# AgeWatch Africa Foundation (AAF)



agewatchafrica.com





# **Profiling Businesses** in the Care Economy

The care economy consists of paid and unpaid labor and services that support caregiving in all its forms. In Africa, Asia and Latin America, women spend between three to five times as many hours on unpaid care and domestic work as men. This represents 80 percent of a household's total hours devoted to unpaid care work.

Care economy businesses can help recognize, redistribute, reduce and reward – also known as the 4 Rs – unpaid and paid care and domestic work in the following ways:



**Recognize:** Initiatives that increase visibility and recognition of paid and unpaid care and domestic activity as "productive" work that creates real value and contributes to economies and societies.



**Redistribute:** Services and initiatives that redistribute care work from individuals to public and private sector entities, and redistribute care and domestic work within the household.



**Reduce:** Products and initiatives that reduce the time spent on and burden of unpaid care and domestic work.



**Reward:** Products, services and initiatives that ensure that care and domestic workers are paid fairly and have professional growth potential. This provides them with financial reward and security.

The Care Economy Knowledge Hub aims to address the knowledge gap around care businesses by showcasing various business models and creating a resource base for relevant stakeholders. It also aims to raise awareness and increase knowledge of the state of impact-driven care economy business models and attract a broad range of funders to invest in care economy solutions by showcasing opportunities. These business profiles are intended to showcase said potential investment opportunities. They have been created from information and data provided by the business itself.

This project is supported by Canada's International Development Research Center, in partnership with the Soros Economic Development Fund at the Open Society Foundations. Building on their track record and commitment to transforming the care economy and mobilizing finance for gender equality, they have jointly launched this action research program to help transform the care economy through impact business and investment.



# **Executive Summary**





Redistribute



Reduce



Reward

AgeWatch Africa Foundation (AAF) is a nonprofit social enterprise whose mission is to provide high-quality care to the elderly in rural Kenya. AAF provides a variety of care services, including home care, group daycare, and palliative care. It also has plans to launch a fully serviced residential care facility. It has served 264 customers so far and has six full-time employees. In 2021, AAF's revenue was US\$ 16,805.



Enterprise Type: Nonprofit social enterprise

### Women Owned/Led:\*

This enterprise is not womenowned or led as it does not meet the criteria of having a woman founder, being 51% womenowned and/or having at least 30% of women in senior leadership (executive level/Csuite positions)

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<sup>\*</sup>According to 2X "women entrepreneurship" and "women leadership" criteria; 2X Challenge Criteria



# 1. About The Enterprise

### 1.1 Problem

In 2020, Kenya had about 1.3 million elderly people (aged 65 years¹ and above). Research shows that women in Kenyan households spend more time than men on unpaid care work, which includes caring for the elderly². In rural areas of Kenya, many youth are migrating to urban areas and leaving little or no support to care for the elderly at home. This makes the elderly susceptible to loneliness and other age-related challenges such as good nutrition, bathing and dressing, remembering medication and managing chronic conditions. Those who have migrated struggle to find care services for their elderly family members since the availability of trained service providers in rural areas is very limited. In addition, villages have limited basic health care facilities for the elderly with chronic diseases.

#### 1.2 Solution

AgeWatch Africa (AAF) addresses the problem of limited access to elderly care in Kenyan rural villages by offering home care services such as assistance with household chores, bathing and dressing, shopping and meal preparation, medication reminders, and other care needs. AAF's services also help the elderly to maintain good nutrition, hygiene, medication reminders and management of chronic conditions as needed. By the end of 2022, they plan to run a daycare program for the elderly, providing socialization opportunities and physical care, reducing loneliness and depression. The enterprise will also offer continuous elderly care at its residential facility. Lastly, AAF has developed a caregiver / nurse training assistance program that will allow caregivers to build requisite elderly care skills and provide those who complete the course with a completion certificate. This training program will not only build skills but also improve caregivers' income generating opportunities in rural areas given the limited availability of trained personnel in these areas.

<sup>&</sup>lt;sup>1</sup> Knoema World Data Atlas. (2020). Kenya - Total population aged 65 years and over. Retrieved from <a href="https://knoema.com/atlas/Kenya/topics/Demographics/Age/Population-aged-65-years">https://knoema.com/atlas/Kenya/topics/Demographics/Age/Population-aged-65-years</a>

<sup>&</sup>lt;sup>2</sup> Maina, L.W., Kimani, E., Parkes, A., Rost, L., Azevedo A., Ndinda, L. (2019). *Gendered patterns of unpaid care and domestic work in urban informal settlements of Nairobi, Kenya: Findings from a Household Care Survey 2019.* Oxfam. <a href="https://cng-cdn.oxfam.org/kenya.oxfam.org/s3fs-public/file\_attachments/Eng\_Kenya\_HCS\_2.pdf">https://cng-cdn.oxfam.org/kenya.oxfam.org/s3fs-public/file\_attachments/Eng\_Kenya\_HCS\_2.pdf</a>



# **1.3 Customer Segment**

Customer Segment	Product / Service Provided	Paid / Unpaid
Elderly, Households with elderly	<ul> <li>Elderly care services at the client's home: This service enables aging loved ones to remain in the comfort of their own homes while professional caregivers assist them with household chores, bathing, dressing, shopping or meal preparation, medication reminders, and other care needs.</li> <li>Residential care facility: This facility will provide clients with a safe place to recover after hospitalization or when they can no longer care for themselves at home. At the time of writing this profile (August 2022), this service is not yet running. AAF expects to commence its residential care facility operations in the second half of 2022.</li> <li>Daycare programs: This includes communal group care with socialization and physical care. At the time of writing this profile (August 2022), this service is not yet running. The daycare programs are expected to commence in the second half of 2022.</li> </ul>	Paid: AAF receives a service fee from households with eldery individuals and grants from donors to cover the service fee for the services provided to the low income eldery population in Kenya.  AAF anticipates to follow a similar fee structure for the residential care and daycare programs.
Caregivers	Caregivers training: Caregivers are offered a fourmonth training to equip them with professional skills to care for the elderly. The training includes the basic and holistic needs of elderly clients while incorporating therapeutic communication and intrapersonal skills. At the time of writing this profile (August 2022), this service is not yet running. These trainings are expected to commence in the second half of 2022.	Paid: Attending caregivers will be charged for this service.

# 1.4 Team And Governance Structure

AAF has 6 full-time and 7 part-time staff members. The full-time staff members include the Founder and CEO, 1 administrator to oversee the care giving services, 1 office administrator, 2 caregivers and 1 residential facility caretaker. Part-time staff members are on-boarded as needed. At AAF, 50% of the full-time employees and 57% of the part-time employees are women. The enterprise's board consists of 4 members, 1 of which is a woman.



# 1.5 Enterprise Policies

Policy	Yes / No	
Overall HR Policy	Yes	
Equal pay for equivalent work policy	No	
Non-discrimination / Equal employment opportunity / Diversity and inclusion policy (gender, LGBTQ, PWD, etc.)		
Anti bullying and sexual harassment policy / Respectful workplaces	No	
Whistleblower policy / Employee grievance mechanism		
Maternity / Paternity leave policy		
Safeguarding policies for vulnerable groups (children, elderly, PWDs)		
Safeguarding policies for the environment or to reduce detrimental impact on the environment (covers reducing carbon footprint, reduced water consumption etc.)		

# 2. Impact

### 2.1 Mission Statement

AgeWatch Africa Foundation's mission is to create, improve, and maintain access to high-quality, affordable elderly care services in Kenya.

# 2.2 Intended Impact

AAF's model has clear benefits for households and care workers while impacting four of the four Rs:

- AAF provides care services that **redistribute** care work from households to external caregivers.
- It **reduces** the time spent by household members, particularly women, on unpaid elderly care by providing these services.
- It seeks to **reward** care workers by providing them access to training courses that improve their skills and abilities.



• It recognizes the need for high quality elder care through its collaboration with the government agency, National Council for Population and Development, with whom it is promoting the elderly care agenda.

# 2.3 Monitoring And Measurement

AAF monitors its results in terms of the reach of its services and the quality of services provided to the elderly. Further details are:

- Service delivery is measured by the number of elderly enrolled and visited through the home care program. This data is collected twice a month.
- Service quality is measured through customer satisfaction surveys. These surveys are sent to clients a few weeks before the service renewal due date, and are used to understand any areas of improvement. Typically, home care service contracts are for a period of 3 months.

#### 2.4 Results To Date

- Number of elderly people served: 264
- During the COVID-19 pandemic, AgeWatch Africa conducted a vaccination mobilization campaign in partnership with the Kisumu County Ministry of Health, vaccinating over 500 elderly persons against COVID-19.

AgeWatch Africa Foundation's work is aligned to the following Sustainable Development Goals (SDGs):











# 3. Financials

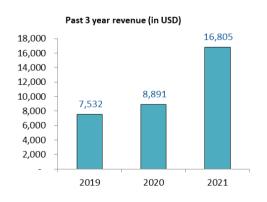
### 3.1 Financial Status

The following table provides an overview of the financial status of the enterprise during the period 2019–21.

(Amounts in USD)	FY 2019	FY 2020	FY 2021
Total Revenue <sup>3</sup>	7,532	8,891	16,805
Total Expenses	8,562	9,404	11,920
EBITDA OR Profit/ Loss	(1,030)	(513)	4,885
EBITDA Margin	-13.67%	-5.77%	29.07%

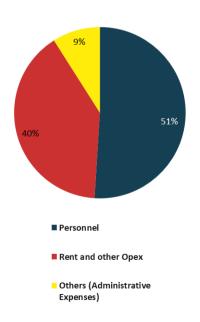
### 3.1.1 Revenue Streams

Review of past revenues shows that the main revenue streams for the enterprise are individual and institutional philanthropists that provide grants and households that pay for elderly care services. In 2021, 95% of the revenues came from grants. Further details on past revenue are provided in the graph below



# 3.1.2 Expenses

The following pie-chart provides details of the key past expenditures for 2021.



<sup>&</sup>lt;sup>3</sup> Revenues include revenue from service sales and grant revenue. Agewatch Africa Foundation received a significant portion of its revenue from grants.



# 3.2 External Funding Sources (Past and Current)

Individual and institutional philanthropists have provided grants that have been used for programmatic activities and to provide pro-bono services. Past donors include individual donors and Global Giving. This is an early stage enterprise that has leveraged grants to pilot its services, though anticipates that its reliance on grant funding will decline as it on-boards more customers. Grants will be sought to continue providing these services to low income elderly populations that are unable to afford these services.

# 3.3 Challenges Faced In Accessing Capital

· Lack of capital pool that focuses on the care segment

There is limited awareness of the challenges related to elderly care and the need for funding to support the elderly in rural Kenya. This limits the capital available to scale the enterprise's operations.

· Stage of the enterprise

Because this is an early stage enterprise, it lacks collateral or extensive history to seek capital from institutions such as banks, it is highly reliant on grant funding and has limited visibility of cash flow from business operations.

# 4. Path To Scalability

#### 4.1 Potential Avenues For Growth

AgeWatch Foundation has identified the following avenues for growth:

- Training caregivers: In the next 3-5 years, the enterprise aims to expand the caregiver training they provide to increase the number of caregivers and improve the quality of care services.
- Geographic expansion of existing services: In the next 3–5 years, the enterprise intends to expand its elderly home care services and the residential facility to neighboring counties in Kenya.
- Expand customer segment: In the next 3–5 years, the enterprise aims to expand its customer base by establishing rehabilitation centers for patients recovering from surgery / hospitalization.



# 4.2 Risks And Challenges

- **Financing challenges:** There is limited capital that supports funding for elderly care in Kenya. This has made it difficult to obtain funding from external sources to scale its operations. Because it is an early stage enterprise, it does not have visibility on cash flows, collateral or an extensive history to seek capital from institutions such as banks.
- **Regulatory framework:** There is a lack of government guidelines on caregivers training curriculum.
- Operational (IT): The enterprise needs a platform that provides in-depth information on customers served and services provided which will also improve efficiency.
- Operational (HR): The organization needs guidance on HR processes and to improve the organization's functioning.
- Social norms: For households seeking professional elderly care, it is considered taboo if elderly care is offered by an external party and not the family members. This prevailing norm prevents households from seeking external help.
- Competition: The enterprise faces competition from individual service providers such as local nurses and neighbors that are willing to offer care services to the elderly at a lower price. These individual service providers may not offer the range of services and/or have the same trained expertise as AgeWatch Africa Foundation.

# 4.3 COVID-19 Impact On The Enterprise

Due to COVID-19 mobility restrictions, AAF had to suspend its homecare and daycare services. During this period, the enterprise tweaked its model. Since older adults were a vulnerable population, the enterprise focused on providing the elderly with the required PPEs and trained them on proper mask usage. AAF also collaborated with HelpAge International to facilitate COVID-19 vaccinations for the elderly in their area of operations. Once the COVID-19 restrictions were lifted, the enterprise restarted its individualized homecare services in January 2022.

# 4.4 Support Received To Date

The enterprise has received some technical assistance support. MovingWorlds Institute provided AAF with probono technical services for 5 months in 2020, including an evaluation of AAF's existing digital marketing strategy and recommendations to improve its social media platform. The enterprise has also received in-kind donations such as medical equipment for the residential facility.



# 4.5 Inputs Required For Growth

# • Financial support:

- o At present, the enterprise needs US\$ 10,000 of grant funding to pilot its expansion plans. These funds will be used to meet the enterprise's working capital needs and purchase equipment and material for the daycare facility and the residential facility.
- The enterprise seeks US\$ 2,500 to develop a platform that allows the enterprise to monitor care services that have been provided.

## Operational support:

- o IT support to establish a platform to monitor the care services provided.
- Access to networks and partnerships to increase their name recognition.
- Guidance and support to improve internal human resources processes.