, harassment and violence. This implies that female workers bear the greatest brunt of workplace violations. The most significant gender gap is seen in harassment where 97.6% of those who reported it were female, compared to only 2.4% male, implying a strong disparity given that harassment often includes psychological and sexual forms. A relatively higher exposure of male domestic workers to abuse (12.9%) and violence (10%) than harassment (2.4%) was detected. This shows that male domestic workers face a slightly less disproportionate risk of physical and economic harm compared to harassment.

Skills training by domestic workers

Three-quarters (75.5%) of the domestic workers had no formal job-relevant training. Of those trained, only 38.3% received certificates with less women (36.6%) compared to men (50%) receiving a certificate. Training was most often provided by private institutions (40.7%), government (22.2%) and employers (13.6%). A few of the domestic workers received training from recruitment agencies (8.6%) and other sources (14.8%).

There exists a strong positive association between training and higher wages, though wage stagnation persisted for many trained domestic workers. Half of those earning more than KSh. 15,000 (USD 115.50) had job-relevant training, highlighting the importance of skill acquisition. Despite this, many diploma holders remained in lower pay categories, suggesting mismatches between skills and pay.

Majority (80.4%) of the domestic workers without job-relevant training earn a maximum of KSh. 9,999 (USD 76.99). However, even the trained domestic workers seem to stagnate at the mid-range of between KSh. 5,000 and KSh. 9,999 or USD 38.5-76.99, with 37% of the trained domestic workers falling in that category. Further, 50% of all domestic workers earning more than KSh. 15,000 (USD 115.50) have job-relevant training. The implication is that while training improves the floor of the wage scale by keeping the domestic workers out of the lowest earnings, it does not significantly raise the ceiling. This shows that wages in the domestic work sector tend to cluster in the mid-range even for trained workers, and higher qualifications do not automatically translate to higher pay in the sector.

About 38.3% of the domestic workers had certificates for the job-relevant training. However, the majority (77.4%) still earn a maximum of KSh.14,999 (USD 115.49), while a minority (22.6%) earn KSh.15,000 (USD 115.50) or more. A test of statistical significance initially showed existence of a statistically significant association between wage level and certification obtained. However, the notable presence of diploma holders in the lower pay categories signals a significant mismatch between training certification and actual pay, despite the statistical association. The implication is that certification does not automatically translate to higher pay in the domestic work sector. A certificate or even a higher qualification like diploma is not a reliable mechanism for ensuring a better wage for a domestic worker.

More than half (53.8%) of the domestic workers indicated that they need more training to enhance their work performance. The training needs identified among domestic workers were disability care (54.5%), emotional management (25.3%), equipment handling (5.6%), communication skills (3.9%), and first aid and emergency (3.4%). Employers prioritized first aid and healthcare, disability support and care giving, basic housekeeping

and hygiene, communication skills, and time management and organization as the key training needs for the domestic workers. The domestic workers also require essential consumables and protective gear to enhance their work performance. These include medical supplies and gloves along with durable assistive devices such as wheelchairs, walkers, bathing aids, or adapted kitchen stools.

These findings underscore the need to recognize disability care as specialized and skilled labour rather than an extension of general domestic work. Providing care and support to persons with disabilities requires specific competencies in safe handling, communication, emotional management, and use of assistive devices, which should be formally acknowledged, certified, and linked to improved remuneration.

Conclusion

The paid domestic workers providing care and support to persons with disabilities are an indispensable yet vulnerable workforce providing intensive, round-the-clock care, particularly to persons with physical and intellectual disabilities. The essential role of the domestic worker is marred by systemic exploitation: the workers are grossly underpaid, earning less than half the statutory minimum wage and only 11.4% of the average negotiated wage in 2024. The domestic workers are also subjected to precarious working conditions characterized by excessive hours, widespread lack of formal contracts, near-absence of social protection, paid leave and occupational safety measures.

Furthermore, the domestic workers, who are mainly female, often manage a severe double burden, simultaneously juggling between the demanding paid employment and the unpaid care for their own dependents with disabilities. Overall, the findings reveal a sector operating outside legal compliance, where the high-value labour of disability care is fundamentally undervalued, necessitating urgent formalization and intentional enforcement of labour rights to ensure both worker dignity and the quality of care provided.

Policy recommendations

The following recommendations emanate from the study findings. The recommendations are targeted according to the actors and specific actions to be taken.

Ministry of Labour and Social Protection (MoL&SP): The systemic exploitation and extreme precarity documented in the domestic work sector, evidenced by massive contract informality, systemic wage theft and complete absence of welfare and social protection demonstrate a fundamental legislative failure to recognize domestic work as decent labour. To legally anchor and guarantee the fundamental rights necessary to correct these failures, the national government through the MoL&SP, Central Organization of Trade Unions-Kenya (COTU-K), Federation of Kenya Employers (FKE) and Parliament must prioritize the ratification of the International Labour Organization (ILO) Convention No. 189 on Decent Work for Domestic Workers.

Ratification of Convention 189 is the critical first step but must be immediately followed by short-term legislative review to align the Employment Act and other domestic labour laws with the provisions of the Convention. Specifically, the MoL&SP must ensure enforcement of the principles of the Convention. Ratifying Convention 189 is also essential for establishing a framework that guarantees domestic workers the same legal, social, and occupational protections enjoyed by other formal sector workers.

The MoL&SP should also strengthen labour inspection to enforce both the minimum wage laws and overtime compensation, especially for live-in domestic workers. The Ministry should also collaborate with the NSSF and SHIF to institute targeted accountability measures that ensure that employers of domestic workers comply

with the mandatory health insurance and retirement benefits schemes. This would help shift the burden of health insurance, retirement planning and income security at old age from the workers.

The Ministry should establish accessible and confidential grievance and safeguarding mechanisms that protect both domestic workers and persons with disabilities from abuse, exploitation, and neglect. These mechanisms should be disability-inclusive, linked to labour offices and social services, and capable of addressing power imbalances within private household workplaces.

Ministry of Gender, Culture, The Arts and Heritage: The MGCA&H in collaboration with relevant state and non-state agencies should focus on addressing the dual care burden faced by the domestic workers, and other workers generally. This requires establishing and funding a government-led social support programme that offer respite care services, financial subsidies or counselling. This is specifically vital to domestic workers who are simultaneously providing intensive unpaid care for their own dependents with disabilities in addition to paid employment. The respite care services are particularly useful and relevant to the domestic workers, given their high workload, necessitating short-term temporary relief to prevent caregiver burnout.

Strengthening public disability support services, including community-based care, respite services, and access to assistive devices, is essential to reduce over-reliance on underpaid domestic labour. Increased public investment in disability support will ease caregiver burden while enhancing inclusion and independent living for persons with disabilities.

Technical and Vocational Education and Training Authority (TVETA) and Training Institutions: The TVETA, National Industrial Training Authority (NITA) and other TVET institutions should address the significant skills gap in the domestic work sector. The institutions should work collaboratively with the domestic workers, employers and the trade union organizing domestic workers (KUDHEIHA) to develop and standardize training curricula focused on specialized disability care, first aid, and emotional management. Both TVETA and NITA should ensure that the certification is formally recognized and actively linked to higher wages to incentivize professional development and improvement of quality care within the domestic work sector.

Training and certification in disability care should be formally recognized as specialized skills and directly linked to differentiated wage structures. This will professionalize disability care, incentivize skills acquisition, and improve the quality and safety of care provided to persons with disabilities.

Employers: The employers of domestic workers should be held accountable for creating and ensuring fair labour standards and acceptable conditions of work. This involves adhering to mandatory written contract requirements, paying the statutory minimum wage, and ensuring fair terms and conditions of employment, including overtime compensation. Employers should also be mandated to establish and maintain basic occupational safety and health standards and benefits. These include provision of essential medical cover and paid sick leave, given the high risk of job-related injuries in the workplaces, contrasted with the current near-total lack of employer-provided benefits.

KUDHEIHA: The union, in collaboration with relevant civil society organizations and development partners, should focus on empowering the domestic workers through unionization, collective bargaining and negotiations, awareness and legal access. The union needs to expand its outreach, ensure a value proposition to the domestic workers, secure funding to provide free legal aid, and conduct comprehensive labour rights and trade union awareness campaigns. This is critical to encourage the domestic workers to engage with formal institutions such as the labour offices and Employment and Labour Relations Courts (ELRC). This

intervention will enable the union to increase its membership among the domestic workers, which is currently low, thereby improving their bargaining power and access to legal recourse.

Organizations of Persons with Disabilities (OPDs): OPDs should be meaningfully involved in the design, implementation, and monitoring of policies and programmes related to disability care and support. Their participation is essential to ensure that care models uphold the dignity, autonomy, and rights of persons with disabilities, and that training, safeguarding, and accountability mechanisms are responsive to lived experiences.

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