



Early Learning Partnership:

Employment and Inclusive Childcare for Mothers of Children with Disabilities



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Abbreviations and Acronyms

ECD	Early Childhood Development
ESF	Environmental and Social Framework
FGD	Focus Group Discussion
HIC	High-Income Country
IDP	Inclusive Development Partners
KII	Key Informant Interview
LMIC	Low- and Middle-Income Country
OPD	Organization of Persons with Disabilities
PPE	Preprimary Education
PSSN	Productive Social Safety Net
SSA	Sub-Saharan Africa
TASAF	Tanzania Social Action Fund
WBL	Women, Business, and the Law

Key Terms

Assistive devices: Any item used to increase, maintain, or improve the functional capabilities of individuals with disabilities, such as wheelchairs, hearing aids, or communication boards.

Disability: Long-term physical, mental, intellectual, or sensory impairments that, in interaction with various barriers, may hinder full and effective participation in society on an equal basis with others.

Disability-inclusive childcare: Childcare that is accessible, affordable, safe, and responsive to the specific developmental, physical, and emotional needs of children with disabilities. It includes trained staff, inclusive practices, and accommodations to support all children.

Early childhood development (ECD): Interventions directed at children or their caregivers to promote child development, typically including health, nutrition, and early education services.

Early identification and intervention: The timely detection of developmental delays or disabilities in children and the provision of support services aimed at improving outcomes in health, education, and social participation.

Inclusive education: A process of strengthening the capacity of the education system to ensure equity and inclusion in the forms of educational access, participation, and achievement for all learners.

Organizations of persons with disabilities (OPDs): Representative bodies that are led, directed, and governed by persons with disabilities and that advocate for the rights and inclusion of persons with disabilities.

Reasonable accommodation: When required in a specific situation, refers to modifications and adjustments that are necessary and appropriate, provided they do not impose a disproportionate or undue burden, to enable persons with disabilities to enjoy or exercise all human rights and fundamental freedoms on an equal basis with others.

Social protection: Policies and programs designed to reduce poverty and vulnerability by promoting access to essential services and income support, including disability-inclusive provisions.

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The World Bank contracted Inclusive Development Partners (IDP) to conduct research. The IDP team was led by Anne Hayes and comprised of (in alphabetical order) Dr. Valerie Karr, Anna Martin, Niraj Poudyal, Andrea Shettle, Samir Sodari, Ashley Stone, and Hidemi Ueno.

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1. Executive Summary

According to UNICEF (2021), an estimated 240 million children with disabilities globally have reduced access to education compared to their peers without disabilities. Although early childhood development (ECD) is particularly relevant for learners with disabilities as it sets the stage for inclusion in later years (Dombrowski et al. 2022), children with disabilities are less likely to have access to ECD and are less likely to receive early stimulation and responsive care (UNICEF 2021). Furthermore, research worldwide consistently shows that the lack of childcare options reduces mothers' employment opportunities and household earnings.¹ Evidence exists on the impact that the lack of inclusive ECD programs has on the employment of mothers of children with disabilities in high-income countries (HICs). However, this topic has not been explored in low- and middle-income countries (LMICs). This report presents the findings of a study that investigates this critical yet underresearched topic and focuses on three countries in East Africa: Kenya, Tanzania, and Uganda.

This study aims to answer the question: **“How does inclusive childcare access affect the workforce participation of mothers with children with disabilities?”** Despite the World Bank's substantial investments in ECD and disability inclusion regionally and worldwide, further insights are needed. This report summarizes the study, background information obtained through the literature review, research findings, and data analysis. It also provides guidance for governments and donors to improve the situation of inclusive childcare for children with disabilities and the workforce participation of their mothers in the future.

Nine key findings emerged from this research. Strategic future policy guidance has been derived from the findings of the research and the suggestions from the following groups interviewed for the study: mothers of children with a range of disabilities in Nairobi, Kenya (n=56) and Kampala, Uganda (n=58); childcare providers (Kenya [n=13] and Uganda [n=20]); government officials (Kenya [n=4] and Uganda [n=6]); and civil society organizations, including organizations of persons with disabilities (OPDs) (2 each in Kenya and Uganda). The research team's analysis has also contributed to this guidance (see tables 1.1 and 1.2 for key findings and guidance, respectively, and section 2.3 for more details on the sample). Findings reveal a double layer of labor vulnerability experienced by mothers of children with disabilities, stemming from both gendered labor market inequalities (wage inequality, responsibility for unpaid care, and limited access to social protections) and intensified caregiving demands for a child with a disability (additional work interruptions and fewer hours available for work) without adequate policy support.

¹ Research includes looking at all forms of childcare for children ages 0–6.

1.1 Key Findings

Finding #1: Mothers of children with disabilities want jobs.

Mothers of children with disabilities who were not actively working were interested in finding employment opportunities (77 percent), pointing to an untapped potential workforce.

Finding #2: Affordable and reliable childcare can encourage mothers of children with disabilities to seek employment (formal/informal).

If affordable and reliable childcare were available, mothers of children with disabilities who had not worked for at least one hour in the past week (97.8 percent) said they would like to work either full time (61.4 percent) or part time (36.4 percent).

Finding #3: Mothers of children with disabilities take informal employment opportunities whenever these are available.

The caregiving responsibilities of mothers of children with disabilities limited their ability to seek traditional employment opportunities outside the home. Of the mothers surveyed in Kenya and Uganda, a notable difference was observed between mothers of children without disabilities who worked a traditional five-day week (30 percent) and mothers of children with disabilities who worked a traditional five-day week (11 percent).

Finding #4: Childcare for children with disabilities is cost prohibitive.

Mothers of children with disabilities were more likely to report that childcare fees were higher for their children than for children without disabilities. A total of 71 percent of mothers of children with disabilities surveyed highlighted that childcare arrangements were not affordable, as compared to only 44 percent of mothers of children without disabilities.

Finding #5: Many factors make reliable childcare unavailable to children with disabilities.

Mothers of children with disabilities stated that their children faced multidimensional barriers, such as cost, skilled childcare providers, and accessibility as well as stigma and discrimination when enrolling in childcare.

Finding #6: Mothers of children with disabilities experience more challenges in obtaining and maintaining employment than mothers of children without disabilities.

Mothers of children with disabilities stated that they faced significantly higher employment instability than mothers of children without disabilities. They were 1.9 times more likely to frequently lose their jobs, 2.1 times more likely to quit their jobs, and 1.7 times more likely to take unplanned leave due to childcare duties than mothers of children without disabilities.

Finding #7: Mothers of children with disabilities also have less time for rest and education or training opportunities and are more likely to feel overwhelmed with responsibilities.

Mothers of children with disabilities reported that the mental toll they experienced was significantly higher than that of mothers of children without disabilities. Of the mothers of children with disabilities surveyed, 97.3 percent reported feeling overwhelmed with responsibilities, as compared to 76.3 percent of mothers of children without disabilities.

Finding #8: Utilization of government support programs by mothers of children with disabilities is limited.

Only 2.6 percent of mothers of children with disabilities interviewed (1.8 percent in Kenya and 3.4 percent in Uganda) received financial support for their children through government services. These mothers stated that the programs were complicated, bureaucratic, restrictive, or hindered by the possible misuse of funds.

Finding #9: No specific policies are in place to support mothers of children with disabilities in entering the workforce.

There are currently no policies in Kenya, Tanzania, and Uganda that support mothers of children with disabilities entering the workforce.

Table 1.1. Recommendations for Improving Access to Childcare for Mothers of Children with Disabilities

Guidance for Advancing Action



Guidance #1:

Foster flexible employment opportunities for mothers of children with disabilities.

- Promote policies encouraging employers to adopt flexible work arrangements to accommodate caregiving responsibilities, including remote and hybrid work options, flexible work hours, or job sharing.
- Promote policies to recruit, hire, and retain mothers of children with disabilities, as well as to rehire mothers after having a child.
- Fund vocational training and microloan programs tailored for mothers of children with disabilities to begin self-employment ventures.



Guidance #2:

Expand access to affordable, accessible, and inclusive childcare.

- Partner with governments to subsidize transportation and childcare fees for children with disabilities to reduce financial barriers.
- Ensure that childcare providers are not raising fees for children with disabilities.
- Strengthen the monitoring and enforcement of policies requiring childcare providers to enroll children with disabilities and adhere to inclusive practices and accessibility standards.



Guidance #3:

Develop capacity for the provision of inclusive childcare.

- Fund training programs for childcare providers on best practices for supporting children with disabilities.
- Support governments in developing standardized training curricula and regulations for inclusive childcare tailored to the local context.
- Collaborate with local governments to establish accreditation systems for inclusive childcare providers and offer incentives to centers for meeting high standards.



Guidance #4:

Enhance social protections for mothers of children with disabilities.

- Work with governments to simplify access to financial assistance programs, ensuring clarity in eligibility criteria and application processes. Increase transparency to reduce the misuse of funds.
- Expand unconditional cash transfer programs to mothers of children with disabilities to offset the additional costs of caregiving and childcare.



Guidance #5:

Support governments in drafting national inclusive

- Facilitate roundtable discussions involving mothers of children with disabilities, childcare providers, organization of persons with disabilities, and government representatives to ensure policies, strategies, and interventions are

Guidance for Advancing Action

early childhood development policies or strategies with the involvement of a range of stakeholders.



Guidance #6:

Conduct further research, especially on the impact that various disability types have on mothers of children with disabilities.

codesigned with beneficiaries to best support mothers of children with disabilities.

- Share successful models of inclusive childcare and employment policies from other regions to inform local practices.
- Conduct more research on the topic of mothers of children with disabilities and the impact that caregiving has on their ability to enter and stay in the workforce, including:
 - 1) **Expanding to other countries**
 - Are there good practices, policies, or strategies in other countries that could be applied in places where mothers of children with disabilities do not yet receive the level of support they require?
 - Are there countries where mothers of children with disabilities use more social support, and how is this done?
 - 2) **Addressing different disability types in more detail,² including intellectual and developmental disabilities**
 - Are there certain types of disabilities that require more caregiving hours than others, and does this change over time?
 - Are there certain types of disabilities that allow mothers to work more hours in a day than others?
 - What challenges do some disability types present that might differ from others? Does this change with age?
 - 3) **Costing of childcare for children with disabilities**
 - What are the additional costs linked to seeking out childcare for children with disabilities?
 - What are the additional costs linked to receiving training to be able to provide more inclusive childcare?

Source: Original for this publication.

² Some disability types do not present until later in childhood, such as autism and visual disabilities, making it necessary to extend the age range to later years to better understand the impacts of these disability types once they are more identifiable.

2. Introduction

2.1 Purpose and Overview

The purpose of this study is to generate knowledge on how access to inclusive childcare impacts the workforce participation of mothers of children with disabilities. By building on the existing regional efforts focused on disability inclusion and adopting a cross-cutting lens on childhood disability, the World Bank's Disability Inclusive Development team, with funding from the Early Learning Partnership Trust Fund, commissioned this study to produce initial evidence to inform future work on inclusive childcare. This study provides an opportunity to generate knowledge and suggest recommendations that encourage dialogue and create entry points for promoting disability inclusion in ECD and expanding access to employment for mothers of children with disabilities. Additionally, the study explores how access to inclusive childcare and the labor market can eventually impact women's economic engagement, thus improving their economic empowerment.

Mothers of children with disabilities have untapped amounts of human capital, stifled by the lack of reliable and consistent, inclusive childcare options (Goudie et al. 2014; Nes et al. 2015). This report aims to shed light on the barriers that mothers of children with disabilities in the East African countries of Kenya, Tanzania, and Uganda experience and the strategies that would enable them to participate more effectively in the labor market as well as the local and global economy. While these countries have ratified international treaties and adopted domestic laws that affirm the right to inclusive early childhood care and maternal employment, the daily realities faced by mothers of children with disabilities reveal persistent gaps between policy commitments and implementation.

2.2 Research Questions and Themes

This study seeks to understand the multifaceted dynamics that affect the employment opportunities of mothers of children with disabilities in Kenya and Uganda, considering various influencing factors such as enabling policies, social assistance availability, caregiving needs, and the presence of support networks. By exploring the disparities between mothers of children with disabilities and those without, particularly in terms of wages, employment types, and skill levels, the research aims to highlight the challenges and potential interventions that could foster more equitable labor market participation. The primary research question was, **“How does access to inclusive childcare impact the workforce participation of mothers of children with disabilities?”** Additional broad research questions included the following:

- How do mothers of children with disabilities participate in the labor market in Kenya and Uganda (that is, full-time versus part-time employment, employment sector, formal versus informal, or self-employment)?
- What factors influence the labor market participation for mothers of children with disabilities (that is, enabling policies, availability of social assistance, caregiving needs, childcare options, networks of support, education level, employment skills, and so on)?
- What differences in labor market participation exist between mothers of children with disabilities and mothers of children without disabilities (that is, wages, employment type, education level, employment skills, networks of support, and so on)?
- What are the most effective strategies to enhance, sustain, and improve the equitable labor market participation of mothers of children with disabilities?

The research themes were enabling environment, maternal demographic characteristics, home environment, community environment, childcare provision, and government services and supports.³ See appendix A for definitions of research themes.

2.3 Approach

The research used a multimethod approach informed through consultations with key stakeholders, including World Bank country offices and local and global advisory group members, to support the cognitive testing of instruments and validation of findings. Methods included the following:

- **Desk review.** A thorough global, regional, and national literature review informed the study design and tools. Literature was drawn primarily from peer-reviewed published literature, as well as grey literature, working papers, and research reports; labor market statistics; and the laws, policies, and regulations of the selected countries. The review took place from July to September 2023, and researchers reviewed 136 documents, focusing on available information from Kenya, Tanzania, and Uganda. Of the literature related to the countries (n=82), 40 percent (n=33) focused on Tanzania, 32 percent (n=26) on Uganda, and 29 percent (n=24) on Kenya.
- **Cross-country surveys.** Researchers developed two survey tools for conducting cross-country surveys in Kenya and Uganda:⁴ a survey with open- and closed-ended

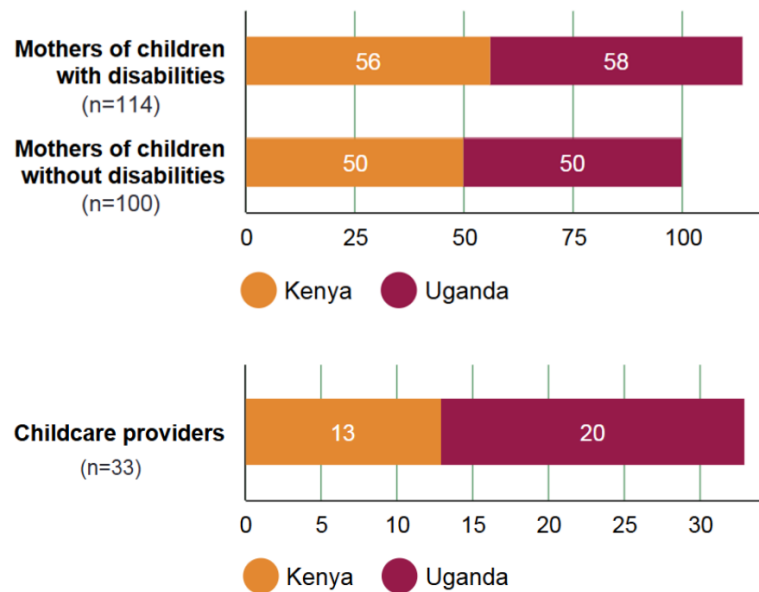
³ These areas of study were based on the preliminary scoping of literature related to inclusive ECD and the employment of mothers of children with disabilities. These themes were adapted as needed based on the study findings and discussions with the World Bank team.

⁴ The original study included primary data collection in Tanzania as well; however, due to complications related to obtaining an Institutional Review Board in Tanzania, the research team was not able to collect primary data in Tanzania. Thus, only information from the Tanzania literature review is included in this report.

questions based on childcare, disability, and employment was distributed to mothers of children with and without disabilities; and a survey with open- and closed-ended questions based on childcare, disability, and employment was distributed to formal and informal childcare providers.

Data collection started in July 2024 in Kenya and Uganda. The research team surveyed a total of 114 mothers of children with disabilities (56 in Kenya and 58 in Uganda) and an additional 100 mothers of children without disabilities for comparison. The team also surveyed 33 childcare providers, including 13 in Kenya and 20 in Uganda (see figure 2.1). All surveys were conducted in person.

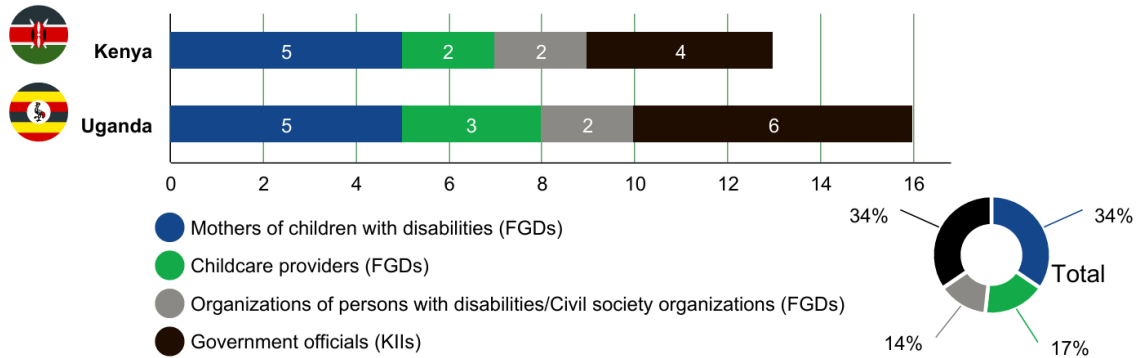
Figure 1.1. Completed Cross-Country Surveys in Kenya and Uganda



Source: Original for this publication.

- Key informant interviews (KIIs) and focus group discussions (FGDs).** Researchers conducted KIIs and FGDs in Kenya and Uganda with relevant stakeholders, such as mothers of children with disabilities, childcare providers, government officials, and civil society representatives, including OPDs and women's groups, to explore further areas of inquiry related to childcare and the employment of mothers of children with disabilities (see figures 2.2 and 2.3).

Figure 2.2. Key Informant Interviews and Focus Group Discussions



Source: Original for this publication.

Figure 2.3. Disability Types of Children Whose Mothers were Surveyed and Interviewed



Source: Original for this publication.

3. Background

3.1 World Bank Commitment

The World Bank is committed to supporting quality childcare in an effort to build human capital (Devercelli and Beaton-Day 2020). World Bank research found that “expanding quality childcare can yield multigenerational impacts by promoting equity and improving women’s employment and productivity, child outcomes, family welfare, business productivity, and overall economic development” (Devercelli and Beaton-Day 2020, 8). Related to this research, the World Bank established five priority goals. Goal 2 prioritizes childcare coverage for the most vulnerable families (including families with children with disabilities) and ensures low-cost and free options are available (Devercelli and Beaton-Day 2020).

Disability inclusion is at the core of the World Bank’s work to build sustainable, inclusive communities, and aligns with its goals to end extreme poverty and promote shared prosperity on a livable planet. The World Bank’s Disability Inclusion and Accountability Framework provides a roadmap for including disability in the World Bank’s policies, operations, and analytical work. It also aims to build internal capacity to support clients in implementing disability-inclusive development programs for the institution’s Environmental and Social Framework (ESF). The ESF states that the interests of persons with disabilities are protected and included (World Bank 2022).

Furthermore, the World Bank has 10 Commitments on Disability Inclusion that aim to help developing countries invest more—and more effectively—in persons with disabilities (World Bank 2017a), including a commitment to make all its education projects disability-inclusive by 2025. In accordance with the World Bank’s commitment to disability-inclusive education, this study aligns with the institutional vision laid out in the “Pathways to Inclusion and Equity: Disability Inclusion in Education” approach paper.⁵ The guidance provided in this approach paper emphasizes a systemic shift toward inclusive education, beginning in early childhood, and highlights the importance of cross-sectoral investment in foundational services. This study also supports the application of the “Criteria for the World Bank’s Disability-Inclusive Investment Project Financing in Education,”⁶ which calls for specific project features, such as inclusive infrastructure, data disaggregation, and OPD engagement. The findings here directly inform the World Bank’s efforts to identify and scale inclusive childcare as an eligible and impactful investment area under these criteria.

⁵ See paper at <https://documents.worldbank.org/en/publication/documents-reports/documentdetail/099120224164032400/p1775501b437210b1192fa1a44228402297>.

⁶ See criteria at <https://documents1.worldbank.org/curated/en/712711627321467972/pdf/Criteria-for-the-World-Bank-s-Disability-Inclusive-Investment-Project-Financing-IPF-in-Education-Guidance-Note.pdf>.

3.2 Global Evidence Base

Global research indicates that access to childcare increases mothers' participation in the labor market, positively impacting a country's economy (Mligo 2018). It also improves the well-being and nutrition of these mothers' children (Debela, Gehrke, and Qaim 2020). In addition to these benefits, childcare prepares young children for school; can provide essential services such as nutrition programs, early intervention, and identification services; and relieves the childcare burden from older girl siblings, allowing them to attend school (Brixi et al. 2022). Childcare can also serve as a potential source of jobs and income, yet another benefit. The World Bank estimates that increasing the childcare sector could create as many as 43 million jobs (Brixi et al. 2022).

However, despite the associated benefits for the family and child, childcare is limited in Africa, and the quality of service remains questionable (Masago and Kweingoti 2018). The subject of childcare and its impact on mothers' employment is well researched (Clark et al., 2019; Devercelli and Beaton-Day 2020); however, information is lacking on how mothers of children with disabilities have access to childcare in LMICs. For Africa, research is almost nonexistent on the impact of the employment of mothers of children with disabilities when there is a lack of inclusive childcare. This desk review revealed that research on the lack of affordable childcare options for children with disabilities has been almost entirely limited to HICs. Additionally, a 2021 literature analysis published in high-impact journals focusing on early childhood development across all sectors of Sub-Saharan Africa (SSA) revealed that only 3 percent of the total articles referenced disability-related issues (Iddrisu 2023). That literature analysis also revealed that over 50 percent of ECD research published by SSA researchers and networks has not been funded, highlighting a need for additional resources to build the evidence base in ECD, especially for children with disabilities.

Global evidence underscores the economic and social returns of investing in childcare. The enactment of childcare laws is associated with a 1.0 percentage point increase in women's labor force participation on average, rising to 2.2 percentage points within five years of implementation (Anukriti et al. 2023). The International Labor Organization estimates that every dollar invested in closing the childcare gap could generate US\$3.76 in global gross domestic product by 2035, while also narrowing the gender earnings gap to 8 percent and increasing women's employment to 56.5 percent, up from 46.2 percent in 2019.⁷ Rigorous impact evaluations show that access to quality childcare is a key enabler of women's workforce participation across LMICs, while also supporting broader gender equity by shifting restrictive social norms and facilitating economic mobility (J-PAL 2023). Where care leave

⁷ See <https://www.ilo.org/media/534421/download>

benefits are limited, early childcare plays a critical role in enabling parents, particularly mothers, to remain in or reenter the workforce (Gupta and Jessen 2023). Therefore, expanding affordable and inclusive childcare has the potential to unlock large-scale employment gains.

Recognizing the importance of ECD for children and families, countries have made significant efforts to increase programs worldwide. However, large portions of children in LMICs continue to lack access to ECD. More than 70 countries worldwide have introduced national policies related to ECD (Betancur, Miller, and Votruba-Drzal 2024), which has significantly increased access for all children. The United Nations Educational, Scientific, and Cultural Organization states that access to ECD services has risen from 30 percent of the global population in 1986 to approximately 60 percent in 2019 (UNESCO 2021). However, the gap between access in HICs and LMICs remains, with children in LMICs being five times less likely to attend childcare centers than those in HICs (Devercelli and Beaton-Day 2020). Furthermore, when childcare is available, especially in LMIC contexts, it tends to be expensive thus only used by families with higher socioeconomic status (Devercelli and Beaton-Day 2020).

In the context of LMICs, very few countries have established disability-inclusive ECD programs. The United States Agency for International Development surveyed 80 disability advocates and education practitioners from 38 LMICs. Of the participants surveyed, 81 percent reported having publicly available ECD programming in their countries, but only 50 percent included learners with disabilities. This scarcity of inclusive ECD programs poses a considerable challenge to achieving inclusion in early childcare services. Barriers to inclusive ECD include lack of physical access, associated costs, related stigma, lack of teacher preparedness, and lack of accessible materials (Dombrowski et al. 2022).

Research conducted in HICs shows clear trends that a lack of inclusive childcare impacts the employment and socioeconomic status of families of children with disabilities, with mothers less likely to access full-time employment (see box 3.1). If research has been conducted on this topic in East Africa, it is not readily available and was not found as part of the thorough desk review. The lack of research in this area was also confirmed by the study's reference group and through interviews with partners in Kenya, Tanzania, and Uganda. Although laws promote the inclusion of children with disabilities on an equal basis as their peers, research shows that a gap remains between policy and practice, and many children with disabilities do not have equitable access to services.

Box 3.1. Global studies on the employment of mothers of children with disabilities

Global studies show that mothers of children with disabilities are less likely to be employed than mothers of children without disabilities. All studies reviewed by the research team were conducted within high-income economies (HIEs) and showed that mothers of children with disabilities are less likely to be employed full-time. This disparity is established after the child is born and lasts throughout the child’s youth and even into adulthood.

Examples from HIEs include:

- **Australia.** A 2014 study found that 62 percent of mothers of children with disabilities engaged in paid employment, compared to 65 percent of mothers in the general population with children under 25 years old. Participation among mothers of children with disabilities slightly decreased with the child’s age, though this trend was not statistically significant. Only 10 percent of mothers caring for a child with a disability worked full time when their child was 0–4 years old. This figure increased to 28 percent for mothers with children aged 10–14 years before declining to 20 percent for mothers of children aged 15–24 years. Of this group, 83 percent of mothers cited “child disability care” as the reason for their nonemployment. More than 67 percent of employed mothers of children with disabilities reported that the lack of childcare negatively impacted their job prospects or career advancement (Crettenden, Wright, and Skinner 2014).
- **Norway.** A 2004–2011 study of children with disabilities found that the more “severe” the child’s disability and the higher the corresponding level of support needs, the less likely the mother was able to work. In fact, she often stopped working entirely (Wondemu et al. 2022).
- **Taiwan, China.** Mothers from low socioeconomic status were less likely to participate in the labor market as they could not find affordable childcare (Chou et al. 2012).
- **United Kingdom and Australia.** Mothers of children with intellectual disability were less likely to be in paid employment compared to mothers of children without disabilities and, if employed, were likely to seek out part-time work (Gordon, Rosenman, and Cuskelly 2007).
- **United States.** Mothers of children with disabilities experienced a reduction in their likelihood of employment by 3 to 11 percentage points. The study concluded that having a child with a disability decreases a mother’s labor supply due to heightened financial needs arising from the child’s health issues or decreases their labor supply due to the increased caregiving demands on the mother’s time (Stabile and Allin 2012).

3.3 Summary of Desk Review

Although the team conducted extensive research for this study (see appendix B for the methodology), the desk review did not find any literature directly related to the impact of inclusive childcare and ECD on the employment of mothers of children with disabilities. However, additional relevant information is available about legal frameworks, social protection systems, women's employment, and access to childcare, including inclusive childcare (box 3.2). This section summarizes the literature review findings from Kenya, Tanzania, and Uganda.

Box 3.2. Childcare laws for women's economic empowerment

An enabling legal and policy framework is foundational to translating international commitments and institutional investments into practice. Effective national frameworks can ensure that inclusive childcare is recognized as a public good and subject to regulation, quality assurance, and budgetary support. Evidence shows that enacting childcare laws improves access to childcare. Out of 190 economies included in the World Bank's (2024) Women, Business and the Law Report (WBL),^a 146 have laws establishing the provision of center-based childcare services for children ages 0–2 years (including 2 years and 11 months). For more information on the methodology and good legal practice recommendations, please refer to the *WBL 2025 Methodology Handbook*.^b

According to the WBL report, Kenya, Tanzania, and Uganda each score 25 out of 100 in the Childcare Legal Frameworks pillar, which evaluates the existence of laws governing the availability, public financing, and quality of childcare services for children ages 0–2 years (including 2 years and 11 months). In all three economies, legislation is in place to regulate the availability of childcare services. However, there are no legal provisions concerning public financing and quality standards. In the Supportive Frameworks pillar, which assesses policies and practices that enable parents to make informed decisions, such as access to public registries of providers, financial support mechanisms, and quality monitoring, Kenya and Tanzania score 25, while Uganda receives a score of 0. The performance of Kenya and Tanzania reflects the existence of a publicly available registry or database of childcare providers. Nevertheless, all three economies lack procedures for accessing financial support and systems for monitoring the quality of childcare services. Moreover, there is no evidence of how policies are tailored to support the specific needs of mothers of children with disabilities. Despite the relatively low performance of these economies, their scores are above the Sub-Saharan Africa regional average, which stands at 19.2 for the Childcare Legal Framework pillar and 3.7 for the Supportive Framework pillar. However, they remain below the global averages, which are 47.6 and 30, respectively.

a. See <https://wbl.worldbank.org/en/childcare>.

b. See handbook at <https://wbl.worldbank.org/content/dam/sites/wbl/documents/2025/WBL-2025-Methodology-Handbook.pdf>.

Legal frameworks exist; however, the implementation is complex. All three countries have ratified international treaties that support inclusive childcare for children with disabilities.⁸ Each country also has several domestic policies that support the rights of children with disabilities and the right to childcare in general (see finding #8 in table 1.1 for more information). Despite progressive legal frameworks such as Kenya's Children's Act (2022) and Uganda's National Child Policy (2020), mothers of children with disabilities remain largely unsupported, with limited access to inclusive childcare and minimal uptake of government assistance programs. Kenya's 2010 Constitution mandates that preprimary education (PPE) is free and compulsory starting at ages 3–5 (Government of Kenya 2010), while compulsory PPE for children ages 3–5 was introduced in Tanzania in 2015 (UNICEF 2016). In Tanzania, however, the National Strategy of Inclusive Education 2018–2021 states that children with disabilities are predominantly not included in PPE and that the current pupil-to-teacher ratio in PPE is 158:1 (United Republic of Tanzania 2017). Uganda has yet to make PPE compulsory (Kisitu 2023). Parents and guardians are tasked with providing basic necessities, supporting the child's development, and enrolling the child into care or education settings. However, accountability measures for these practices are not in place.

Social protection programs targeted toward families can protect against economic stress. All three countries have implemented some form of a cash transfer program to support children with disabilities. The percentage of the total population covered by at least one social protection benefit in the countries of study is as follows: Kenya, 9%; Tanzania, 9.1%; and Uganda, 3.1%.⁹ These social protection benefits include various cash transfer and livelihood promotion programs to support marginalized and vulnerable groups, including mothers, children, and persons with disabilities.

For example, in 2000, the Government of Tanzania, with support from the World Bank, established the Tanzania Social Action Fund (TASAF) Productive Social Safety Net (PSSN). In 2010, the TASAF was scaled nationally. It uses local communities to help identify potential beneficiaries, disburse payments, and monitor the program. This project provides poor households with a monthly amount of TSh 16,600 (US\$6). Evaluations of the project showed that cash transfers improved children's health and household savings (World Bank 2017b). A 2016 study found that the enrollment of persons with disabilities in TASAF was very low; however, those enrolled stated they were very satisfied with the program (GIZ n.d.). A World

⁸ Kenya ratified the Convention on the Rights of Persons with Disabilities in May 2008, Tanzania in November 2009, and Uganda in February 2010. For the Convention on the Rights of the Child, Kenya ratified the treaty in July 1990, Tanzania in June 1991, and Uganda in August 1990 (see https://tbinternet.ohchr.org/_layouts/15/TreatyBodyExternal/Treaty.aspx?Treaty=CRPD).

⁹ See ILO modelled estimates, 2024; World Social Protection Database, based on the Social Security Inquiry (SSI); ADB, CISSTAT, OAD, UNDESA, UNICEF, WHO. <<https://www.social-protection.org/gimi/WSPDB.action?id=19>>

Bank evaluation of TASAF found that 20 percent of PSSN households reported having a family member with a disability compared to 32 percent of low-income families in national statistics, showing a lower proportion among the national poor (World Bank 2016).

Mothers of children with disabilities are impacted most by the lack of available inclusive childcare. No research was available on inclusive childcare in the three countries, and limited information was found on inclusive ECD. Similarly, no research was found on what type of childcare mothers of children with disabilities are utilizing. For mothers of children without disabilities, research on childcare is also limited. However, existing research showed that many women choose to use informal childcare, such as family members or domestic workers, to care for their children. Within the Nairobi slums, a study estimated that almost all children's care is informal, with childcare providers lacking any formal training (Hughes et al. 2023). One study of Nairobi's informal settlements, which house approximately 200,000 people, found more than 50 informal home-based childcare centers (Oloo et al. 2023). When childcare is available (both formal and informal), the associated costs can be prohibitively high, and childcare providers often do not accept children with disabilities due to the perceived additional support required by the teacher (Ejuu 2016). One study in eastern Uganda interviewed 14 caregivers of infants with neurodevelopmental disabilities and high support needs. Caregivers described their experience as challenging and "imprisoning" due to high care costs, the inability to return to work, and inaccessible healthcare services. Most of these caregivers reported experiencing social isolation and a lack of support from spouses and society (Namazzi et al. 2020).

Mothers of children with disabilities are less likely to be employed. Women are active in the labor market in all three countries, with higher participation rates in agriculture compared to other sectors (Lambin and Nyssola 2022; Mburu 2023). There is a dearth of research on the employment status and labor market participation of mothers of children with disabilities globally, with no research found on this topic in Kenya, Tanzania, and Uganda. However, research from HICs, such as Australia and the United States, illustrates that mothers of children with disabilities experience a reduction in their likelihood of employment by 3 to 11 percentage points. Many women also spend significant amounts of time in unpaid labor, such as subsistence agriculture and watching over children or other family members (Uganda Bureau of Statistics 2016). For single mothers in Uganda, childcare increases their labor supply and revenues, whereas childcare does not enhance the labor supply and income of mothers who live with a partner. Instead, childcare allows fathers to increase their labor supply by leaving more domestic responsibilities to mothers (Nkwake 2009).

4. Findings

The findings of this study are presented in the following four sections:

- Participation of mothers of children with disabilities in the labor market
- Factors that influence the labor market participation of mothers of children with disabilities
- Differences in labor market participation between mothers of children with disabilities and mothers of children without disabilities
- Government support for mothers of children with disabilities.

Findings are based on in-person surveys, KIIs, and FGDs conducted in the urban capital cities of Kampala, Uganda, and Nairobi, Kenya. Of the mothers of children with disabilities surveyed, over half had children with physical disabilities (59 percent), followed by children with intellectual disability (46 percent). The remaining disabilities identified were children who were blind (8 percent), deaf (18 percent), or belonged to the “other” category.

Most of the mothers surveyed were between 25 and 34 years old (44.7 percent of mothers of children with disabilities and 49 percent of mothers of children without disabilities). See appendix C for more details on demographics.

4.1 Participation of Mothers of Children with Disabilities in the Labor Market

Finding #1: Mothers of children with disabilities want jobs.

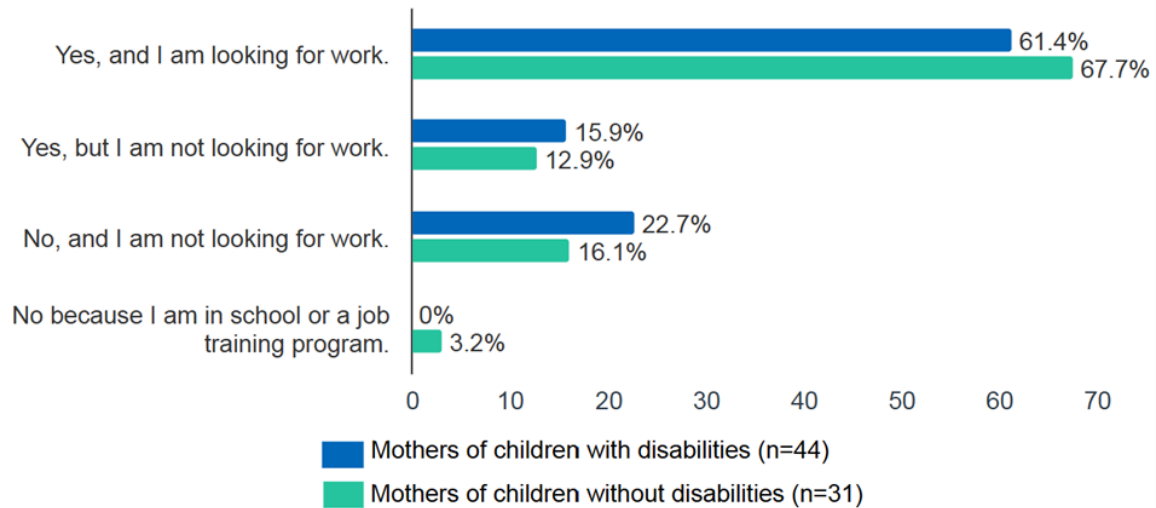
“Even when you go look for a job, if the employer hears that you have a disabled child, he/she will lose interest in employing you.”
– Mother, Uganda¹⁰

While 39 percent of mothers of children with disabilities surveyed had not worked at all in the past week, 61.4 percent of those mothers were interested and actively looking for work, and 15.9 percent were interested but not actively looking for work, meaning that *over 77 percent of mothers of children with disabilities surveyed are part of an untapped workforce*. A small percentage of mothers of children without disabilities (3.2 percent) said they had not worked because they were pursuing school or job training. In contrast, none (0 percent) of the mothers of children with disabilities surveyed said they had not worked because of school or job training. This suggests that mothers of children with disabilities may not have the same

¹⁰ The mothers quoted throughout the findings of this report are mothers of children with disabilities who participated in FGDs in Nairobi, Kenya, and Kampala, Uganda.

opportunities, means, or support to engage in school or training due to the financial burdens and caregiving needs that come with raising a child with a disability (see figure 4.1).

Figure 4.1. In the past seven days, would you have liked to work at least one hour for either pay or profit?



Source: Original for this publication.

Women, in general, represent slightly more than 50 percent of the labor market in all three countries (50.4 percent in Kenya, 50.6 percent in Tanzania, and 50.5 percent in Uganda).¹¹ However, working mothers in all three countries often face a multitude of challenges, including stigma and discrimination. For example, employers in Tanzania often view working mothers as less reliable workers, as employers assume that they will devote more time to motherhood than to their careers (Mhando and Kayuni 2019). Working mothers are also often denied career advancement opportunities, as employers assume they will be unable to participate in work-related travel due to their domestic duties. Additionally, women's salaries are often not enough to cover childcare costs (Mhando and Kayuni 2019).

Mothers of children with disabilities surveyed stated that they want to work. However, they often have to make difficult decisions about how to manage the logistics of working while caring for their children. Based on descriptive analysis, when asked if they had worked for at least one hour over the past seven days,¹² 61 percent of mothers of children with disabilities

¹¹ See <https://data.worldbank.org/indicator/SL.TLF.TOTL.FE.ZS?locations=US>.

¹² When asked what kind of work mothers did, the majority said they were in the service industry, which has a wide range of implications, including “wholesale and retail trade, restaurants, and hotels; transport, storage, and communications; [and] financing services, real estate and business services, [and] community, social, and personal services” as noted in the survey question. We believe the mothers understood this to include more informal employment opportunities, like washing clothes, cleaning houses, and so on, as that work did not fall under “agriculture” or “industry.”

said they had worked at least one hour for pay or profit, and 69 percent of mothers of children without disabilities said they had (see figures 4.2 and 4.3). Disaggregated by disability type, researchers saw that all mothers of children with autism (n=4) worked at least one hour. In contrast, the percentage of mothers of children with other disability types working at least one hour was less than that of mothers of children without disabilities, suggesting that mothers of children with a range of disability types were working, but not at the same rates as mothers of children without disabilities.

Figure 4.2. In the past seven days, have you worked for at least one hour, either for pay or profit, to produce goods for the consumption of your own household or family?

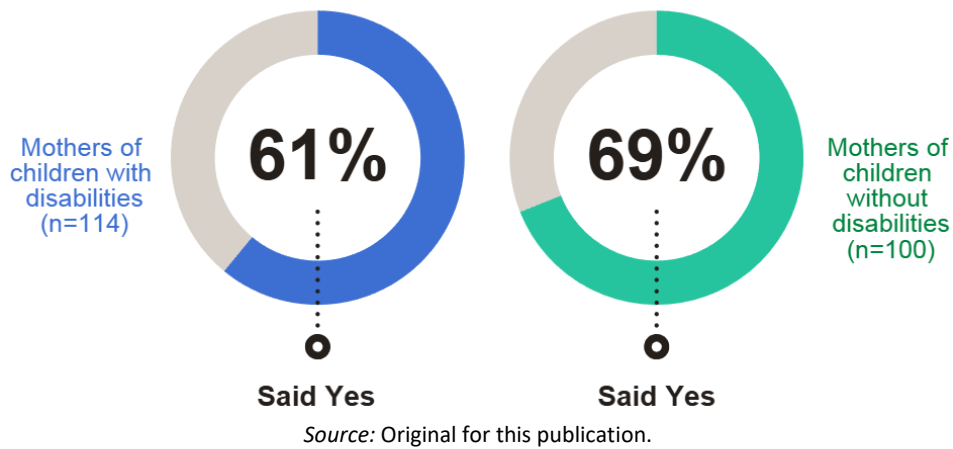
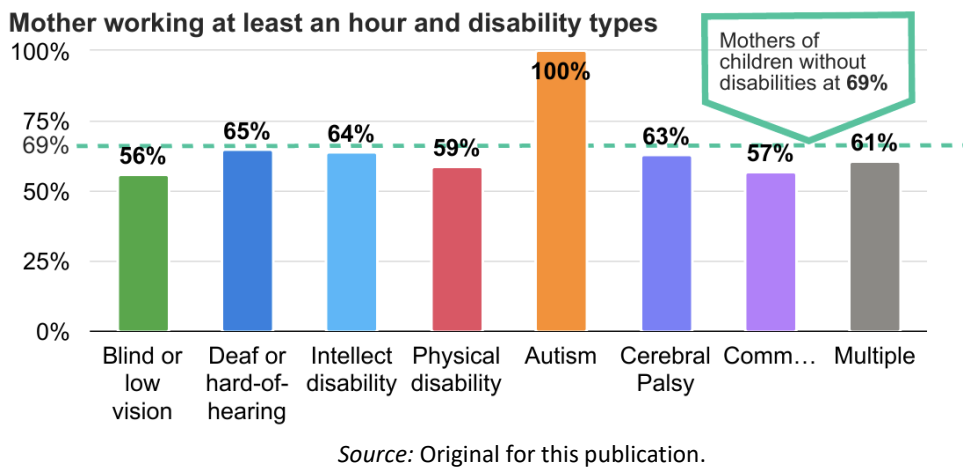


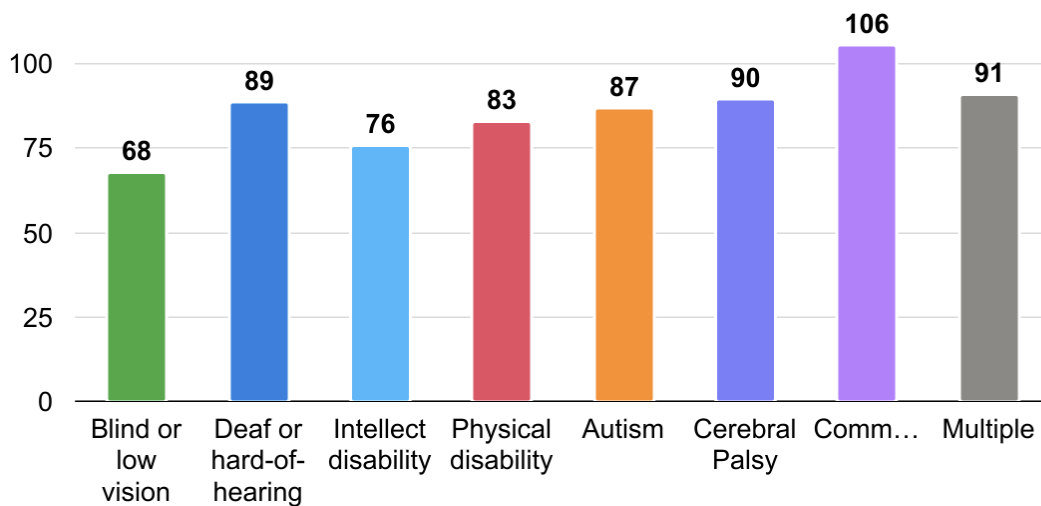
Figure 4.3. In the past seven days, have you worked for at least one hour, either for pay or profit, to produce goods for the consumption of your own household or family (disaggregated by disability type)?



Finding #2: Affordable and reliable childcare can encourage mothers of children with disabilities to seek employment (formal or informal).

Mothers of children with disabilities often spend many hours per week providing childcare. The survey indicated that mothers of children with communication difficulties spent as much as 106 hours per week providing care. This was followed by mothers of children with multiple disabilities providing 91 hours of care, mothers of children with cerebral palsy providing 90 hours of care, and mothers of children who are deaf providing 90 hours as well. Mothers of children who are blind or have low vision only reported providing 68 hours (see figure 4.4).

Figure 4.4. Average care hours per week (disaggregated by disability type)

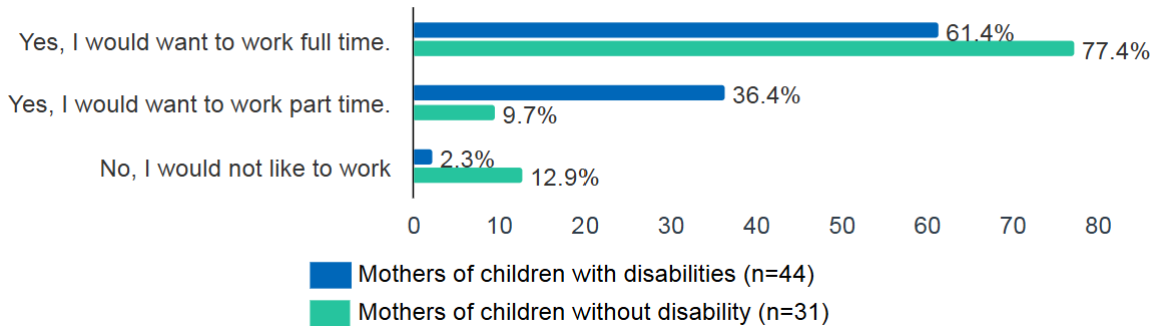


Source: Original for this publication.

While many mothers of children with disabilities reported that they were not working, they stated that if affordable and reliable childcare were available, 97.8 percent of those who had not worked at least one hour in the past week would like to work either full time (61.4 percent) or part time (36.4 percent). Among the mothers of children with disabilities surveyed who had not worked in the past week, only 2.3 percent said they were not interested in working at all. In comparison, 12.9 percent of mothers of children without disabilities who had not worked indicated they were not interested in work, even if childcare were provided. Based on descriptive analysis, the research team noted that mothers of children without disabilities were more likely to prefer full-time work (77.4 percent) than mothers of children with disabilities (61.4 percent), signaling that while many mothers were interested in working, mothers of children with disabilities might have to consider issues around childcare more than mothers of children without disabilities (figure 4.5 and box 4.1).

Figure 4.5. If you had access to reliable and consistent childcare, would you want to work?

If you had access to reliable and consistent childcare, would you want to work?



Source: Original for this publication.

Mothers of children with disabilities were also more likely to hold multiple jobs. According to descriptive analysis, 37 percent of mothers of children with disabilities who had worked in the past week had more than one job, compared to only 25 percent of mothers of children without disabilities. Many mothers of children with disabilities discussed having several small, informal employment opportunities,¹³ such as cleaning homes, shops, or clothes, or selling food and other small items on the side of the road. One mother from Uganda even mentioned sending her older children out to sell food for an additional means of income. However, some of these more informal jobs are often off-limits to mothers of children with disabilities, as they must bring their children with them.

“I can't sell foodstuffs because people are irritated by my child's disability, and they can't buy from me ... they think my child is bewitched.” – Mother, Uganda

*“There is a prevailing stereotype that mothers of children with disabilities are often viewed as less capable or even disabled themselves due to their child's condition. This perception affects how they are treated in various social and professional contexts.”
– OPD representative, Uganda*

Finding #3: Mothers of children with disabilities take informal employment opportunities whenever these are available.

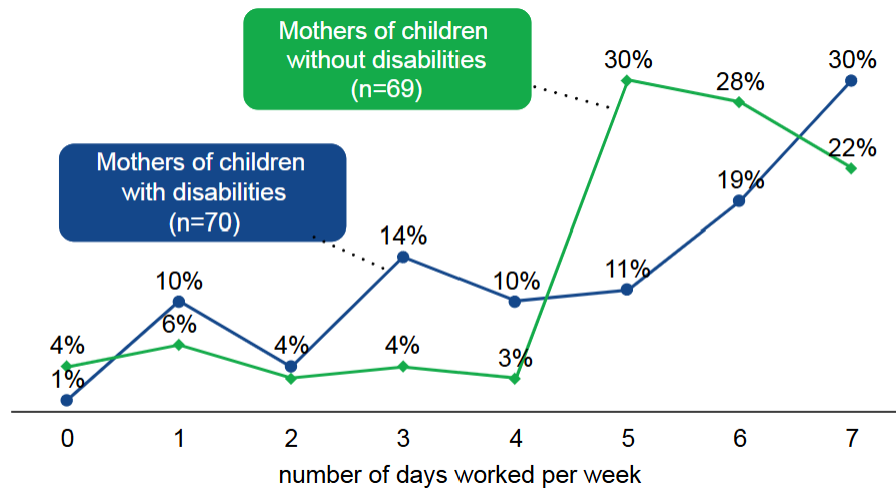
Mothers of children with disabilities were more likely to work more days of the week as they pursued as many informal opportunities as possible (figure 4.6). According to descriptive analysis, *while 30 percent of mothers of children without disabilities were working a traditional*

¹³ Informal employment: Activities completed by persons of working age where there is not a clear employer-employee relationship. Informal employment may or may not be done in exchange for payment.

five-day week, only 11 percent of mothers of children with disabilities worked the same amount. In Kenya and Uganda, 30 percent of mothers of children with disabilities said they worked all seven days of the week (as compared to only 22 percent of mothers of children without disabilities).

This underscores the likelihood that mothers of children with disabilities take more informal opportunities when they are available, even if it means working every day of the week, while mothers of children without disabilities are able to hold more traditional labor opportunities that have a five-day work week.

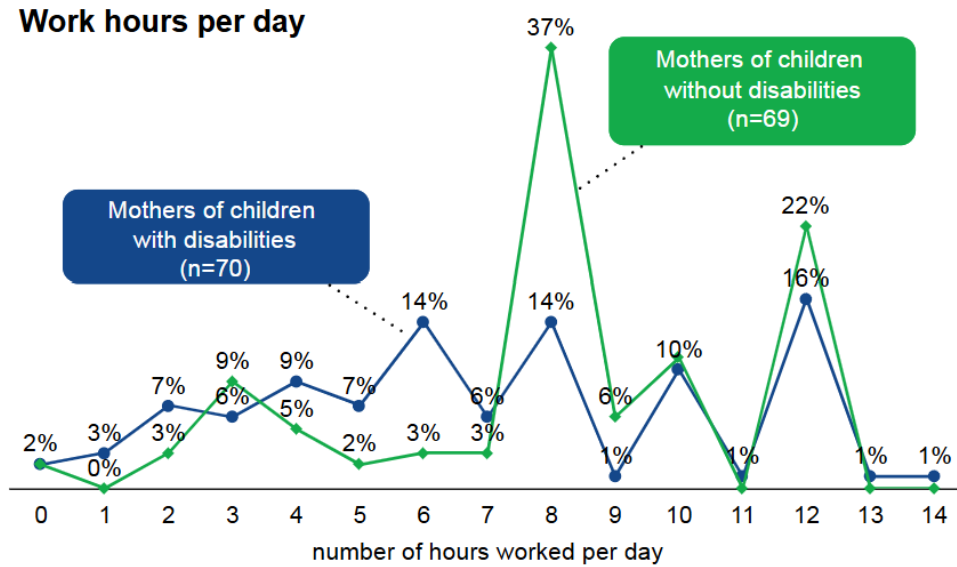
Figure 4.6. How many days did you work last week?



Source: Original for this publication.

Mothers of children with disabilities were also less likely to work a traditional eight-hour day and were less likely to work more than 40 hours a week. More mothers of children with disabilities worked less than 40 hours per week (56 percent) compared to mothers of children without disabilities (32 percent). Additionally, while only 18 percent of mothers of children with disabilities worked between 40 and 59 hours per week, 39 percent of mothers of children without disabilities worked the same. This, once again, signals that more mothers of children without disabilities are able to secure jobs with more traditional 40-hour schedules. When asked how many hours per day they were working, mothers of children with disabilities reported anywhere from one to 14 hours per day with no significant spike at a particular number of hours per day. Whereas only 14 percent of mothers of children with disabilities were working the traditional eight-hour day, 37 percent of mothers of children without disabilities selected this option (see figure 4.7).

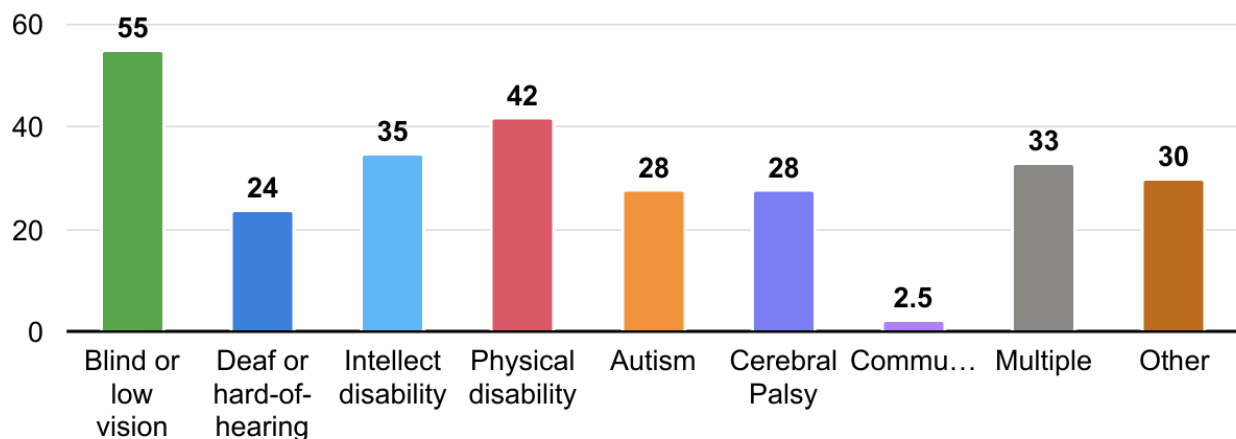
Figure 4.7. On average, how many hours per day did you work?



Source: Original for this publication.

When disaggregated by disability type, mothers of children who were blind seemed to work the most hours in the past week (55 hours per week) followed by mothers of children with physical disabilities (42 hours per week), mothers of children with intellectual disability (35 hours per week), and mothers of children with multiple disabilities (33 hours per week). See figure 4.8.

Figure 4.8. Average number of hours worked in the last 7 days (disaggregated by child's disability type)



Source: Original for this publication.

Box 4.1. Case study: Reflections from an organization of persons with disabilities representative

Through Fatuma's^a work at an organization that supports women with small business loans, she has met many mothers of children with disabilities and heard their stories. She says, "We have scenarios where mothers hide [their children] because they want to work. For instance, mothers of children with intellectual disability tie [their children up]. [She ties the child to] a tree so she can go dig and earn." Another mother of four children with disabilities was stereotyped as "having some problem," which was upsetting for not only the mother but also the father. "The man hanged himself and left the children with the mother," says Fatuma.

Fatuma has learned that the government provides little to no help to mothers of children with disabilities. A few organizations provide them with wheelchairs or other equipment, but they do not help with employment or childcare. Her own organization supports mothers of children with disabilities with loans at a low interest rate. Some programs promote inclusive education, community awareness, nutrition initiatives, and income-generating programs for parents and caretakers of children with disabilities. But despite these programs, mothers face numerous barriers, including stigmatization. "Because the mother has got a child with a disability, you think the mother has a disability too," she says. This means it can be difficult to recruit help from others "because people think that this sickness is contagious," says Fatuma. Most paid childcare centers do not accept children with disabilities, and the few that do usually cost more. This forces parents to either leave the workforce or rely on alternative care options, such as grandparents.

Fatuma says much needs to be done to enable mothers of children with disabilities to enter the workforce and experience better lives. She suggests that employers in the formal job market offer more flexible work hours, eliminate discrimination in the hiring process, and create safe spaces for women to access employment. She says, "Flexible or reduced working hours help mothers accommodate therapy appointments, medical visits, or emergency care needs."

Fatuma thinks the government should be more involved in helping these families, such as enforcing existing laws that protect the rights of children with disabilities, creating social welfare policies, and providing programs for children with disabilities. Additionally, she says mothers of children with disabilities need access to small loans and vocational training to acquire skills they can use to pursue jobs that can be performed from home, which could include establishing their own businesses.

a. All our case studies represent a composite of experiences, reflections, and insights from multiple respondents. While each individual is fictional, all details and quotes are real from our respondents.

4.2 Factors that Influence the Labor Market Participation of Mothers of Children with Disabilities

“Having a job would be incredibly beneficial, especially in a self-employed role, as it would allow me to earn a stable income to support my family while also enabling me to care for my child without relying heavily on others. I am very eager to find and keep a job if given the opportunity.” – Mother, Kenya

*“The financial burden of raising a child with disabilities, including school fees, medical bills, and rent, creates significant challenges for single mothers.”
– Mother, Uganda*

Parenting demands may affect the availability of mothers of children with disabilities to seek employment. As discussed in the previous section, mothers of children with disabilities want to work. However, the number of hours they must dedicate to childcare often prevents them from seeking employment. When asked, “On average, how many hours per week of care do you provide to your child/children with a disability?”, mothers from Kenya and Uganda responded with a wide range of hours between less than 20 and more than 160, referencing around-the-clock care. Fifteen percent (15 percent) of mothers of children with disabilities selected “160 and above.” This wide range of responses could highlight that these mothers had difficulty conceptualizing the number of care responsibilities in terms of labor hours and, therefore, did not realize the impact that their care responsibilities had on their availability for employment opportunities. This would be an area for further exploration in future studies, along with examining the number of care hours required across different disability types, as this information did not emerge strongly in the data.

Employment status may be influenced by caring for a child with a disability. Several mothers of children with disabilities referenced sacrificing their jobs to be able to care for their children. The resulting financial strain then prevents them from being able to access childcare and education, food, medical care, assistive devices, and other things that the children require. In FGDs, these women stated that their past employers were not understanding of their situation and did not provide the flexibility they needed to balance both maintaining a job and caring adequately for their children. When mothers of children with disabilities had supportive work environments, they praised their employers for being flexible and understanding.

Many mothers of children with disabilities reported that they would like to be self-employed to balance their caregiving needs with the ability to financially provide for their children. Government representatives from Kenya and Uganda confirmed that mothers expressed interest in self-employment but lacked the start-up capital to launch their businesses.

“These mothers would be most comfortable if they were facilitated to start their own business and, therefore, be self-employed. In this way, they would be able to maintain their routine of taking care of their own work and child at the same time.” – Government representative, Kenya

“We need to get on the roundtable and draw clear strategies on how to support them. Just mere discussions will not support them. And we need to do consultations with them.” – Government representative, Uganda

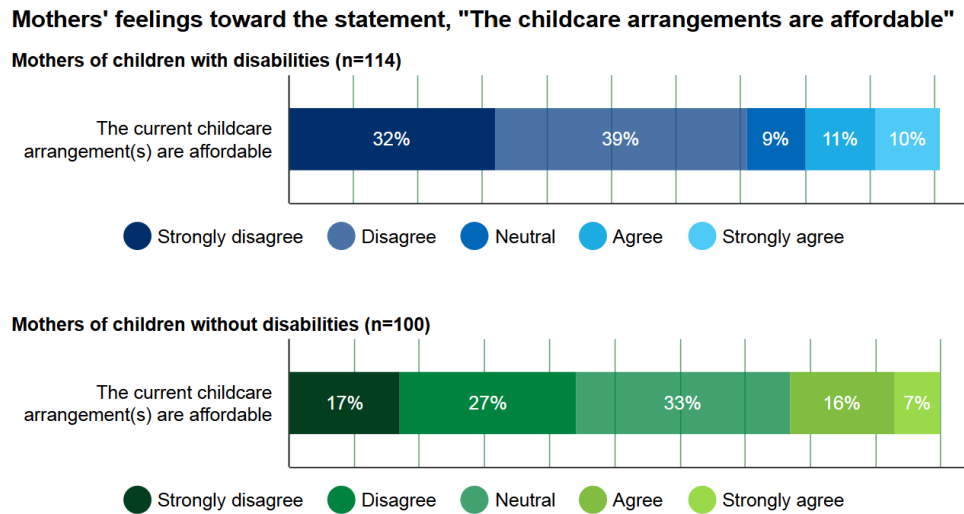
Finding #4: Childcare for children with disabilities is cost prohibitive.

“Many daycare centers charge significantly more for children with disabilities than they do for other children, making it challenging for families like mine to afford consistent care.” – Mother, Kenya

“The level of care needed by these children requires higher levels of attention, which then translates to more money for parents.” – Childcare provider, Uganda

Mothers of children with disabilities said that fees are often higher for their children because providers increase the price due to the stigma that their children are more difficult to care for. This was much more prominent for mothers of children with disabilities in Kenya (96.2 percent) versus those in Uganda (58.3 percent). Many mothers of children with disabilities (71 percent) either disagreed (39 percent) or strongly disagreed (32 percent) with the following statement: “The childcare arrangements are affordable,” as opposed to only 44 percent of mothers of children without disabilities. Additionally, only 9 percent of mothers of children with disabilities felt neutral to the statement, whereas 33 percent of mothers of children without disabilities felt neutral (see figure 4.9).

Figure 4.9. Mothers' feelings toward the statement, "The childcare arrangements are affordable."



Source: Original for this publication.

Finding #5: Many factors make reliable childcare unavailable to children with disabilities.

"If more accessible and well-equipped daycare centers were available, it would relieve a significant burden, allowing us to support our families financially while ensuring our children are safe, cared for, and given a chance to thrive." – Mother, Kenya

"We normally give less priority to disabled children. They are hard to deal with." – Childcare provider, Kenya

Box 4.2. Country spotlight – Mauritius

Mauritius stands out with a score of 100 out of 100 in the Childcare Legal Frameworks pillar and a score of 50 in the Supportive Frameworks pillar in the Women, Business and the Law (WBL) 2024 report.^a The Crèche Scheme is one of the few programs in the region that provides financial support for families with children aged 0–2, serving as an incentive to encourage unemployed mothers to seek employment or training. According to data collected by WBL, the Nairobi City County Childcare Facilities Act requires caregivers to have early childhood education training from a recognized institution.

As countries seek to strengthen childcare systems, it is essential that supportive policies, like those seen in Mauritius, are explicit in their provisions to ensure that mothers of children with disabilities are not excluded from workforce participation due to gaps in financing, training, and regulatory oversight.

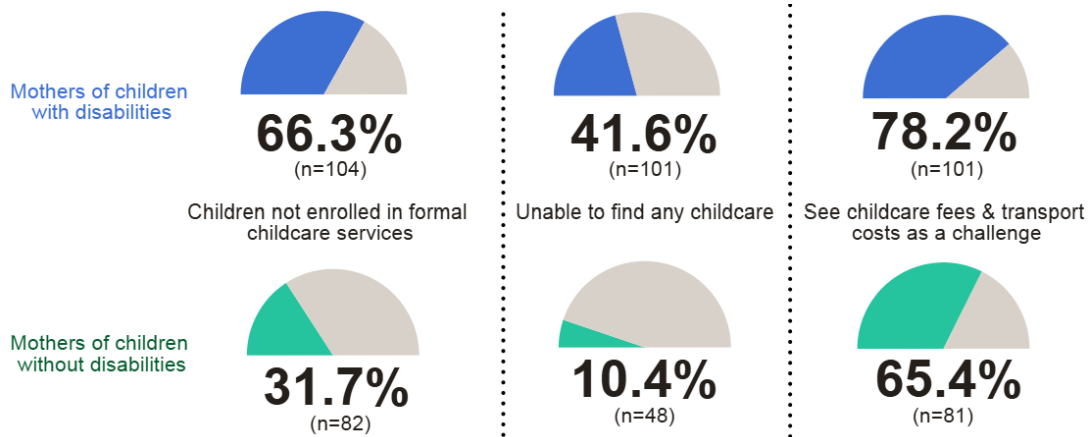
a. See <https://wbl.worldbank.org/en/childcare>.

While previous findings point to mothers of children with disabilities wanting to work but having to dedicate much of their time to providing care instead of seeking employment opportunities, this finding looks at the high *demand* for affordable, accessible, and inclusive childcare that mothers of children with disabilities have (see box 4.2). It focuses on the low *supply* of such childcare services and the many reasons that make it difficult for these mothers to enroll their children anywhere.

For Kenya and Uganda, a statistically significant difference¹⁴ was observed between the 31.7 percent of mothers of children with disabilities who reported that their child was enrolled in formal childcare and the 66.3 percent of mothers of children without disabilities who said the same (see figure 4.10).

There was a statistically significant difference between the 41.6 percent of mothers of children with disabilities who were unable to find a childcare provider (formal or informal) for their child, as compared to the 10.4 percent of mothers of children without disabilities. Additionally, a statistically significant difference was observed between the 78.2 percent of mothers of children with disabilities who said childcare fees and transport costs were a challenge, as compared to 65.4 percent of mothers of children without disabilities (see figure 4.10).

Figure 4.10. Barriers to childcare



Source: Original for this publication.

¹⁴ Where results are statistically significant, this is noted. Otherwise, results were analyzed through descriptive narratives.

“The teachers treated him just like any other child, but he required special attention and care. Instead, he was handled roughly, which made him fearful of school.” – Mother, Kenya

*“These children should stay in their own homes or in their own schools.”
– Childcare provider, Uganda*

“In our daycare, our work is just to take care of children, ensuring that they are not stolen.” – Childcare provider, Kenya

Mothers of children with disabilities pointed to a myriad of reasons why their children were not attending childcare centers or schools, with the most cited as follows: childcare centers or schools were not available or willing to enroll their children with disabilities, mothers were not able to afford to send their children to a childcare center or school, their children’s health prevented them from enrolling, their children was too young, and they did not have the funds to transport the children to a childcare center or school. In FGDs, mothers of children with disabilities who had employed childcare providers in the home cited high turnover due to the complex challenges associated with caring for their children. Additionally, during FGDs, mothers of children with disabilities highlighted the low quality of care, including maltreatment, neglect, or the rough handling of their children, despite the higher costs they were often charged.

When similar questions were directed to childcare providers as to their reasons for not accepting children with disabilities, providers often blamed circumstances or shifted responsibility to the mother (see box 4.3). Childcare providers said that these mothers neglected their children’s basic needs, which exacerbated their vulnerabilities, and that they did not want to accept the responsibility of providing care for the children. FGDs revealed that, in general, providers felt that children with disabilities should not be included in mainstream childcare. Other childcare providers pointed to their lack of skills, training, and resources to care for the child in the same way that the mother would. Even those who were open to the idea of accepting children with disabilities lacked training or expertise and, therefore, felt a sense of obligation to turn them away.

Others pointed to childcare providers whom they had witnessed withholding proper care from children with disabilities. One participant shared an incident where a childcare provider denied food to a child who was unable to control their bowels. The childcare provider wanted to prevent the child from defecating, requiring the provider to clean up the child.

Mothers of children with disabilities indicated the need to regulate affordable childcare services with specially trained childcare providers, as many children had experienced poor quality at the centers where they were enrolled. Childcare providers in Kenya noted that

many centers operate without formal registration or compliance with standardized government policies. Instead, they often develop their own informal guidelines.

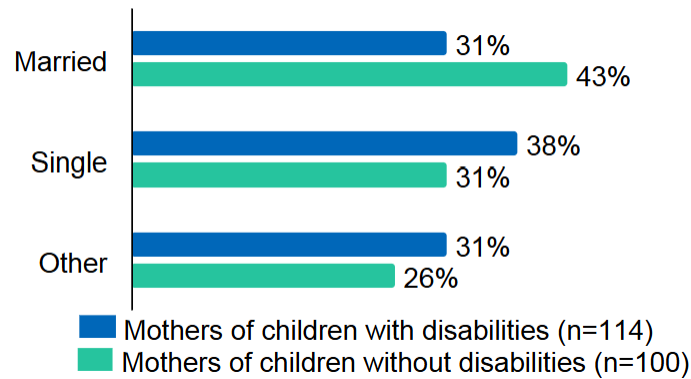
“My childcare center does not have any written policies, given that we are not registered by the government, but we offer the services that are required by the parents who bring their children to get our services.”
– Childcare provider, Kenya

One childcare center that welcomed children with disabilities had no tools to assess the children’s development. When asked what tools they used to identify signs of developmental delay, they said, “You just look.”

Mothers of children with disabilities and children without disabilities responded to several statements about their childcare arrangements: 31 percent of mothers of children with disabilities agreed or strongly agreed that their current childcare arrangements were convenient (as compared to 42 percent of mothers of children without disabilities), and only 36 percent of mothers of children with disabilities said that their family members were happy with the current childcare arrangements (as compared to 48 percent of mothers of children without disabilities).

At the familial level, mothers were almost always the primary caregivers, and many lacked support from the children’s fathers, who “abandoned” them when they found out about the children’s disabilities. Of the mothers of children with disabilities who were surveyed, 38 percent were single, and 8 percent were divorced. In contrast, only 31 percent of mothers of children without disabilities were single, and 6 percent were divorced.¹⁵ Only 31 percent of mothers of children with disabilities surveyed were married, whereas 43 percent of mothers of children without disabilities were married (see figure 4.11).

¹⁵ Many respondents selected an “other” category, which included those who were widowed, were cohabitating, or preferred not to disclose their marital status.

Figure 4.11. Marital status of the mother

Source: Original for this publication.

A few of the mothers of children with disabilities mentioned receiving help from grandparents, an occasional neighbor, or even the church, although these mothers mentioned that family members felt uncomfortable providing care and were uncertain about how to interact with their children. This led to family members feeling reluctant to offer support, further isolating these mothers and their children. When mothers of children with disabilities had no support for their children but needed to generate income, they were forced to make the decision to leave their children at home without proper care or attention.

“And by the way, those children understand. Sometimes mine asks me, ... you leave me here, do you think I don’t get bored? ... He will ask you, why did you leave me here?” – Mother, Uganda

The challenges described by respondents underscore a double burden: general labor market inequalities that affect women disproportionately, such as wage disparities, informal employment, and lack of maternity protection, are compounded by the intensive, often invisible care responsibilities specific to raising a child with a disability. These include more interruptions in their work schedules and fewer hours available for work. This dual vulnerability restricts women's availability, stability, and progression in the labor force.

Box 4.3 Case study: Reflections of childcare providers

Mary^a runs a childcare center that is not registered with the government. Her center has policies on issues such as the type of money it accepts and food it provides to the children in their care. The center also uses government policies to formulate its bylaws. However, the center has no policy on disability inclusion. Meanwhile, she knows that many childcare centers have no written policies at all.

She says, “We normally give less priority to [a] disabled child. They are hard to deal with.” She thinks children with disabilities “should stay in their own homes or in their own schools.” She says this is better for the children because at a childcare center, “They may not look after the child like... the mother. The child may be required to take some medication, but they may not remember all the time.” Mary explains that her childcare center, like many others, does not have training or expertise in looking after children with disabilities. She does not feel her center can help these children.

a. All our case studies represent a composite of experiences, reflections, and insights from multiple respondents. While each individual is fictional, all details and quotes are real from our respondents.

4.3 Difference in Labor Market Participation

“Even when you go look for a job, if the employer hears that you have a disabled child, he/she will lose interest in employing you.”

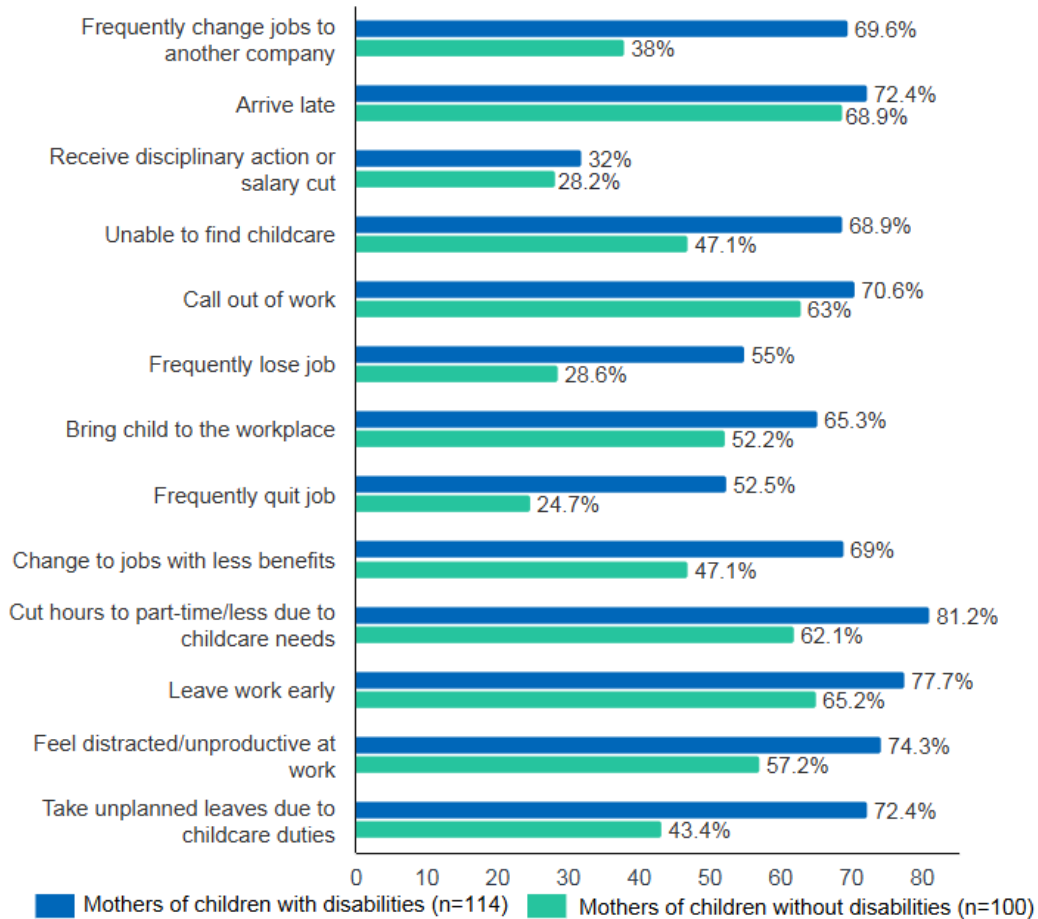
– Mother, Uganda, FGD

“I was a teacher, but I abandoned my job because of the condition of my child.” – Mother, Uganda

Finding #6: Mothers of children with disabilities experience more challenges in obtaining and maintaining employment than mothers of children without disabilities.

Survey results show clear differences in the factors impacting the employment of mothers of children with disabilities. Figure 4.12 summarizes these factors and the percentage of affected mothers.

Figure 4.12. Do you face any of the following problems due to looking after a child?



Source: Original for this publication.

While 69.6 percent of mothers of children with disabilities said that they frequently change jobs to another company, only 38 percent of mothers of children without disabilities said the same. Among mothers of children with disabilities, 55 percent frequently lose their jobs and 52.5 percent frequently quit—rates that are approximately double those of mothers of children without disabilities (28.6 percent and 24.7 percent, respectively).¹⁶ Moreover, a disproportionate 72.4 percent of mothers of children with disabilities took unplanned leave due to childcare duties, while only 43.4 percent of mothers of children without disabilities took similar leave. One mother indicated that “frequent disruptions at work to check on her child led to lower productivity and, therefore, income.” These challenges were often more pronounced for mothers of children with physical disabilities, intellectual disability, autism,

¹⁶ Kenya had slightly higher rates of mothers quitting their jobs (58 percent) as opposed to Uganda (47.1 percent).

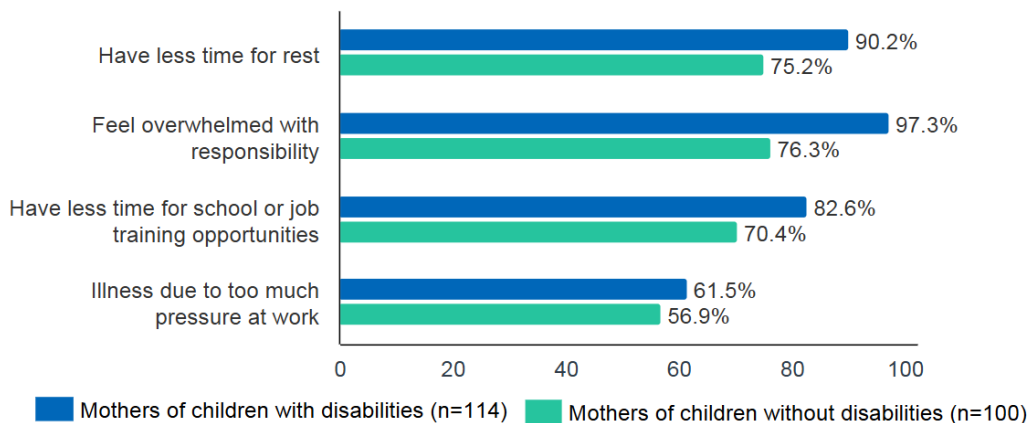
and multiple disabilities. While trends began to emerge in the data regarding the type of disability, this was not the focus of the study; however, it warrants further research.

Finding #7: Mothers of children with disabilities also have less time for rest and education/training opportunities and are more likely to feel overwhelmed with responsibilities.

In terms of their personal health, leisure, and educational opportunities, mothers of children with disabilities also have less time for rest, feel overwhelmed with responsibilities, have less time for school or job training, and experience illness due to pressures at work. For example, 90.2 percent of mothers of children with disabilities reported having less time for rest, while 75.2 percent of mothers of children without disabilities reported the same.

Additionally, 97.3 percent of mothers of children with disabilities reported feeling overwhelmed, and 76.3 percent of mothers of children without disabilities reported feeling the same. For mothers of children with disabilities, 82.6 percent said they have less time for school or job training opportunities, while 70.4 percent of mothers of children without disabilities said they do not have the time. Finally, 61.5 percent of mothers of children with disabilities reported illness due to too much pressure at work, compared to 56.1 percent of mothers of children without disabilities (see figure 4.13). Although the rates are higher for mothers of children with disabilities, mothers of children without disabilities also face these issues at high rates, which likely speaks to the levels of poverty that many of these mothers and their children experience in the urban areas where they reside.

Figure 4.13. Do you face any of the following problems in your personal health/leisure/education due to looking after a child?



Source: Original for this publication.

4.4 Government Support for Mothers of Children with Disabilities

Finding #8: Utilization of government support programs by mothers of children with disabilities is limited.

“We hear stories about others receiving financial aid, therapy services, or educational resources for children with disabilities, yet the process to apply or qualify can be confusing, lengthy, or inconsistent. For some, there is little information on where to go or how to start, and others may face barriers such as strict eligibility criteria or bureaucratic delays.” – Mother, Kenya

Despite the governments having social protection programs in place that would benefit children with disabilities, almost none of the mothers of children with disabilities surveyed and interviewed were receiving the support, despite being aware of its existence.

According to survey data, only 3 of the 114 mothers of children with disabilities (one in Kenya and two in Uganda) reported receiving financial support. One mother in Kenya said they had received an unconditional cash transfer from the Kenya Cash Transfer for Orphans and Vulnerable Children, a national social protection program.¹⁷ The two mothers in Uganda had received support from the Uganda Women Entrepreneurship Program, a government initiative, and the National Special Grant for Persons with Disabilities. During an FGD, mothers in Kenya noted the existence of programs and policies aimed at assisting them but said they had not benefited from them due to bureaucratic barriers. In one FGD with mothers of children with disabilities in Uganda, mothers mentioned that the processes to receive aid were hindered by corruption, with officials demanding bribes, often leading to more debt for the mother.

“Even [with] the organizations that support us, the people in charge use the money for their personal gains. For example, if they are to give you 1,000,000 shillings as a start-up kit, they give you 300,000 shillings, assuming that you will just eat that money.” – Mother, Uganda

Despite government programs providing assistance, mothers highlighted the lack of clarity regarding how to access these programs or the additional barriers they faced in accessing them. Mothers of children with disabilities called the programs “inaccessible,” “bureaucratic with its processes,” “complicated and time-consuming,” and even “hidden.” One mother in

¹⁷ From the response, it is unclear if the mother had received the unconditional cash transfer only once or multiple times.

Kenya said, “In some cases, eligibility requirements are too restrictive.” Even across government representatives, there were mixed messages about what was available for mothers of children with disabilities.

Finding #9: No specific policies are in place to support mothers of children with disabilities in entering the workforce.

All three countries have policies in place that provide for the rights of persons with disabilities, such as the Kenya Persons with Disabilities Act No. 14 (2023), the Tanzania Persons with Disabilities Act (2010), and Uganda’s Persons with Disabilities Act (2020). Likewise, each country addresses the importance of childcare for children in general. Kenya’s Children’s Act of 2022 states that “childcare facilities shall take into account the special needs of children with disabilities and shall have special facilities or modifications to accommodate a child with a disability” (National Council for Law Reporting 2022). Tanzania’s National Strategy for Inclusive Education 2018–2021 promised to support efforts for equitable access and participation for at least one year, with a focus on vulnerable groups, including children with disabilities. Key actions for PPE under this strategy are to build the skills and number of PPE teachers who can support children with disabilities, promote inclusive learning environments, provide accessible materials to support learning and development, and reduce the challenges related to the enrollment and attendance of children with disabilities (United Republic of Tanzania 2017). In Uganda, the National Child Policy 2020 addresses specialized support for families whose children require special attention due to certain conditions (including disability) and/or situations, and for strengthening the capacity of families and communities to care for and protect their most vulnerable children, including those with disabilities (Republic of Uganda 2020).

These laws, however, do not address the rights of families of persons with disabilities to obtain employment (see box 4.4). In Uganda, one government official said, “There is a plan.” However, another government official said, “We currently have no policy in place to support children with disabilities,” and “There is no dedicated policy or mechanism where these mothers can be assisted to get into the workforce.” While policies and programs exist, their implementation has been insufficient and inconsistent, and improvement is required. As for the employment of mothers of children with disabilities, it was quite clear that no initiatives were specifically designed with this group of mothers in mind. While an OPD representative in Uganda said, “The government is more focused on preventing disability than providing assistance to those who have disabilities,” an OPD representative in Kenya said, “There is no help from government to support mothers of children with disabilities to enter the workforce.” A government representative from Uganda suggested having further consultations with mothers of children with disabilities to discuss other things they might want besides employment opportunities:

*“We might think that they want to be kept in employment. Maybe, for them, they want something else. Maybe they want ... [the] government [to] give a stipend, a monthly stipend, for staying at home to keep the child. Maybe they are not really willing to release the child to the respite centers, I'm suggesting. Maybe for them, they just wanted to be given [a] little money to help them get their medical supplies. Maybe they are only crying out to the government to remove taxes from pampers, from medical supplies that help them in raising their children with disabilities. So, we need to also consult them and other organizations that work with them. Yes, because sometimes these organizations have gone deeper into their lives than maybe the government itself.” –
Government representative, Uganda*

Having further discussions among stakeholders is a critical step to ensure that priorities are aligned in order to achieve them and to ensure mothers of children with disabilities are able to join the labor force and support and provide care to their children in the way that they choose. These findings underscore the need for comprehensive policy and legal instruments that define inclusive childcare as a right and obligation, not a discretionary service. An enabling framework can drive intersectoral coordination, financing, and professional development systems that are currently lacking in the focus countries.

Box 4.4 Case study: Reflections of a government representative

Omari,^a a government representative, is quick to list some of the policies that show the government's commitment to people with disabilities: the Constitution, the Education Act, the Persons with Disability Act, the National Inclusive Education Policy, and more. He also says that the government funds professional development programs for teachers and care providers "to equip them with the knowledge and skills to foster an inclusive learning environment." Additionally, he points to the existence of childcare centers or preschools that serve children with and without disabilities in the same classroom.

However, he acknowledges that none of the policies specifically target mothers of children with disabilities, nor are there policies protecting the rights of children with disabilities to attend preschool. He also acknowledges that existing efforts fall short of what is needed. Challenges in resource allocation, accessibility, and training all persist. Policies need to be better enforced. There are not enough childcare providers, especially in rural or low-income areas. Even when specialized childcare centers exist, their staff may not be adequately trained or resourced to meet the needs of children with disabilities. Furthermore, inadequate outreach by service providers can mean parents are unaware of the few formal childcare options that exist. Alternatively, if aware, parents may lack reliable transportation, live too far away, or be unable to afford the high cost of childcare, especially if the mother is unemployed. Omari says that often "one parent may sacrifice their career to care for the child."

Omari thinks the situation could improve with increased funding for inclusive programs from both the government and nongovernmental organizations. Childcare centers should be closer to communities where they are needed, physically accessible, and equipped with assistive devices. Childcare providers also need training in supporting children with disabilities. Omari says, "These mothers would be most comfortable if they were facilitated to start their own business and, therefore, be self-employed. In this way, they would be able to maintain their routine of taking care of their own work and child at the same time."

Some of Omari's suggestions include supporting mothers' employability and economic capacity, changing mindsets and attitudes through public sensitization and awareness, and improving data collection. "If you ask me how many girls with disabilities we have in school, we don't know," he says. He believes that prices for assistive devices should be subsidized, teachers should receive specialized training, and disability organizations should be strengthened and funded. He states, "We need to get more research on how best... we can get localized solutions to enhance the care of these children with regard to access to education." Omari says that supporting and encouraging mothers of children with disabilities in the workforce fosters creativity and innovation, enabling the workforce to tap into their talents.

a. All the case studies represent a composite of experiences, reflections, and insights from multiple respondents. While each individual is fictional, all details and quotes are real from our respondents.

5. Conclusion and Recommendations

The results of this study highlight the substantial obstacles encountered by mothers of children with disabilities in securing and maintaining employment. These challenges are primarily attributed to their caregiving duties and the insufficient availability of affordable, accessible, and inclusive childcare options.

While these mothers are less likely to participate in the labor market in the same ways as mothers of children without disabilities, this group of women is ready and willing to join the workforce, enabling them to financially provide for their children and their families and interact with their communities in meaningful ways. Although their children often require more caregiving support than children without disabilities, these women are ready to undertake more opportunities in the labor market. This requires the right mix of flexible employment opportunities, social supports for self-employment, and trusted childcare that is affordable, accessible, and inclusive of their children.

This research illustrates that mothers of children with disabilities are an untapped workforce. They want to work, but they also want to ensure their children receive the best care possible. In this context, there is the additional expectation that caregiving is exclusively the mother's responsibility. Currently, there are not enough flexible employment opportunities that allow this population to balance employment with caregiving. Additionally, if these mothers do pursue external childcare providers, they find that providers are not trained in the skills necessary to properly care for children with disabilities or that providers may discriminate against these children. This leads to mothers not trusting the childcare providers and childcare providers not wanting to be responsible for children they are not equipped to care for properly. When childcare providers are willing to accept children with disabilities, they often increase fees for these children, adding financial strain on mothers and further limiting the children's ability to access childcare. This, in turn, keeps mothers from entering the labor market. Additionally, the stress of balancing work with caregiving, experiencing additional financial strain, and lacking social support for mothers of children with disabilities is more intensified than for mothers of children without disabilities. Addressing the double layer of labor vulnerability faced by mothers of children with disabilities requires simultaneous efforts to expand inclusive childcare and reform broader gender equity policies in employment and social protection systems.

Although government representatives seemed to be aware of the specific needs of mothers of children with disabilities, they could not articulate the policies and programs that truly address these needs. Consultations between policy makers and beneficiaries are necessary to ensure that, as policies are designed, they consider the unique needs of mothers of children

with disabilities and are created in accessible ways to allow them to take advantage of these policies meaningfully (table 5.1).

This analysis provides a foundation for understanding the interconnected barriers faced by mothers of children with disabilities while identifying critical areas for targeted interventions. It emphasizes the need for integrated solutions that address childcare accessibility, policy gaps, stigma, and economic empowerment simultaneously. This study has been critical in contributing evidence to an area where so little literature exists. Based on discussions with a range of stakeholders, the following guidance is recommended:

Table 5.1. Recommendations for Improving Access to Childcare for Mothers of Children with Disabilities

Guidance for Advancing Action



Guidance #1:

Foster flexible employment opportunities for mothers of children with disabilities.

- Promote policies encouraging employers to adopt flexible work arrangements to accommodate caregiving responsibilities, including remote and hybrid work options, flexible work hours, or job sharing.
- Promote policies to recruit, hire, and retain mothers of children with disabilities, as well as to rehire mothers after having a child.
- Fund vocational training and microloan programs tailored for mothers of children with disabilities to begin self-employment ventures.



Guidance #2:

Expand access to affordable, accessible, and inclusive childcare.

- Partner with governments to subsidize transportation and childcare fees for children with disabilities to reduce financial barriers.
- Ensure that childcare providers are not raising fees for children with disabilities.
- Strengthen the monitoring and enforcement of policies requiring childcare providers to enroll children with disabilities and adhere to inclusive practices and accessibility standards.



Guidance #3:

Develop capacity for the provision of inclusive childcare.

- Fund training programs for childcare providers on best practices for supporting children with disabilities.
- Support governments in developing standardized training curricula and regulations for inclusive childcare tailored to the local context.
- Collaborate with local governments to establish accreditation systems for inclusive childcare providers and offer incentives to centers for meeting high standards.

Guidance for Advancing Action



Guidance #4:

Enhance social protections for mothers of children with disabilities.

- Work with governments to simplify access to financial assistance programs, ensuring clarity in eligibility criteria and application processes. Increase transparency to reduce the misuse of funds.
- Expand unconditional cash transfer programs to mothers of children with disabilities to offset the additional costs of caregiving and childcare.



Guidance #5:

Support governments in drafting national inclusive early childhood development policies or strategies with the involvement of a range of stakeholders.

- Facilitate roundtable discussions involving mothers of children with disabilities, childcare providers, organization of persons with disabilities, and government representatives to ensure policies, strategies, and interventions are codesigned with beneficiaries to best support mothers of children with disabilities.
- Share successful models of inclusive childcare and employment policies from other regions to inform local practices.



Guidance #6:

Conduct further research, especially on the impact that various disability types have on mothers of children with disabilities.

- Conduct more research on the topic of mothers of children with disabilities and the impact that caregiving has on their ability to enter and stay in the workforce, including:
 - 4) **Expanding to other countries**
 - Are there good practices, policies, or strategies in other countries that could be applied in places where mothers of children with disabilities do not yet receive the level of support they require?
 - Are there countries where mothers of children with disabilities use more social support, and how is this done?
 - 5) **Addressing different disability types in more detail,¹⁸ including intellectual and developmental disabilities**
 - Are there certain types of disabilities that require more caregiving hours than others, and does this change over time?
 - Are there certain types of disabilities that allow mothers to work more hours in a day than others?

¹⁸ Some disability types do not present until later in childhood, such as autism and visual disabilities, making it necessary to extend the age range to later years to better understand the impacts of these disability types once they are more identifiable.

Guidance for Advancing Action

- What challenges do some disability types present that might differ from others? Does this change with age?
- 6) **Costing of childcare for children with disabilities**
- What are the additional costs linked to seeking out childcare for children with disabilities?
 - What are the additional costs linked to receiving training to be able to provide more inclusive childcare?

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Appendix A: Research Themes

Area of study	Description
Enabling environment	Areas of study include reviewing aspects of the labor market, such as employment rates, grade levels, enabling government policies, and legislative frameworks, including educational and job training levels, employment skills, and influencing factors for occupational choices.
Maternal demographic characteristics	Areas of study will include individual characteristics of mothers, such as marital status, mothers' interest in employment, awareness of employment opportunities, time spent on caregiving and home responsibilities, education level, networks of support, and resources.
Home environment	Areas of study will include family values and decision-making; division of household responsibilities, including caregiving among family members; ¹⁹ family attitudes toward the workforce participation of mothers; attitudes toward disability; attitudes toward someone other than the mother providing childcare for children with disabilities; economic resilience; and utilization of government assistance.
Community environment	Areas of study include community attitudes toward family caregiving responsibilities for children with disabilities, community attitudes toward disability, community attitudes toward mothers' employment, community networks or supports, and resource factors.
Childcare provision	Areas of study include family internal resources, informal networks of support, availability of formal and informal childcare providers, childcare provider and community member awareness and understanding of inclusive policies and practices, enrollment policies and practices, staff availability and training, physical infrastructure, transportation, and safe spaces.
Government services and supports	Areas of study include social assistance and/or social safety net programs, disability referral and support services available, enabling policies, financial and material resource availability to support inclusive childcare or job training opportunities for mothers, and the collection and use of quality data.

Source: Original for this publication.

¹⁹ Family members can include fathers, grandparents, aunts, uncles, siblings, and other extended family members.

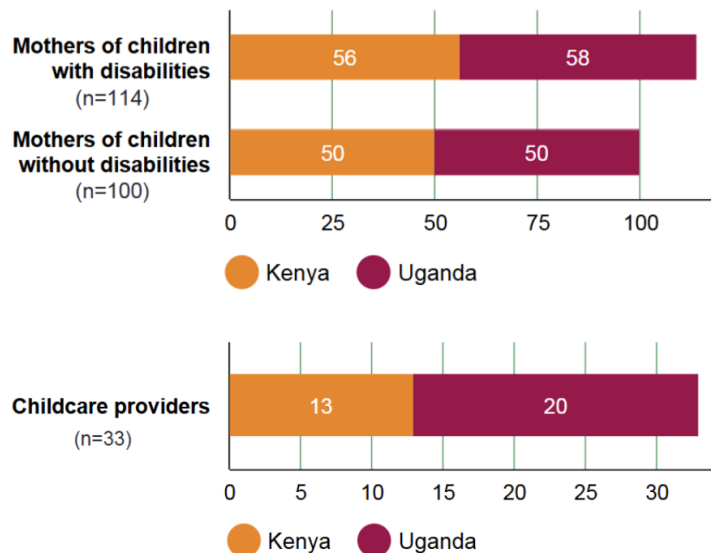
Appendix B: Methodology and Limitations

The research used a multimethod approach supported through consulting with key stakeholders, including the World Bank’s Disability Inclusion team, country offices, and local and global advisory group members, to support the cognitive testing of instruments and validation of findings. Methods included the following:

- **Desk review.** A thorough global, regional, and national literature review was conducted to inform the study tools and design. Literature was drawn primarily from peer-reviewed published literature, as well as grey literature, working papers, and research reports; labor market statistics; and laws, policies, and regulations of the select countries. The review took place from July to September 2023 and included 136 documents.
- **A cross-country survey.** A survey including open- and closed-ended questions based on childcare, disability, and employment was conducted in person with mothers of children with disabilities and mothers of children without disabilities. Another survey was designed and conducted in person with childcare providers (formal and informal).

Data collection started in July of 2024 in both Kenya and Uganda. Figure B.1 shows how many surveys were completed:

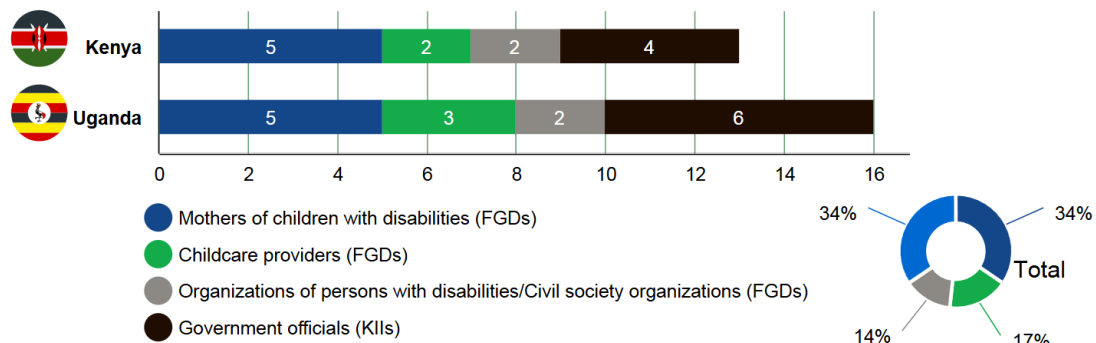
Figure B.1. Completed Cross-Country Surveys in Kenya and Uganda



Source: Original for this publication.

- **Key informant interviews (KIIs) and focus group discussions (FGDs).** Researchers conducted KIIs and FGDs with relevant stakeholders, such as mothers of children with disabilities, childcare providers, government officials, and civil society representatives, including organization of persons with disabilities (OPDs) and women’s groups, to explore further areas of inquiry related to childcare and the employment of mothers of children with disabilities (figure B.2).

Figure B.2. Key Informant Interviews and Focus Group Discussions



Source: Original for this publication.

Overview and Ethical Protocol

Ethics Approval

The team was committed to upholding the principles of ethical research while conducting survey and evaluation activities and following the World Bank’s Data Privacy Policy. Researchers sought and secured ethical review board clearance for the study activities in Kenya and Uganda with accredited local institutions and in alignment with ethics requirements outlined by the governing body for research in each country.

Data Analysis

The primary data analysis was iterative to ensure meaningful evidence. Both international experts and local researchers rigorously grounded the findings in the local context.

The survey response data analysis was done with univariate descriptive analysis for initial insights and cross-tabulation to decipher correlations. *Statistically significant results are highlighted, and the insignificant results were analyzed through descriptive narratives.* Qualitative data, including open-ended survey questions, KIIs, and FGD responses, were analyzed using a rapid-analysis approach, mapping data to a matrix of predefined themes (appendix A). Qualitative data were aggregated by stakeholder type when relevant, and the

team made comparisons between stakeholders' groups across themes as appropriate. Open-ended survey responses were exported and analyzed through rapid analysis. If the KII or FGD was recorded, researchers listened to audio recordings and coded key findings directly into the template.

Limitations

The study's primary limitations were inadequate information related to the number of available childcare options (inclusive and noninclusive), geographic scope, and sampling techniques. To mitigate the lack of data, researchers utilized an iterative approach with intentional methodologies that allowed for the intended participants to be reached. The use of snowball and purposive sampling helped support these iterative approaches, but results may not be generalizable to other parts of the country.

Additionally, data collection tools were designed to directly and indirectly collect information related to the research themes and fill in the limited evidence base. Financial resource limitations impacted the reach of the study, sample size, and ability to guarantee incentives to participants. To mitigate the limited financial resources, the team collected data in one urban center per country to reduce the costs associated with data collection from multiple field sites and to allow for a deeper qualitative analysis of trends. Future research would benefit from collecting data from rural areas where the challenges are likely heightened due to less available jobs and less inclusive childcare options. Deeper analysis on differences based on mothers' educational levels and children's ages would provide clarity on how to best identify entry points and stay in the labor market. Additionally, deeper analysis on disability type is needed to better understand where additional supports are required to assist mothers of children with certain types of disabilities.

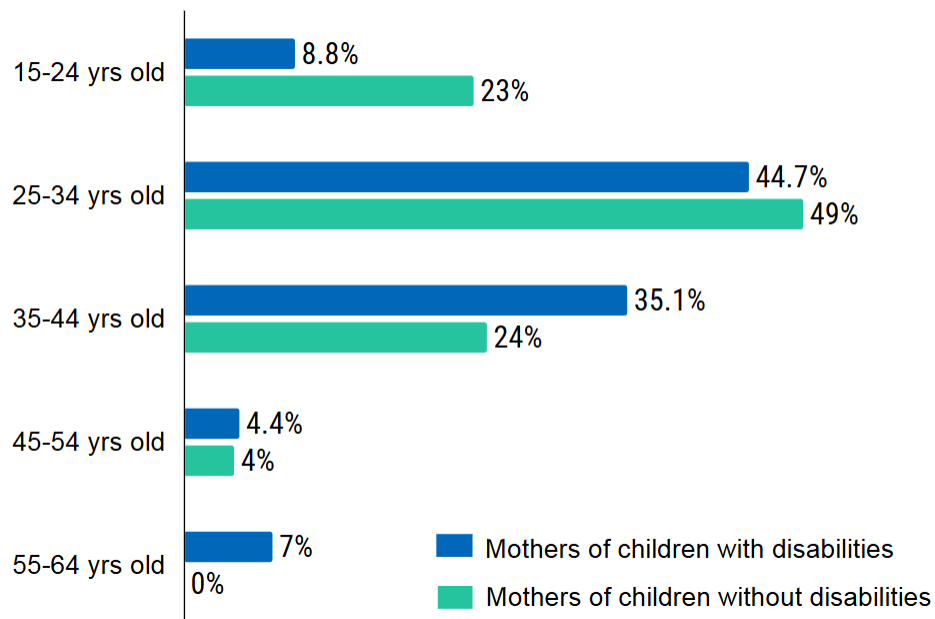
The study employed a rapid analysis methodology to synthesize qualitative data across KIIs and FGDs. While this approach was effective in generating timely findings aligned with the study objectives and thematic framework, it may have limited the depth of interpretation, especially in identifying nuanced or emergent themes. As a result, some complexity in respondent narratives may not be fully captured, and cross-cutting patterns that fall outside the predefined thematic matrix may have been underexplored.

Appendix C: Demographic Information about our Respondents

Surveys, KIIs, and FGDs were conducted in the capital cities of Kampala, Uganda, and Nairobi, Kenya. Most of the mothers in Kampala surveyed (~78 percent) were originally from that city, whereas in Nairobi, ~87 percent of mothers had chosen to move to Nairobi from somewhere else in the country. Of the mothers of children with disabilities surveyed, over half had children with physical disabilities (59 percent), followed by children with intellectual disability (46 percent). The remaining disabilities identified were children who were blind (8 percent), deaf (18 percent), or belonged to the “other” category (where mothers often listed something their child has difficulty with, such as speech, or a symptom they experience such as “convulsions” or “collapsing”).

Most of the mothers surveyed were between 25 and 34 years old (44.7 percent of mothers of children with disabilities and 49 percent of mothers of children without disabilities). See figure C.1. Additionally, 7 percent of mothers of children with disabilities were between the ages of 55 and 64, pointing to the possible “mother” role falling to a grandmother, although this was not explicitly asked in the survey.

Figure C.1. Age of Survey Respondents

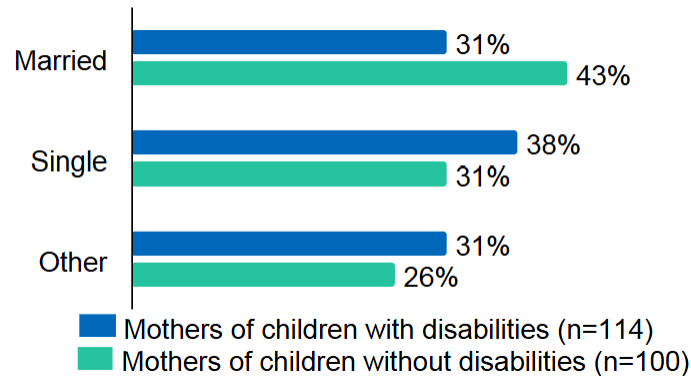


Source: Original for this publication.

A higher percentage of mothers of children with disabilities were single (38 percent) than mothers of children without disabilities (31 percent). See figure C.2. Conversely, a lower

percentage of mothers of children with disabilities were married (31 percent) as opposed to mothers of children without disabilities (43 percent). There were grievances from mothers of children with disabilities, childcare providers, and even government officials about how fathers often leave mothers of children with disabilities, which might explain the lower rates of married mothers of children with disabilities and the higher rates of single mothers of children with disabilities.

Figure C.2. Marital Status of Mothers Surveyed

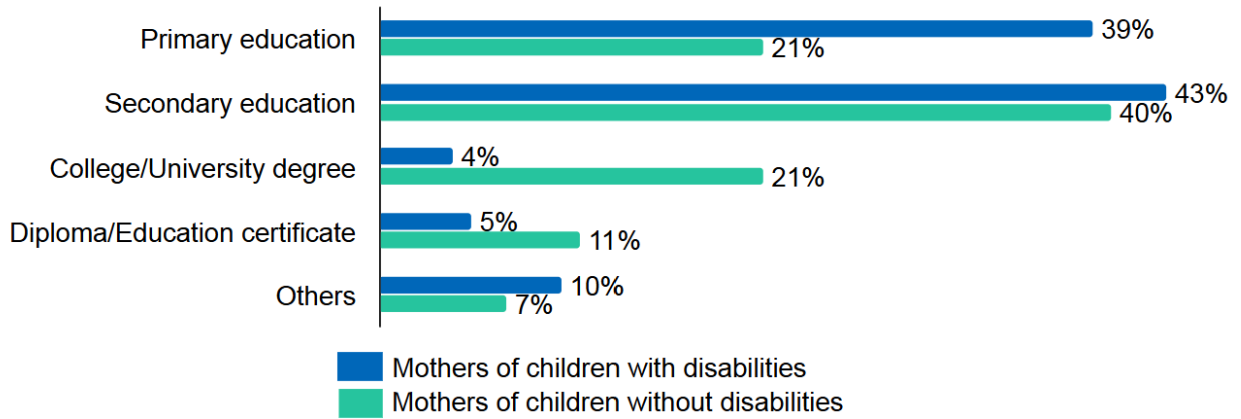


Source: Original for this publication.

In the survey conducted with formal and informal care providers, most childcare providers were women between the ages of 25 and 34 years old. In Kenya, of those surveyed, about 92 percent had a college or university degree, whereas in Uganda, only 30 percent had a college or university degree, with 45 percent having another type of diploma or certification. Additionally, in Uganda, 15 percent had only completed primary school, whereas 10 percent had completed secondary school. Of those surveyed, 35 percent in Uganda had received training on how to provide support to children with disabilities, whereas in Kenya, this was 85 percent. According to childcare providers in Kenya, the biggest barriers for mothers of children with disabilities in accessing childcare are the overwhelming factors in policy and practice in enrolling children with disabilities. In Uganda, it is a lack of financial resources and the negative community attitudes, beliefs, or stigmas related to children with disabilities.

In terms of highest educational attainment, most mothers of children with disabilities had achieved either primary (39 percent) or secondary education (43 percent), with very few having achieved college or university degrees (4 percent) or diplomas or certificates (5 percent). See figure C.3. A higher percentage of mothers of children without disabilities had achieved a college or university degree (21 percent) or diplomas or certificates (11 percent).

Figure C.3. Highest Level of Education Attained by Mothers Surveyed



Source: Original for this publication.

Appendix D: Survey Tools

Survey for Mothers and Other Family Members of Children with and without Disabilities

General Questions

The following questions will be completed by all respondents.

1. What country do you live in?
 - i. Kenya
 - ii. Tanzania
 - iii. Uganda

2. What community do you live in? (Fill in the blank.)

3. Which place do you consider as your place of origin?
 - i. I am from this community.
 - ii. I chose to move here from somewhere else in the country.
 - iii. I was forced to move or obligated to flee here from somewhere else in the country.
 - iv. I chose to move here from another country.
 - v. I am a refugee from another country.

4. Ethnicity:

Kenya	Tanzania	Uganda
Luo	Sukuma	Baganda
Kikuyu	Ha	Banyankole
Luhya	Gogo	Basoga
Kamba	Chaga	Bakiga
Meru	Haya	Iteso
Kisii	Makonde	Langi
Somali	Hehe	Bagisu
Mijikenda	Nyamwezi	Acholi
Maasai	Nyakyusa	Lugbara
Kalenjin	Zigua	Alur
Other _____	Other _____	Other _____

5. Age of person completing the survey:

- i. Under 14 years old
- ii. 15–24 years old
- iii. 25–34 years old
- iv. 35–44 years old
- v. 45–54 years old
- vi. 55–64 years old
- vii. Over 65 years

6. Gender

- i. Male
- ii. Female
- iii. Intersex (Kenya)
- iv. Other
- v. Prefer not to say

7. Marital status

- i. Single
- ii. Married
- iii. Divorced
- iv. Widowed
- v. Prefer not to say

8. Highest education level completed

- i. No formal schooling
- ii. Primary education
- iii. Secondary education
- iv. Job or vocational training program
- v. Some college
- vi. College/university degree
- vii. Postgraduate degree (M.A., M.D., J.D., Ph.D., etc.)

Household Information

How many people live in your household?

Adults:

Male: _____

Female: _____

Total #: _____

Number of children (under 18 years):

Age	Children with disability	Children without disability	Total number of children
0–3	Boys: Girls:	Boys: Girls:	Boys: Girls:
4–6	Boys: Girls:	Boys: Girls:	Boys: Girls:
7–9	Boys: Girls:	Boys: Girls:	Boys: Girls:
10–12	Boys: Girls:	Boys: Girls:	Boys: Girls:
13–15	Boys: Girls:	Boys: Girls:	Boys: Girls:
16–18	Boys: Girls:	Boys: Girls:	Boys: Girls:

Does your family receive financial support or cash transfers from the government?

Yes

No

Unsure

SKIP LOGIC IF YES – If yes, what financial support or cash transfers does your family receive (Check all that apply)?

Kenya	Tanzania	Uganda
National Safety Net Programme	Tanzania Conditional Cash Transfer (TASAF III)	Social Assistance Grants for Empowerment (SAGE)
Cash Transfer Programme for Orphans and Vulnerable Children	Other, Specify: _____	Special Grant for Persons with Disabilities
Older Persons Cash Transfer	Unsure	Youths Livelihood Programme (YLP)
Persons with Severe Disabilities Cash Transfer		Uganda Women Entrepreneurship Programme (UWEP)

Hunger Safety Net Programme Other, Specify: _____ Unsure		National Special Grant (NSG) Other, Specify: _____ Unsure
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Questions about Employment

In the last 7 days, have you worked for at least 1 hour, either for pay or profit to produce goods for the consumption of your own household or family?

Yes

No

SKIP LOGIC IF NO – In the last 7 days, would you have liked to work at least 1 hour for either pay or profit?

Yes, and I am looking for work.

Yes, but I am not looking for work.

No, because I am in school or a job training program.

No, and I am not looking for work.

If you had access to reliable and consistent childcare, would you want to work?

Yes, I would want to work full-time.

Yes, I would want to work part-time.

No, I would not like to work.

SKIP LOGIC IF YES from Q13 – What was this work intended for?

Mainly for pay or profit.

Mainly to produce goods for the consumption of your household.

SKIP LOGIC IF MAINLY FOR PROFIT – In the last 7 days, did you have more than 1 job?

Yes

No

What sector is it in?

Agriculture (farming, hunting, forestry, fishing)

Industry (mining, quarrying, manufacturing, construction, public utilities – electricity, gas, water)

Services (wholesale and retail trade, restaurants, and hotels; transport, storage, and communications; financing services, real estate and business services, community, social and personal services)

Other sector not described: _____

How many days did you work last week: _____

On average, how many hours per day did you work: _____

(All respondents) Do you face any of the following problems due to looking after a child?
(Check all that apply)

Problem	Child with a disability	Child without a disability
Employment		
Unable to find childcare regularly		
Call out of work		
Take unplanned leaves due to childcare duties		
Leave work early		
Cut back work hours to part-time or less because of childcare needs		
Arrive late		
Language barriers at work		
Feel distracted/unproductive at work		
Frequently quit job		

Problem	Child with a disability	Child without a disability
Frequently lose job		
Frequently change jobs within the company		
Frequently change jobs to another company		
Change to jobs with less benefit		
Receive disciplinary action or salary cut		
Bring a child to the workplace		
Care services or school (for the child)		
Not enrolled in services (formal)		
No available providers for children with disabilities (formal or informal)		
Language barriers with care providers		
Fees/cost		
Health/Leisure/Education (for self)		
Illness due to too much work pressure		
Feel overwhelmed with responsibility		
Have less time for school or job training opportunities		
Have less time to rest		
General		
Other issues. Please specify.		
None/no issues		
Do not know		

Other (open-ended): _____

Is there anything else you would like to share with us about your engagement in the labor market? (Open-ended)

Family Childcare Practices for Children with Disabilities

Who is the primary childcare provider within your home for children with and without disabilities? Rank only the top 3 care providers, with 1 being the highest and 3 being the lowest.

	Child with a disability	Children without disabilities
Self (mother)		
Child’s father		
Grandparents – grandma or grandpa		

	Child with a disability	Children without disabilities
Sibling – brother or sister		
Aunt/uncle		
Extended family member		
Neighbor/friend		
They go to a childcare or babysitting center		
Religious center		
Other		

Other, specify: _____

What type of disability does the child in your home have? (Check all that apply)

Blind or low vision

Deaf or hard-of-hearing

Intellectual disability

Physical disability

Other, specify: _____

There are no children with disabilities in the home. (SKIP LOGIC TO 27)

On average, how many hours of care do you provide to your child/children with a disability per week? _____

Does your child with a disability attend a childcare center or school?

Yes – He/she attends a center or school for children with disabilities only for care services.

Yes – He/she attends a center or school for children with and without disabilities for care services.

No – My child does not attend a center or school for care services.

SKIP LOGIC IF NO: Why does your child with a disability not attend a childcare center or school? (select top 3 reasons)

My child is too young for a care center or school enrollment.

We prefer our family to provide childcare.

Childcare centers or schools are not available or will not enroll my child with a disability.

We cannot afford to send our child to a care center or school.

We do not have a way to transport our child to a care center or school.

My child's health stops them from being able to attend a care center or school.

Childcare centers or schools are unable to handle my child's health needs.

Other, specify: _____

(All respondents) Keeping in mind the childcare arrangement(s) for your child aged 0–6 years (0–72 months) that you mentioned, to what extent do you agree or disagree with the following statements?

	Statements	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a.	I feel like I have decent childcare choices available to me.	1	2	3	4	5
b.	The current childcare arrangement(s) is/are meeting my preferences and needs.	1	2	3	4	5
c.	The current childcare arrangement(s) is/are convenient.	1	2	3	4	5
d.	The current childcare arrangement(s) is/are affordable.	1	2	3	4	5
e.	The current childcare arrangement(s) mean(s) my child is in a safe place because they are in an overnight stay setting.	1	2	3	4	5
f.	The childcare arrangement(s) give(s) my child opportunities for stimulation and development.	1	2	3	4	5
g.	My family members are happy with the current childcare arrangement(s).	1	2	3	4	5

Questions about Childcare Providers

Keeping in mind the childcare **needs** for your child aged 0–6 (0–72 months), to what extent do you agree with the following statements?

	Statements	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a.	There is limited commitment to childcare for children with disabilities from the government.	1	2	3	4	5
b.	Families support children with disabilities receiving care outside the family.	1	2	3	4	5
c.	There are no childcare providers for children with disabilities available.	1	2	3	4	5
d.	Childcare providers have the skills needed to support children with disabilities.	1	2	3	4	5
e.	The settings for childcare arrangements are safe from physical and emotional harm for children with disabilities.	1	2	3	4	5
f.	Transportation to access childcare services is available for children with disabilities.	1	2	3	4	5
g.	The cost and fees of childcare services for children with disabilities are affordable.	1	2	3	4	5

Is there anything else you would like to share with us about the childcare services available or what you would like to have available in your community? (Open-ended)

Additional Information

Are you interested in participating in a focus group discussion to talk more about employment and childcare for mothers of children with disabilities?

Yes

Name:

Phone number:

No

Survey for Informal and Formal Childcare Providers (Individuals and Agencies)

General Questions

The following questions will be completed by all respondents.

What country do you live in?

Kenya

Tanzania

Uganda

What community do you live in? (Fill in the blank)

Which place do you consider as your place of origin?

I am from this community.

I chose to move here from somewhere else in the country.

I was forced to move or obligated to flee here from somewhere else in the country.

I chose to move here from another country.

I am a refugee from another country.

Ethnicity:

Kenya	Tanzania	Uganda
Luo	Sukuma	Baganda
Kikuyu	Ha	Banyankole
Luhya	Gogo	Basoga
Kamba	Chaga	Bakiga
Meru	Haya	Iteso
Kisii	Makonde	Langi
Somali	Hehe	Bagisu
Mijikenda	Nyamwezi	Acholi
Maasai	Nyakyusa	Lugbara
Kalenjin	Zigua	Alur
Other _____	Other_____	Other_____

Age of person completing the survey:

Under 14 years old

15–24 years old

25–34 years old

35–44 years old

45–54 years old

55–64 years old

Over 65 years

Gender

Male

Female

Intersex (Kenya)

Other

Prefer not to say

Marital status

Single

Married

Divorced

Widowed

Prefer not to say

Highest education level completed

No formal schooling

Primary education

Secondary education

Job or vocational training program

Some college

College or university degree

Postgraduate degree (M.A., M.D., J.D., Ph.D., etc.)

Questions for Childcare Providers

Do you or the childcare provider you work for accept children with disabilities?

Yes

No

Unsure

Please provide a brief explanation for your previous answer.

Are you or the childcare provider you work for able to provide care for children with disabilities?

Yes

No

Unsure

Please provide a brief explanation for your previous answer.

Do you or the childcare provider you work for provide referrals for screening and identification or disability support services to children you suspect have a disability?

Yes

No

Unsure

SKIP LOGIC IF YES – What types of referrals do you provide? (check all that apply)

Referral to a medical provider for screening and identification

Referral to a community organization for screening and identification

Referral to a medical provider for assistive devices or technology

Referral to a community organization for assistive devices or technology

Referral to organizations of persons with disabilities for general support

Referral to a community-based organization or program for social or emotional support

Other _____

Do you or the staff at the childcare provider you work for receive any training on how to support children with disabilities?

Yes

No

Unsure

SKIP LOGIC IF YES – What type of training have you received?

How to support a child’s medical needs (medication, special diet, status of health)

How to support a child’s activities of daily living (toileting, feeding, mobility, communication, etc.)

Disability awareness

How to support a child’s learning (literacy, numeracy, etc.)

Other _____

What are your biggest concerns about enrolling and providing care to children with disabilities at the childcare provider where you work? (Check all that apply)

I have no concerns.

We cannot meet the medical needs (medication, special diet, status of health) of children with disabilities.

We cannot support the needs for activities of daily living (toileting, feeding, mobility, communication, etc.) of children with disabilities.

We do not have the infrastructure or necessary equipment to support the needs of children with disabilities.

The personal beliefs and attitudes toward children with disabilities among childcare provider staff/individuals.

Parents do not want to send their children with disabilities to childcare providers.

Childcare providers do not feel confident or have the skills or knowledge to support children with disabilities.

Other: _____

What are the biggest barriers for mothers of children with disabilities to access childcare?
(check all that apply)

Lack of available childcare providers

Too many children in the classroom

Childcare providers are not physically accessible for children with disabilities

Childcare providers' policies or practices on enrolling children with disabilities

Childcare providers do not have the skills or resources to support children with disabilities

Government policies and limited government commitment to childcare

Lack of financial resources

Negative community attitudes, beliefs, or stigmas related to children with disabilities

Limited access to safe, accessible, or affordable transportation

Other _____

Do you or the childcare provider you work for provide any form of support to mothers of children with disabilities?

Yes

No

Unsure

SKIP LOGIC IF YES – What type of support do you provide to mothers of children with disabilities? (Check all that apply)

Subsidized fee for provision of care

Parent or social group run by the childcare provider I work for

Coaching or training on how to support their child with a disability at home and in learning

Referral to government supports, including social protection schemes that can support them and/or their child

Referral to medical supports for their child

Referral to community organizations, including organizations of persons with disabilities, or women's groups, for social and emotional support

Referral to education or employment training opportunities

Referral to employment opportunities

Other_____

Additional Information

Do you have any examples you can share of what has supported or worked well when providing care to children with disabilities? (Open-ended)

Is there anything else you would like to share? (Open-ended)

Are you interested in participating in a focus group discussion to talk more about employment and childcare for mothers of children with disabilities?

Yes

Name:_____

Number:_____

No

Key Informant Interview and Focus Group Discussion Guiding Scripts

Mothers of Children with Disabilities

How many of you are working? What support and help do you have available or would like to have so that you can find and keep a job?

What we want to know: Recommendations from mothers on how to improve their ability to access, participate in, and maintain employment.

How many of you get support in providing care to your child? Where do you get the help, and can you tell me about it?

What we want to know: Financial resources or social protection schemes, available support networks and resources, access to assistive technology or therapies for their child, and so on.

Have you ever had access to childcare or delayed seeking access to childcare for your child with a disability? If so, can you tell us a bit about the access you did or did not have or if you delayed access? We would love to know what worked well or not so well. Has the cost associated with childcare services influenced your access to services?

What we want to know: What was the nature of the childcare, was it formal or informal, what was the setting, was it with children without disabilities, number of hours, specific services provided, and so on.

How can access to childcare for children with disabilities be improved in your community? What works well, and what needs to change?

What we want to know: What barriers need to be removed to improve services and any recommendations from mothers on how to improve childcare services.

Childcare Providers

What options do parents of children with disabilities have for childcare within your community? What factors enable or prohibit access to childcare?

What we want to know: What are provider perceptions on barriers and enabling factors to accessing childcare? This may be related to family, community, government, or center infrastructure and policies.

Can you provide examples of what works well when providing support to children with disabilities? Did you receive any special training that helped you in providing support? What doesn't work, and how would you change it?

What we want to know: Examples of how they have supported children with disabilities, what training they have had that has helped them, what they would do different in the future, and what resources they need to be able to better support children with disabilities.

Tell us a bit about the types of services you provide. Does your childcare center have any policies or initiatives for children with disabilities who are under the age of 6? Do you have any initiatives to support their mothers to develop employment skills? If yes, can you tell me about them and your successes and challenges?

What we want to know: If the childcare provider has any practices or facilities that will specifically support children with disabilities, how they are specifically helping the mothers of those children if at all, and any successes or challenges they have had.

Do you use any tools to screen or identify children who may be showing signs of developmental delay or stunting? If yes, can you tell us about the tools you use and if you provide families of these children with referrals for additional assessments or services?

What we want to know: If the childcare provider has any practices that help screen, identify, and refer children who may have disabilities to additional health or community services and what tools they are using to guide this work.

What ideas or practices would help improve access to childcare services for children with disabilities? What resources are needed to achieve this?

What we want to know: Recommendations from providers on how to improve access to childcare for children with disabilities.

Government Officials

What is the government's stance on early childhood care and education for children with disabilities under the age of 6? How would you describe their commitment in this area?

What we want to know: If there are any government policies, programs, initiatives, or social protection schemes to support children with disabilities.

What options do parents of children with disabilities have for childcare within your community? What factors enable or prohibit access to childcare?

What we want to know: If they are aware of formal and informal options. What are government perceptions on barriers and enabling factors to accessing childcare? This may be related to family, community, government, or center infrastructure and policies.

What ideas or practices would help improve access to childcare services for children with disabilities?

What we want to know: Recommendations from government officials on how to improve access to childcare for children with disabilities.

How is the government currently supporting women—especially mothers—to enter and stay in the workforce? In what way do these efforts support the particular needs of mothers of children with disabilities, if at all?

What we want to know: If there are any government policies, programs, initiatives, or social protection schemes to support maternal employment.

What ideas or practices would help improve the workforce participation of mothers? What about mothers of children with disabilities? Does this vary by employment sector, type of number of hours worked?

What we want to know: Recommendations from government officials on how to improve mothers' ability to access, participate in, and maintain employment.

What type of data does the government have or need to collect to help support efforts for inclusive childcare? What about supporting mothers of children with disabilities in workforce participation?

What we want to know: What available information and data are available. Prevalence rates of children with disabilities would be helpful to know, as well as what information will support future policy and programming in these areas.

Civil Society Organizations/OPDs

Tell me a bit about your organization and your role within it.

What options do parents of children with disabilities have for childcare within your community? What factors enable or prohibit access to childcare?

What we want to know: If they are aware of formal and informal options in their community for families. What are organizational perceptions on barriers and enabling factors to accessing childcare? This may be related to family, community, government, or center infrastructure and policies.

What ideas or practices would help improve access to childcare services for children with disabilities?

What we want to know: Recommendations from community members on how to improve access to childcare for children with disabilities.

How are women—especially mothers—in your community currently supported to enter and stay in the workforce? In what way do these efforts support the particular needs of mothers of children with disabilities, if at all?

What we want to know: What keeps the mother out of or in the workforce (for example, family support, caregiving responsibilities, flexible jobs, and government support); how having a child with a disability impacts their work life (finding a job, how employment sectors influence work patterns, availability to work, work attendance patterns, and so on).

What support is needed or would help mothers of children with disabilities in your community in finding and keeping a job?

What we want to know: Recommendations from other stakeholders on how mothers of children with disabilities can improve their access to, participation in, and ability to maintain employment.

Appendix E: Advisory Group Members

First Name	Last Name	Location
Heather	Aldersey	Global
Maria	Marelli	Global
Basirat	Razaq-shuaib	Global
Damaris	Wambua	Global
Dr. Clare	Carroll	Global
Gloria	Anderson	Global
Dr. Mary	Khetani	Global
Katherine	King	Global
Eileen	Dombrowski	Global
Timothy	Opobo	Global
Joseph	Munyandamutsa	Global
Dr. Mary	Otieno	Kenya
Victor	Sakwah	Kenya
Dr. Rosemary	Ogada	Kenya
Ms. Grace	Okoth	Kenya
Mr. Jacob	Omoro	Kenya
Ms. Dylis	Ongaro	Kenya
Mr. Kennedy	Martins	Kenya
Mr. Charles	Odol	Kenya
Mr. Paul Odhiambo	Misaki	Kenya
George	Mabula	Tanzania
Saviak Foundation		Tanzania
Samwel		
Hussein	Mshunga	Tanzania
Dr. Reuben	Sungwa	Tanzania
Josephine	Ferla	Tanzania
Jackie	Leonard Bomboma	Tanzania
Jojina	Nyamboko	Tanzania
Esther	Miyombo	Tanzania
Abakus	Abakus	Tanzania
Rosemary	Choma	Tanzania
Ruth	Nalugya	Uganda
Mugisha	Joseph	Uganda
Diana	Seera	Uganda
Innocent	Kamya	Uganda
Gloria	Nduhukire	Uganda
Kato	Huzaiifa	Uganda
Joanna	Atukunda	Uganda

