Childcare is necessary for child survival growth and development. It is influenced by certain factors such as the maternal health status and resource availability. It has been estimated that 50-80% of Kenya's commercial sex workers are HIV positive. They are the primary caregivers for their children. Yet while considerable body of research in Kenya has focused on commercial sex workers as a high-risk group for the fatal HIV/AIDS and on their role in relation to HIV epidemic, no data were available on how they care and plan for future support for their children. This descriptive cross-sectional survey was carried out among 385 commercial sex workers in Kibera Slum in Nairobi Kenya, between July and December 2000. The aim of this study was to evaluate the commercial sex workers' childcare practices and how they plan for future support of their children. The study respondents were women aged between 18 and 19 years. They all had children whose age groups included the 0-18 years. Data were collected over a period of 18 weeks, using a structured questionnaire, observations of the under five years old children, verification of child health card and focus group discussions. Data were analysed using Statistical Package for Social Sciences (SPSS). The results indicated that 81.2% of the study population lived with their children despite the fact that 74.1% practiced prostitution at home. In this study 89.9% of the study population had taken their children to school. However continuous education was undermined by lack of school fees (52.5%) and truancy (46.6%) with more of the illiterate mothers (65%) reporting school dropouts. A larger proportion (42.2%) of the respondents who practiced prostitution at home (42.2%) reported more school dropouts of their children than those who practiced elsewhere. Results of health promotion indicated that 96.8% of the under five years old children were fully immunized. More respondents who knew their HIV status discussed HIV/STDs with their children than those that did not know ($\chi^2$ 25.3, $p < 0.001$). Focus group discussions showed that, health-seeking behaviour for the children was hampered by use of alcohol by the mothers and to some extent, health care cost. Health seeking behaviour for the mothers was significantly associated with respondent's knowledge of own HIV status ($\chi^2$ 6.1, $p < 0.05$). Support for commercial sex workers in bringing up their children, was minimal. Only 43.9% received support from extended families. The illiterate mothers were less likely to be supported by relative (OR 2.64, $p < 0.01$). Possession of assets was positively associated with having an extra income generating activity ($\chi^2$ 17.8, $p < 0.001$). Those respondents with secondary education were more likely to possess assets for future support of their children compared to those without (OR 1.9, $p < 0.05$). Generally, the commercial sex workers of Kibera slums made no provisions for future support of their children. Alcohol consumption and low education undermined their efforts to provide better care to their children and to secure resources. This underlines the need for continuous health education among commercial sex workers and establishment of systems that will assist them to invest in the education of their children.