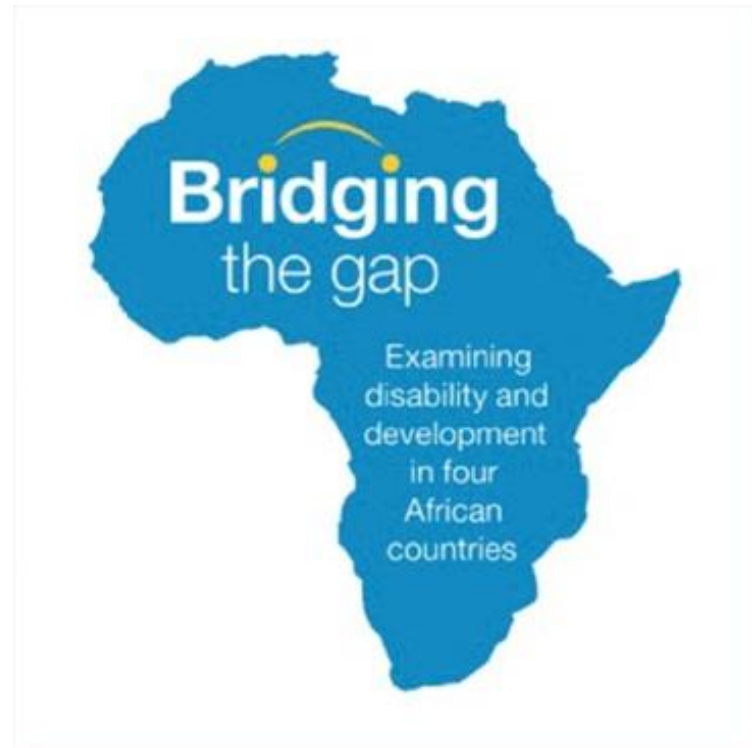


Bridging the Gap Secondary Data Analysis

*Disability and development variables for
people with disabilities in Uganda*



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Contents

Overall purpose and objectives	3
Hypotheses	3
Data Sources.....	3
National Census, 2002 and 2014.....	3
Uganda Demographic Health Surveys, 1995, 2000/1, 2006, 2011 and 2016.....	4
Uganda National Household Survey, 2009, 2012/13	5
Urban Labour Force Survey, 2009.....	6
Employment and Earnings Survey, 2008 and 2012	6
Disability	7
Methodology	8
Background Information on Disability in Uganda.....	8
Trends in people with and without disabilities.....	10
Other Population Characteristics	12
Causes of disability	12
The associations of disability on Education, Employment, Health and Social Protection	13
Education	13
Employment.....	15
Health.....	18
Key polices and inclusion of persons with disabilities	21
Sector specific service gaps for people with disabilities (GoU, 2008):	26
Conclusions.....	27
Hypotheses	27
Gaps in the analysis that need further exploration through interviews and FGDs:	27
References.....	28

Bridging the Gap Quantitative Data Analysis

Overall purpose and objectives

Purpose: The purpose of the analysis is to identify disability and development variables for people with disabilities in Uganda.

Objectives:

- a) To identify the population of the disabled in Uganda, the causes, degree of disability by functional area, and the regional distribution of disability.
- b) To establish the associations between disability and labour, education, health and social protection conditions of people with disabilities.
- c) To assess the nature and extent of the participation of disabled people in poverty alleviation efforts in Uganda.
- d) To compare some proxy poverty variables such as the wealth index, access to education, social protection, health and employment between disabled and non-disabled people, and urban and rural disabled populations.
- e) To examine the key interventions for the inclusion of people with disabilities in the national development agenda, including the legal framework and safety-net measures.

Hypotheses

The following hypothesis will be tested:

- a) People with disabilities in Uganda experience poorer standards of living than the non-disabled.
- b) People with disabilities in Uganda have poorer access to social services like education, health, employment and social protection than their non-disabled counterparts.

Data Sources

National Census, 2002 and 2014

The Government of Uganda, through the Uganda Bureau of Statistics (UBOS), conducts the National Census every ten years. The 2002 Census dataset is available, and questions asked at the individual level covered the following areas:

- demographic characteristics

- residence and migration characteristics
- parental survival
- disability status
- education and field of specialisation
- economic activity
- fertility and childhood mortality

At the household level, the following data were collected in the 2002 Census:

- housing conditions
- household assets and amenities
- distance to social services facility
- household based agricultural activity
- deaths in the household

The 2014 Census was also conducted by UBOS and focused on the following topics:

- individual factors such as demographic and social characteristics
- residence and migration characteristics
- parental survival; disability status
- education and field of specialisation
- economic activity
- fertility and childhood mortality
- The household factors included housing conditions
- household assets and amenities
- distance to social services facility
- household based agricultural activities
- death in households.

Uganda Demographic Health Surveys, 1995, 2000/1, 2006, 2011 and 2016

The Uganda Demographic Health Surveys (UDHS) are usually conducted by UBOS every five years, although some have been conducted after three years. The sampling frame used for the 2011 UDHS was the 2002 Population Census provided by UBOS. The UBOS has an electronic file consisting of 48,715 Enumeration Areas (EAs) created for the 2002 Population and Housing Census¹. Four types of questionnaires were used to solicit the different types of information needed, such as Household Questionnaires, Maternal Mortality, and Men's and Women's Questionnaires.

The Household Questionnaire listed all the usual members of the household, and visitors who spent the previous night, in selected households. Basic information collected included characteristics of each person listed including age, sex, education, relationship to the head of the household, and disability status. For children under 18, survival status of the parents was

¹An EA is a geographic area consisting of a convenient number of dwelling units that serve as counting units for the census.

determined. Data on the age and sex of household members were used to identify women and men eligible for an individual interview. In addition, the Household Questionnaire collected information on characteristics of the household's dwelling unit, such as the source of water, type of toilet facilities, materials used for the floor of the house, ownership of various durable goods, and ownership and use of mosquito bed nets.

The Woman's Questionnaire was used to collect information from all eligible women aged 15 to 49. Since there is no significant institutionalised population in Uganda, and the 2011 UDHS used the 2002 Census sampling frame, the results are representative because a sample of 10,086 households was selected from both rural and urban areas.

The eligible women were asked questions on the following topics:

- Background characteristics (age, education, media exposure, etc.)
- Birth history and childhood mortality
- Knowledge and use of family planning methods
- Fertility preferences
- Antenatal, delivery, and postnatal care
- Breastfeeding and infant feeding practices
- Vaccinations and childhood illnesses
- Marriage and sexual activity
- Woman's work and husband's background characteristics
- Awareness and behaviour regarding AIDS and other sexually transmitted infections (STIs)
- Adult mortality, including maternal mortality
- Knowledge of tuberculosis and other health issues
- Gender-based violence

The Maternal Mortality Questionnaire was administered to all eligible women aged 15-49 in 35 additional households in 394 of 404 Enumeration Areas. It collected data on maternal mortality using the Sibling Survival Module (also referred to as the 'Maternal Mortality Module').

The Man's Questionnaire was administered to all eligible men aged 15-54 years in every third household in the 2011 UDHS sample. The Man's Questionnaire collected information similar to that in the Woman's Questionnaire but was shorter because it did not contain a detailed reproductive history or questions on maternal and child health.

Uganda National Household Survey, 2009, 2012/13

The Uganda National Household Survey (UNHS) focused on collecting information on the socio-economic status of the population, the labour force, community and market price modules. The UNHS is nationally representative and it is designed to provide estimates for the whole country, including urban and rural areas and for ten sub-regions. In terms of the sample, the 2012/13 survey covered all existing household members. The four modules covered in the 2012/13 survey were the socio-economic status, labour force, community, and market price modules.

- a) The socio-economic module covered household characteristics including: housing conditions, household assets, incomes, loans, household expenditure, welfare indicators, cultural

participation of household members and non-crop farming enterprises. The module also covered individual characteristics of household members such as education, literacy, health status and health seeking behaviour of household members.

- b) The Labour force module focused on data that is used to estimate the total labour force as well as derive other labour related indicators. The questionnaire focused on the activity status of persons aged five years and above, unemployment and those not in the labour force, employment, hours of work, earnings and care labour activities.
- c) The Community Survey module focused on information about the general characteristics of the community (LCI or village); access to community facilities, community services and other amenities, economic infrastructure, agriculture and markets, education, and health infrastructure.

Urban Labour Force Survey, 2009

The Urban Labour Force Survey (ULFS) of 2009 presents findings based on information on various indicators like age, sex, employment status of household members of the urban population, earnings of the working class, usual activity and hours of work including household chores. The survey covers those aged over 15 years.

The ULFS was conducted in three districts in Uganda which were selected from the list of districts considered urban in the country. These were Kampala, Wakiso and Mukono; the survey aimed to provide updated data on “greater Kampala” comprising of the different districts of Kampala, and part of Wakiso and Mukono districts. The inclusion criteria used for the survey was largely based on the type of economic activity that the sub-county was engaged in during the 2002 Population and Housing Census. The sub-counties meeting the following criteria in the two districts of Wakiso and Mukono were selected to constitute “other urban” areas:

- a) The selected sub-county was to be geographically continuous i.e. there was no area between Kampala city and any component of the ‘Greater Kampala’
- b) Based on the 2012 Population and Housing Census, more than 50% of the working population in the sub-counties was employed.

Employment and Earnings Survey, 2008 and 2012

At the time of conducting this analysis, Employment and Earnings Surveys have been conducted by UBOS twice in Uganda, in 2008 and 2012. The 2008 survey focused on the main type of activity carried out by the establishments, number of employees disaggregated by sex, terms of employment, level of unionisation, detailed information on occupational hierarchy, usual and normal working hours, number of employees by occupation and sex, basic wage/salary, regular allowances and overtime hours of work and payments. In addition, information was collected on vacancies that existed by March 31, 2007 and occupational accidents and diseases.

The survey covered 16 districts, and in these districts, all firms employing 15 and more workers were covered.

Disability

The National Census and the National Household Surveys directly included questions on disability, whilst the other surveys, including the labour-related surveys, did not explicitly ask questions on disability.

In this analysis, disability is defined as experiencing at least 'a lot of difficult' in at least one domain of the Washington Group Questions. However, for the sake of inclusiveness, the other levels of disabilities are also considered, where necessary.

In the Uganda Demographic Health Survey 2011, the following questions were asked:

- 1) Because of physical, mental or emotional health condition. ...Does (Name) have difficulty seeing even if he/she is wearing glasses? 1. No- No Difficulty; 2. Yes- Some difficulty; 3.Yes-A lot of difficulty; 4. Cannot do at all, 8. Don't know.
- 2) Because of physical, mental or emotional health condition. ...Does (Name) have difficulty hearing even if he/she is using a hearing aid? 1. No- No Difficulty; 2. Yes- Some difficulty; 3.Yes-A lot of difficulty; 4. Cannot do at all, 8. Don't know.
- 3) Because of physical, mental or emotional health condition. ...Does (Name) have difficulty walking or climbing steps? 1. No- No Difficulty; 2. Yes- Some difficulty; 3.Yes-A lot of difficulty; 4. Cannot do at all, 8. Don't know.
- 4) Because of physical, mental or emotional health condition. ...Does (Name) have difficulty remembering or concentration? 1. No- No Difficulty; 2. Yes- Some difficulty; 3.Yes-A lot of difficulty; 4. Cannot do at all, 8. Don't know.
- 5) Because of physical, mental or emotional health condition. ...Does (Name) have difficulty with self-care such as washing all over, dressing, feeding, toileting? 1. No- No Difficulty; 2. Yes- Some difficulty; 3.Yes-A lot of difficulty; 4. Cannot do at all, 8. Don't know.
- 6) Because of physical, mental or emotional health condition. ...Does (Name) have difficulty communicating for example understanding others or being understood by others? 1. No- No Difficulty; 2. Yes- Some difficulty; 3.Yes-A lot of difficulty; 4. Cannot do at all, 8. Don't know.

In the 2002 Population and Housing Census the questions were:

- 1) Does (Name) have any difficulty in moving, seeing, hearing, speaking or learning; which has lasted or is expected to last 6 months or more? If 'yes' what caused this difficulty?

While in the 2014 Population and Housing Census, there were only four questions asked:

- 1) Does (Name) have difficulty seeing even if he/she is wearing glasses?
- 2) Does (Name) have difficulty hearing even if he/she is using a hearing aid?
- 3) Does (Name) have difficulty walking or climbing steps?
- 4) Does (Name) have difficulty remembering or concentration?

In addition to the above two, the 2011 Demographic Health Survey has two additional questions:

- 5) Does (Name) have difficulty with self-care such as washing all over, dressing, feeding, toileting? 1. No- no difficulty; 2. Yes-some difficulty; 3. Yes-a lot of difficulty; 4. Cannot do at all, 7. Not applicable, 8. Don't know
- 6) Does (Name) have difficulty communicating for example understanding others or being understood by others? 1. No- no difficulty; 2. Yes-some difficulty; 3. Yes-a lot of difficulty; 4. Cannot do at all, 7. Not applicable, 8. Don't know

The UDHS 2011 and the Census 2014 questions seem to be the most comprehensive, and capture the tenets of disability stipulated in section 1.2 of the National Policy on Disability. The UDHS cover the six areas of disability: seeing, hearing, walking, remembering, self-care and communicating with others. However, the 2014 census does not cover the last item on communicating with others. Omission of this could have excluded those disabled through speech/communication impairment. The 2014 census also includes an option of Code 7 'Not applicable'.

The 2002 Census question on whether the condition has lasted for 6 months or is expected to last for 6 months or more is useful because someone may have, for example, a temporary problem in seeing during the time of the survey/census that may not necessarily qualify him/her to be disabled. If such a time dimension is not considered in defining disability, people with temporary problems may be wrongly categorised as disabled and this may affect the analysis and findings.

Methodology

Data obtained from UDHS 2011 were analysed and chi-square tests were used to compare between the disabled and non-disabled categories and other comparable variables. The testing was done at 5% significance level of confidence. Data abstracted from reports were presented in response to the research objectives and hypotheses. In cases where the data was abstracted from reports and where raw data was not available, test statistics could not be presented and were therefore presented in their descriptive forms.

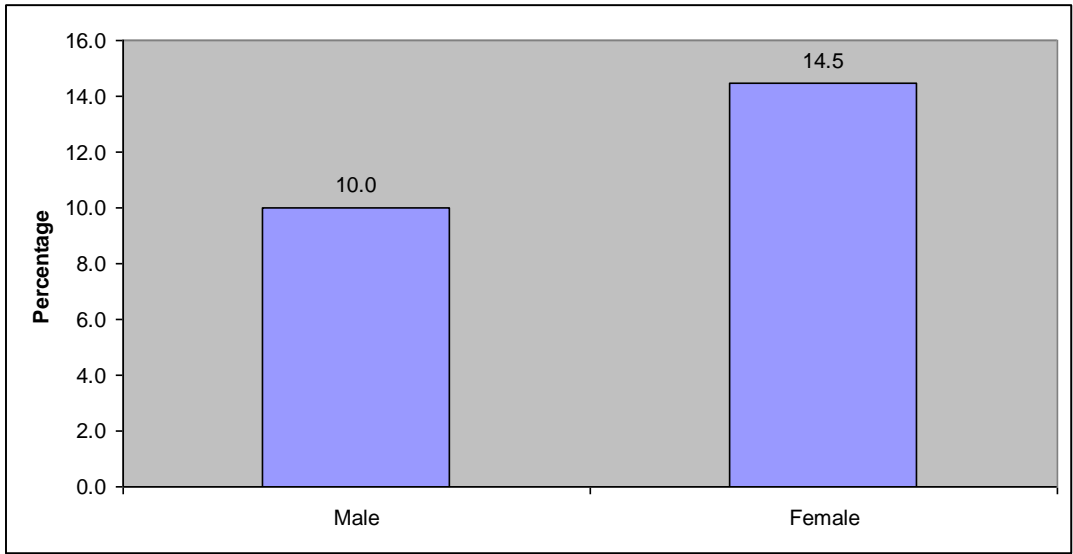
Background Information on Disability in Uganda

Uganda's recent Census of 2014 collected data on four forms of disability and these included; hearing, remembering, visual and walking impairment. The forms of disability were rated into three categories as 1) some difficulty 2) a lot of difficulty and 3) cannot do at all. Results from the Census 2014 show that 14% of the population (5+ years) has a disability; this included persons with some difficulty². The results show that more females (15%) have a disability compared to males (10%). Disability was also found to be higher in urban areas (15%) compared to rural areas (12%) as shown in Figure 1a, b and c³ below.

² Data not yet available to select for persons with great difficulty

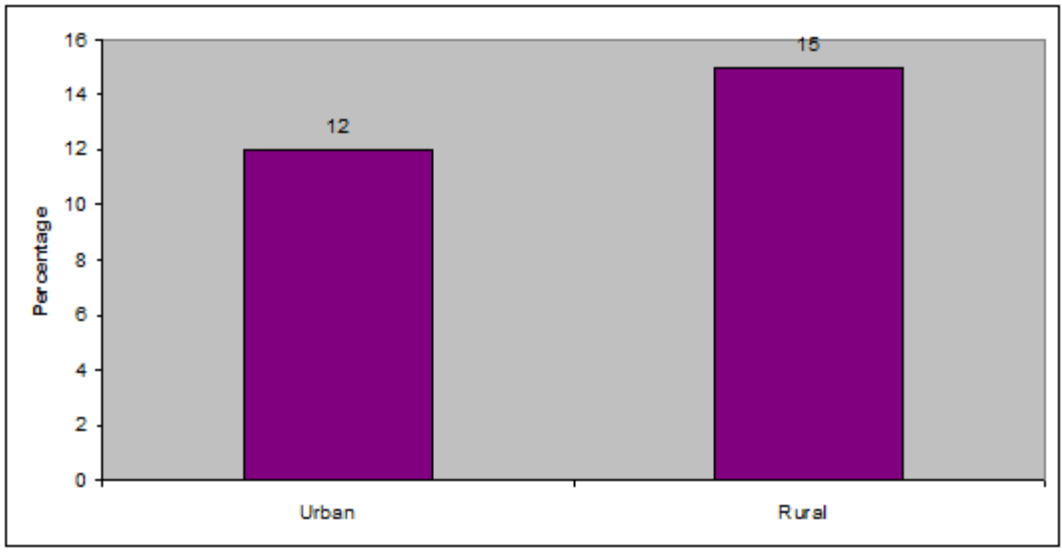
³ Statistics from these tables were abstracted from the 2014 Census report and therefore no raw data was available to apply statistical tests. However, these are large data set whose *p* values would turn highly significant.

Figure 1a: Disability by Sex (age 5+ years)



Source: UBOS 2016 (Census, 2014)

Figure 1b: Disability Residence (age 5+ years)



Source: UBOS 2016 (Census, 2014)

Further analysis of the Census 2014 data show that the northern region (15%) had more people with disabilities than the other regions of the country and this is followed by the Eastern region. These two regions also exhibit high levels of poverty compared to other regions of the country as per the Uganda National Household Survey of 2012. The two regions (North and Eastern) also have high proportions of the population with visual impairments, at 7% in each.

A more detailed analysis is contained in Appendix 1. In Uganda, more males than females, as well as more rural than urban population, are disabled. This is probably because of the civil wars and turmoil that Uganda has experienced since independence, in which men have been more directly involved; most of this conflict affected more people in the rural areas.

Uganda’s Population and Housing Census of 2002 collected data on the various forms of disability with the following categories; none, limited use of legs, loss of legs, limited use of arms, loss of arms, serious, problem with back spine, hearing difficulty, inability to hear (deafness), sight difficulty, blindness, speech impairment, inability to speak (mute), mental retardation, mental illness (strange behaviour), epileptic, rheumatism and other difficulties. There appears to have been improvement in reporting on disability over the last decade. The percentage of disabled person by year 2002 were reported to be 3.5% and these have increased to 12.4% by year 2014 (Table 1c).

Table 1c: Type of Disability by Region (age 2+ years)

Region	Any Disability	Hearing	Remembering	Seeing	Walking	Without	Total Percentage	Population
Central	9.8	2.3	3.9	5.4	3.8	90.2	100.0	8,934,381
East	14.0	3.6	6.5	7.0	5.2	86.0	100.0	8,557,214
North	14.5	4.3	5.6	7.2	4.8	85.5	100.0	6,793,785
West	12.3	3.2	5.8	6.7	4.4	87.7	100.0	8,421,337
Total	12.5	3.3	5.4	6.5	4.5	87.5	100.0	32,706,717

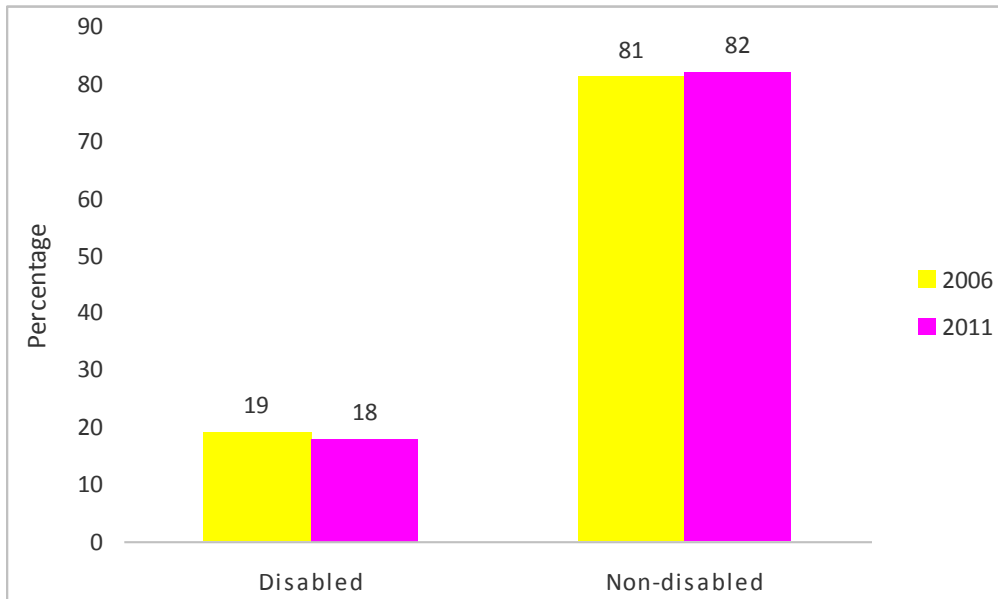
Source: UBOS2016 (re-analysis of the Census 2014 data)

Trends in people with and without disabilities

It is important to note that UDHS 2006 and 2011 collected data on disability relating to six attributes: difficulty seeing even with glasses, hearing even with aid, walking/climbing steps, remembering/concentrating, self-care and communicating in their language. The last two attributes were not captured during the Census 2014, which only looked at the first four.

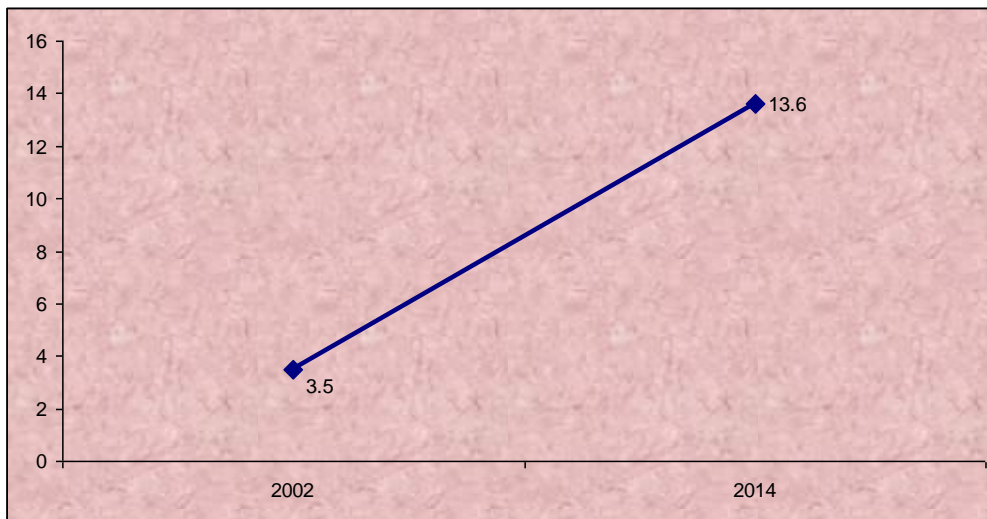
In order to show the trend in the proportion of people with disabilities over time, this analysis compared the UDHS surveys of 2006 and 2011 and 2002-2014 combining these attributes. The results from this analysis show that people with disabilities slightly but significantly ($p<.001$) reduced from 19% to 18% between the period 2006($n=36,850$) and 2011($n=36,650$) respectively. Although the Census 2014 reported a figure of 12.4%; we believe this figure is under-reported due to the exclusion of the aforementioned two categories of people with disabilities. Figure 2a and 2b below show the trends in people with disabilities over the given periods.

Figure 2a: Trends in the people with disabilities aged 5+ years



Source: UBOS (UDH2011 Data)

Fig 2b: Disability trend since 2002



Source: UBOS (Census 2002 and 2014 reports)

Despite the inconsistency in the use of the measures of disability, reporting on disability appears to be improving. This could be due to the increasing and more inclusive use of the definition of disability, as well as increasing awareness about disability - people are getting more knowledgeable and talking more openly about it.

Other Population Characteristics

Table 2 shows that percentage of population in the middle class has been increasing. By the year 1992 10% of the population was categorised as being middle class, while this percentage increased to 33% by the year 2010.

Table 2: Poverty Trends among Population

Year	Population	Poor		Insecure Non-poor		Middle class	
	Million	Million	%	Million	%	Million	%
1992/3	17.4	9.8	56.4	5.8	33.4	1.8	10.2
1999/00	21.4	7.2	33.8	9.4	43.9	4.8	22.4
2002/3	25.3	9.8	33.8	10.1	39.9	5.4	21.2
2005/6	27.2	8.4	31.1	10.9	40.2	7.8	28.7
2009/10	30.7	7.5	24.5	13.2	42.9	10.0	32.6
2012/13	34.1	6.7	19.7	14.7	43.3	12.6	37.0

UBOS, 2008 (Disability and Poverty in Uganda, and UBOS 2014 (Poverty status report)

Causes of disability

There are many documented causes of disability. Available data shows that in Uganda, diseases account for over half of the causes of disability as shown in Table 3; this trend appears not to have changed much since 2002.

Table 3: Causes of Disability

Cause	Freq (UNHS, 2005/06)	Percent	Freq (PHC 2002)	Percent
Disease/Illness/Infection	1,083,680	51.9	443,785	53
Natural aging process	351,434	16.8	100,589	12
Congenital	321,170	15.4	140,338	17
Accident	239,185	11.5	120,736	14
Other	47,235	2.3	19,926	2
Witchcraft	34,708	1.7	-	-

Psychological Trauma	9,919	0.5	-	-
Abduction/War	2,272	0.1	12,250	2
Total	2,089,602	100	837,624	100

UBOS, (Disability and Poverty in Uganda), 2008

The associations of disability on Education, Employment, Health and Social Protection

The study thought to establish the associations of disability with each of the sectors under investigation: education, employment, health and social protection. These are the focus of the research where we hypothesise that there are gaps between people with disability and development.

Education

Table 4a displays disability status by education level for those aged over 19 years. For education level, analysis focused on 19-30 years as these are thought to have attained secondary+ level of education. Using 2011 data, results show significant association between disabled and non-disabled people in relation to education. A higher percentage of disabled persons (14%) had no education compared to only 7% among the non-disabled persons. Self-care, communication and hearing impaired persons were associated with higher proportions of persons with no education compared to other forms of impairments (See Tables 4a and b).

Table 4a: Percentage of Disabled and Non-Disabled Persons by Level of Education among 19+ years

Education Level	No Education	Primary	Secondary+	Total Number of Persons
Any Disability (A lot of difficulty)	35.7	47.5	16.8	442
Vision	38.4	43.4	18.2	194
Hearing	32.4	49.6	18.0	82
Remembering	34.6	46.2	19.2	106
Mobility	27.9	55.5	16.6	198
Communication	35.1	47.2	17.7	52
Self-care	34.1	47.9	18.0	58
Non-disabled	13.9	52.9	33.2	18,353

Source: UBOS (UDH2011 Data)

Table 4b shows the effect when extreme age is removed and only ages 19-30 are considered. The older people who are more likely to be disabled and less likely to have gone to school are driving the results at 4a above, as the changes in the columns on “No education” and “Secondary Education” suggest.

Table 4b: Percentage of Disabled and Non-Disabled Persons by Level of Education among 19-30 years

Education Level	No Education (%)	Primary (%)	Secondary+ (%)	Total Number of Persons
Any Disability (A lot of difficulty)	14.1	63.4	22.5	99
Vision	14.2	67.2	18.6	44
Hearing	35.6	53.7	10.7	29
Remembering	29.1	61.3	9.5	66
Mobility	12.4	52.6	35.0	51
Communication	33.4	54.6	12.0	30
Self-care	34.5	56.6	8.9	21
Non-disabled	7.3	52.2	40.5	7,021

Source: UBOS (UDH2011 Data)

Disability is known to affect access to social services, one of which is education. In the UNHS, 2009/10, the effects of disability type on ability to attend school was analysed and Table 4c below shows the outcome.

Table 4c: How type of disability affects ability to attend school

Disability type	Affected				
	Affected all time	Sometimes	Not affected	Non-disabled	Total
Seeing	7.1	6.4	0.6	85.9	100.0
Hearing	19.2	15.3	9.0	56.5	100.0
Mobility problems	6.0	4.6	4.0	85.3	100.0
Remembering/ concentrating	24.8	4.1	1.9	69.3	100.0
Self-care	11.8	6.1	29.8	52.2	100.0
communication	21.4	7.8	5.8	65.2	100.0
Total (6-24 years)	14.0	8.2	10.1	67.8	100.0

Source: UBOS (UNHS, 2009/10) report

Children with problems remembering or with concentration, who were affected by this all the time had the most barriers to attending school (24.8%) followed by those with communication barriers (21.4%) and least by mobility (6%).

Employment

Employment status was analysed among the disabled and non-disabled women aged 15-49 years. 30% of the disabled women were not employed compared to 27% of the non-disabled persons and this difference was found to be significant (See Tables 5a and b). So the table has taken into consideration all categories of women but with different levels of supports.

Table 5a: Employment Status among disabled⁴ and non-disabled women

<i>Employment Status</i>	<i>Disabled (A lot of difficulty)</i>	<i>Not Disabled</i>
Not employed	30.3	27.2
Agricultural - self employed	41.8	43.0
Sales and services	19.7	19.4
Professional/technical/managerial	2.8	4.0
Agricultural - employee	5.4	6.1
Clerical	0.0	0.2
Total Percentage	100.0	100.0

Source: UBOS (UDHS2011 Data)

Table 5b: Employment Status among disabled⁴ and non-disabled women (those with children)

<i>Employment Status</i>	<i>Disabled (A lot of difficulty)</i>	<i>Not Disabled</i>
Not employed	20.2	22.1
Agricultural - self employed	50.6	51.1
Sales and services	19.9	16.9
Professional/technical/managerial	4.5	5.5
Agricultural - employee	4.5	4.4
Clerical	0.2	0.0
Total Percentage	100.0	100.0

Source: UBOS (UDHS2011 Data)

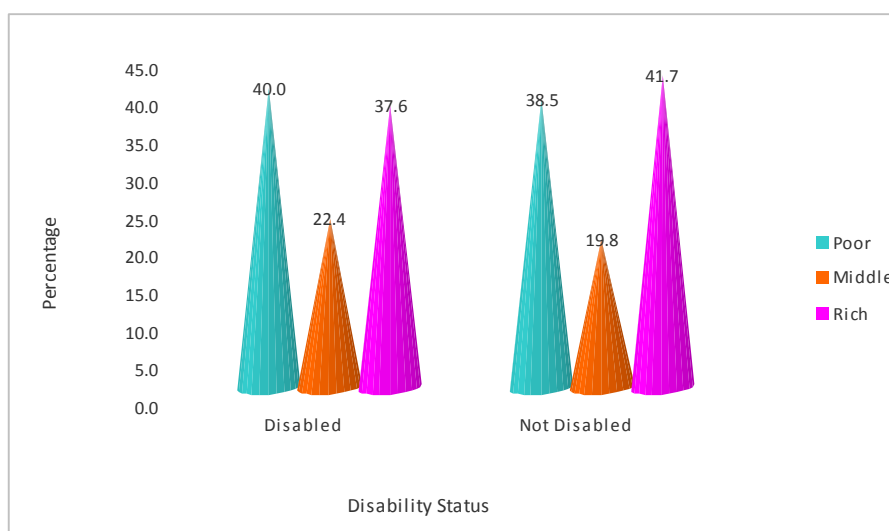
Tables 5a and 5b suggest that disability has some associations with the kind of employment, though this needs further analysis.

Other proxy analyses were undertaken in relation to employment and these included the Wealth Index. Related to employment, analysis looked at comparison between disabled and non-disabled in relation to the Wealth Index. The Wealth Index is a good proxy for measuring wealth of households (UBOS, 2012). The percentage of poor persons with disability was significantly ($p < .001$) higher compared to the non-disabled poor person. These findings are consistent with other government commissioned findings that established that households affected by disability had lower savings and higher debts and lower level of land and asset ownership (GoU, 2008).

⁴Only “a lot of difficulty” and “cannot do at all” were considered in the disability

Figure 2 show that 38% of the persons with disability were in the rich wealth quintile while this percentage was higher (42%) among the non-disabled persons.

Figure 2: Percentage of Disabled and Non-Disabled Persons by Wealth Index



Source: UBOS (UDHS 2011 Data)

The fact the two UDHS waves of 2006 and 2011 were consistent in measuring the attributes on disability, we used these two datasets to establish the trends in poverty. A wealth quintile captured in two UDHS datasets was used as a proxy measure for poverty. Results show that there was significant difference among the disabled and non-disabled persons in terms of wealth quintiles. A higher percentage (43%) of people with disabilities were poor in 2006; this figure slightly reduced to 40% by the year 2011. In the same cohort of the non-disabled, the percentage was significantly lower in both periods between 2006 and 2011 with percentages of 39% in each.

Table 7: Trends of people with disabilities by Wealth Quintile

	2006		2011	
	<i>Disabled (a lot of difficulty)</i>	<i>Not Disabled</i>	<i>Disabled (a lot of difficulty)</i>	<i>Not Disabled</i>
Poor	42.9	38.9	40.0	38.5
Middle	21.2	19.1	22.4	19.8
Rich	35.5	42.1	37.6	41.7

p-value = <0.001 for both 2006 and 2011

UBOS (UDHS, 2006 and 2011)

As with education, it is widely documented that disability type affects access to work. Analysis of the UHDS 2009/10 provided statistics that confirm that there are some associations between different forms of disability and access to work. Table 8 gives the summary.

Table 8: How disability affect access to work

Disability type	Affected				
	Affected all time	Some time	Not affected	Do not work	Total
Seeing	33.7	39.6	12.1	14.6	100.0
Hearing	40.6	27.5	9.8	22.1	100.0
Mobility problems	52.5	28.7	3.9	14.9	100.0
Remembering/c oncentrating	44.1	27.2	10.9	17.8	100.0
Self-care	42.6	13.1	19.2	25.1	100.0
communication	50.1	21.0	9.6	19.3	100.0
Total (14-64years)	39.7	13.8	13.1	33.4	100.0

Source: UBOS (UNHS, 2009/10) report

40% of people with disabilities aged 14-64 years reported that they were affected all the time in their ability to work, while 13% reported that they were not affected. Persons with mobility problems (4%) reported that the difficulty did not affect their work compared to 19% of those with self-care difficulties (UNHS, 2009/10).

Further analysis was made to explore the constraints of disability to participation in economic activities. The Uganda Labour Force Survey of 2002/3 was used and dis aggregated by gender and location. Table 9 below gives the findings.

Table 9: Major constraints in participation in economic activities

Reason	Rural			Urban			Total		
	M	F	T	M	F	T	M	F	T
Too young or old	3.5	4.4	3.4	1.6	3.4	2.6	3.2	4.2	3.7
Disabled and not able to work	3.4	2.7	3.0	2.9	2.1	2.5	3.4	2.6	3.0
Student	88.6	81.1	84.8	87.0	61.8	72.4	88.4	77.7	82.8
Domestic duties	1.8	9.3	5.6	3.3	28.5	17.9	2.0	12.8	7.5

others	1.7	2.5	2.6	5.3	4.3	4.7	3.1	2.8	2.9
Total	100	100	100	100	100	100	100	100	100
Numbers	2,260	2,722	5,372	429	589	1018	3,079	3,310	6,390

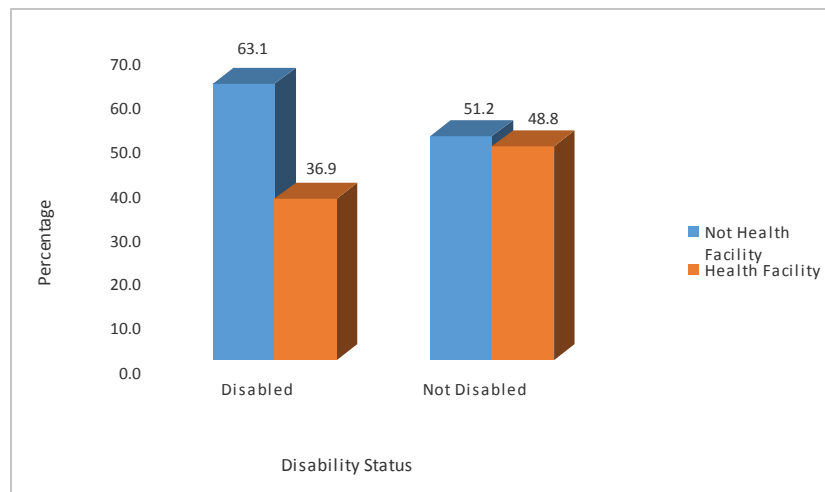
UBOS (Uganda Labour force Survey, 2002/3)

As seen in Table 9, attending school featured as the prominent reason for not being usually active among persons aged 10 years and over (83%) followed by engagement in domestic duties (8%). The same pattern is true for both rural and urban areas. However, the proportion of women engaged in domestic duties (29%) is significantly higher than that for men (3%) (Uganda Labour force Survey, 2002/3).

Health

Although there appears to be no recent direct variables or data collected on the health status for comparison among the disabled and non-disabled person, this analysis used proxy measures like access to Antenatal Care (ANC), place of delivery and family planning services among women in reproductive age group (15-49) to study association between disability and health. Using UDHS 2011 data, results of the analysis show that fewer (37%) disabled women reported to have delivered in a health facility compared to 49% of non-disabled women (See Figure 3). This finding could be related to the distance to the health facilities that might inhibit the disabled persons to access such facilities in time of immediate need for delivery.

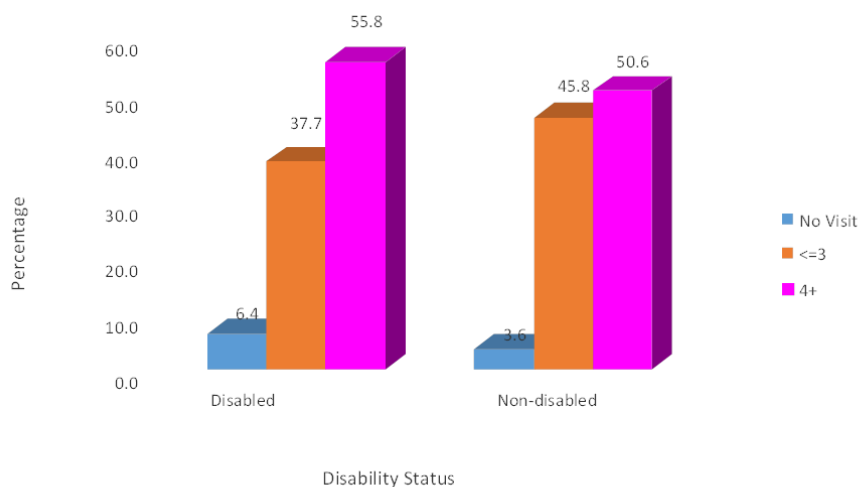
Figure 3: Percentage showing last place of delivery among Disabled and Non-Disabled women (15-49 years)



Source: UBOS (UDHS 2011 Data)

Although fewer proportion of disabled women delivered in a health facility compared to the non-disabled, findings show significant variation ($p < .001$) in the number of ANC attendances among the two groups. More disabled women attended ANC compared to non-disabled women. This could be attributed to the fact that ANC is an emergency case compared to delivery and hence disabled women can easily go at will. However, when it comes to delivery, due to distance the disabled women might get disadvantaged to easily access health facilities especially so at night.

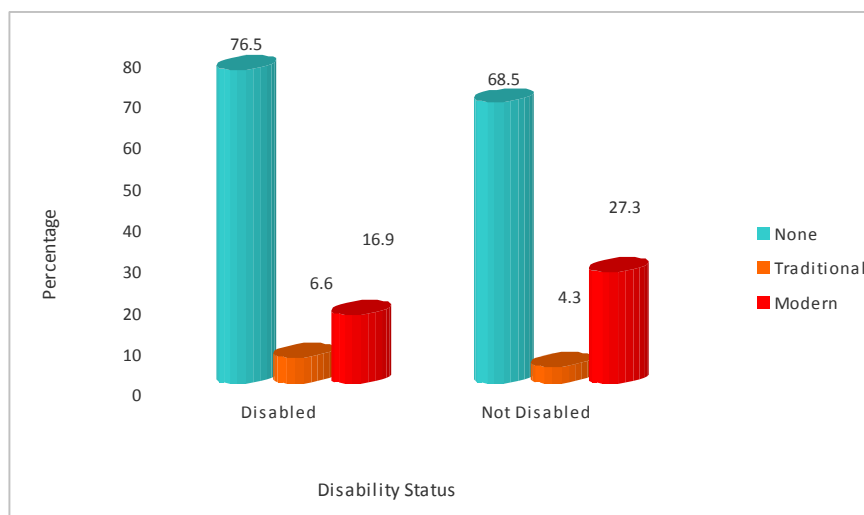
Figure 4: Percentage of access to ANC services among Disabled and Non-Disabled women (15-49 years)



Source: UBOS (UDHS 2011 Data)

Analysis for family planning use was carried out for currently married women for both the disabled and non-disabled women using the UDHS 2011 data. Results show that a significantly ($p<.001$) higher percentage of disabled women (77%) were not using any family planning method compared to a lower percentage of non-disabled women (69%). Modern contraceptive use among disabled and married women was only 17% compared to 27% among the non-disabled women (See Figure 5).

Figure 5: Percentage showing current use of family planning among currently married Disabled and Non-Disabled women (15-49 years)



Source: UBOS (UDHS 2011 Data)

In the absence of the most recent data on disability and health, the 2005/6 UNHS data set was analysed to determine the type of rehabilitation received by people with disabilities. The data set had four categories of rehabilitation characterised as ‘medication, Spiritual, surgical and other’. There was no significant ($p=0.782$) variation between male and female in type of rehabilitation received. Table 10 below gives the breakdown.

Table 10: Rehabilitation of Persons with disability by sex (%)

Type of rehabilitation received (for those who receive services)	Male	Female	Total
None	56.2	54.5	55.4
Medication	39.1	40.0	39.5
Spiritual/traditional healer	1.9	1.4	1.6
Surgical operation	1.6	1.9	1.8
Others	1.2	2.2	1.7
Total percentage	100.0	100.0	100.0
Number of cases	427	365	792

Source: UBOS (UNHS 2005/6)

The rehabilitation of people with disabilities includes a wide range of actions that may include measures to provide and/or restore functions, or compensate for the loss or absence of a function or functional limitation. The above table shows that nearly 6 in every 10 people with a disability had not received any kind of rehabilitation. The table is also a measure of access to health services in Uganda. However, the spiritual and traditional healer should have been handled separately because both have different philosophies of treatment of their clients. It is also not clear where counselling was categorised in this research and yet it constitutes a major source of psychological treatment to many a people. The type of treatment sought between male and female appear not to significantly different.

When the same data set was analysed by type of rehabilitation, the results were even more detailed, as Table 11 shows.

Table 11: Rehabilitation of people with disabilities by location

Rehabilitation	Urban	Rural	Total
None	34.7	47.5	46.4
Surgical operation	6.2	4.4	4.5
Medication	51.7	44.3	44.9
Assistive devices	7.2	3.7	4.0
Special education/Counselling	0.3	0.2	0.2
Braille Training	0.0	0.1	0.1
Total percentage	100.0	100.0	100.0

Source: UBOS (Census 2002)

Table 11 shows that among those who received rehabilitation, close to 45% reported having received medication while 5% declared that they had received a surgical operation. The percentage of those who never received any rehabilitation was substantial at 46%.

From the previous analysis by sector, it can be observed that no data was concretely found on Social Protection. We can't at this stage confidently say anything on how disability influences access to social protection services on the different variables. Much of these provide gaps for the qualitative analysis, which is reserved for the next phase of the research.

Key polices and inclusion of persons with disabilities

Secondary data was also analysed to determine key polices currently being implemented, strategy and inclusion of people with disabilities. However, it should be noted that polices that were enacted after 2008 were not included. Therefore, the table is not exhaustive. Summary of the analysis is indicated on Table 12.

Table 12: Key polices and inclusion of persons with disabilities

Sector/Policy	Strategy	Inclusion
Social Sector		
1.Social Sector Policy	Social Development Sector Investment Plan (SDIP)	The social sector policy emphasises promotion of social protection and transformation, gender equality, social equity, human rights, culture, decent work environment and empowerment for different vulnerable groups including persons with disabilities.
2.National Disability Policy, 2006	Community based rehabilitation program (CBR)	National disability policy aimed at protecting persons with disabilities from negative cultural, societal and family attitudes and actions. It provides a framework for protection, access to affordable rehabilitative services and creation of equal opportunities for participation of persons with disabilities in all spheres of socio-economic activities.
3.National Orphans and Vulnerable Children (OVC) Policy, 2004	Strategic programs of interventions	The policy and the national strategic programme of interventions were formulated and designed to strengthen the legal, policy and institutional framework for social protection of poor and vulnerable children. The policy is based on a realisation that vulnerable children are not adequately provided for under the Social Sector policy. Whereas the reference to vulnerable children within the OVC policy implies inclusion of disabled children, they are not explicitly mentioned in the policy.
Education Sector		
1.Inclusive Education Policy	Education Sector Investment Plans	The Inclusive Education policy spells out government's commitment to provide primary education to all children irrespective of origin, social groups or gender and emphasised among other things, inclusion of children with special needs into ordinary primary schools.
2. Universal Primary Education (UPE) Policy	Education sector Investment Plans	In principle provides support for access to primary education to all children of school going age without any discrimination.
3. Universal Secondary Education (USE) Policy	Education sector Investment Plans	In principle provides support to access to secondary education to all children who fulfil the requirement of 28 points without any discrimination.
Health Sector		
1.National Health Policy	Health Sector strategic plan	The overall objective of the policy and strategic plan is to deliver a minimum package of health services to the population, largely through Primary Health Care. The minimum health care

		package comprises of interventions that address the major causes of the burden of diseases and are the cardinal reference in determining the allocation of resources.
Agriculture		
1.National Agricultural Policy	Programme for the modernisation of agriculture	No specific provisions with disabilities and they are expected to benefit like any other citizens
Works and Transport		
		No specific provision made for persons with disabilities in the policy
Water and Sanitation		
1.National Water Policy		No specific provisions made for the persons with disabilities in the policy

Source: UBOS (Disability and Poverty in Uganda), 2008

In addition to the policies relating to people with disabilities, an analysis of the legislative framework on disability was done. This was done to determine compliance with national, regional and international standard and best practices. Table 13 below gives the general summary.

Table 13: Summary of some of the legislative framework on disability

Legislation	Inclusive issues
International	
UN Convention on the Rights of Persons with Disabilities (CRPD) (2007)	The CRPD is currently the key instrument at the international level concerning the inclusion of persons with disabilities. The Convention is a powerful instrument in the struggle for access to equal rights and enhancement of the dignity of person with disabilities. It is also a valuable instrument for mainstreaming disability from a rights perspective. The Convention has been signed by the Government of Uganda pending ratification.
The Convention on the Rights of the Child (1990)	Uganda is a signatory to Convention on the Rights of the Child that established the rights of every child to primary and secondary education, early identification and health care.
The Dakar Framework for Action (UNESCO 2000)	This framework among others stated that by 2015, all children particularly girls, children in difficult circumstances and those belonging to minorities would have access to completely free and compulsory primary education.
Local	
The Constitution, 1995	Article 32 of the constitution of Uganda which bars discrimination on grounds of gender, age, tribe and disability. Article 34 of the constitution of the republic of Uganda 1995 accorded rights to all children. The same Article also accorded parents the responsibility to look after

	<p>their children and stated in part that:</p> <ul style="list-style-type: none"> -Subject to Laws enacted in their best interests, children shall have the right to know and be cared for by their parents or those entitled by law to bring them up; -A child is entitled to have basic education, which shall be the responsibility of the state and parents of the child; -No child shall be deprived by any person of medical treatment, education or any other social or economic benefit by reason of religious or other beliefs; <p>Article 35 addresses the rights of people with disabilities including their rights to representation.</p>
The Local Government Act, 1997	The Local Government Act amended 2006 provides for the roles of the central, district and sub-county Governments to people with disabilities. It also provides for self-representation of people with disabilities on Local Councils.
The Children's Act 1997	The Act outlines the role of Government and other stakeholders, in supporting all children including those with special needs. The Act provides for the protection of the rights of the child by their parents or guardians who have the duty to maintain the child and to give such a child the right to education and guidance, immunisation, adequate diet, clothing, shelter and medical attention. In the context of children with disabilities, section 9 of the Act specified that 'Parents of children with disabilities and the state shall take appropriate steps to see that those children are: i) assessed as early as possible as to the extent and nature of their disabilities, ii) offered appropriate treatment, and iii) afforded facilities for their rehabilitation an equal opportunities to education'. The law therefore adequately provides for the rights and privileges that a child with a disability should enjoy like any other child.
The National Council for Disability Act (2004)	The National Council for Disability Act 2003 provides for Disability Councils whose role is to ensure various Government bodies mainstream disability issues in development and that laws regarding disability are implemented.
The National Disability Act, 2006	The National Disability Act 2006 protects and promotes rights of persons with disabilities focusing on implementing laws that concerns persons with disabilities. It governs advocacy to adopt pro-wheelchair rules and procedures across the board. The Transport Act, Law on Accessible Buildings and Child Rights statute 1998 provide more legal support to this strategic plan.
The Equal Opportunities Act, 2006	The Equal Opportunities Act 2006 provides for the equality in employment and access to service for

	marginalised groups including persons with disabilities. This instrument is particularly useful to creating income generating opportunities for people with disabilities.
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Source: UBOS, (Disability and Poverty in Uganda), 2008

Further analysis was also made to determine the institutional and household social safety nets for people with disability in Uganda. The goal is to determine the disability friendly and social protection services in the country. Table 22 gives the summary of the findings.

Table 14: Some Institutional and household social safety nets for people with disability

Nature of safety net	Social benefit for persons with disabilities
Village Self-help groups	Provide rotational credit to members, home visits to members. Household communal services on farms, domestic work and care and treatment of disabled persons.
Religious Institutions	Provide health facilities, some run health insurance schemes for disabled persons, build schools, provide religious mentoring and spirituality.
Community care coalition volunteers	To conduct home visits to very vulnerable persons with disabilities, especially those who cannot level their homes.
Community based organisations	Mainly of persons with disabilities themselves dealing with spiritual guidance, providing assistance, and social protection of orphans, education of children.
NGOs (e.g. Compassion International, World Vision)	Advocacy for rights and inclusion of person with disability in all spheres of development, distributing improved seeds and hybrid animals to farmers, building houses e.g. for orphans, schools, teaching and learning aids in schools, improving pro disability infrastructure in public places e.g. ramps and toilets in schools

UBOS, (Disability and Poverty in Uganda), 2008

In addition to the above institutions, there are steps taken by the government to ensure there is a safety net for the disabled through the passing of pro-disability legislations and policies which have enhanced the social, economic and cultural rights of disabled people. The mainstreaming of disability under the Ministry of Gender, Labour and Social Development is an attempt to

directly contribute toward making concerns of disabled persons more visible in policy and planning processes.

The inclusion of disability concerns within the local government structures right from Local Council (LC1)⁵ at village level to LCV at district level allow people with disabilities to have somewhere to raise issues and complaints. The presence of disabled people in legislature is also useful in advocating their needs at the highest levels of decision-making in government. However, both the formal and informal institutions have limitations. Government agencies, for example, are constrained by limited resources which have been committed to disability issues, and issues of widespread corruption.

Sector specific service gaps for people with disabilities (GoU, 2008):

- 1) Community-based services provision: Insufficient provision of services for children and adults with disabilities, e.g. lack of psycho-social rehabilitation for people who are depressed with serious spinal cord injuries.
- 2) Education: Inaccessibility of school buildings means wheelchair students fail to access or take longer to reach classes than their peers. There is also limited access to further education and training at all levels of education.
- 3) Economic opportunities: Lack of economic opportunities for people with disabilities, particularly in the formal sector. This was attributed to the lack of work experience, skills and education background of the disabled.
- 4) Health: People with disabilities were reported to encounter numerous barriers to healthcare, and yet access to services for rehabilitation and assistive devices is particularly limited. Children and adults with visual disabilities have a greater risk of accidents. There is lack of special services for people with disabilities - e.g. delivery beds used in health facilities.
- 5) Agriculture: Households affected by disability were reported to have lower savings and higher debts, and lower level of land and asset ownership. They are most prone to suffer from hunger and food insecurity. Extensions workers who do most of the training do not have the skills to train blind people.
- 6) Water and Sanitation: The biggest challenge is in accessibility for the physically handicapped and the blind especially in the rural areas where people depend on boreholes, protected springs, wells, streams and rivers.
- 7) Public transport and community roads: Most roads in the countryside are narrow and the sides are so steep and their design does not have persons with disability in mind. Such roads are equally dangerous to persons with physical disability using wheel

⁵ This is the form of local elected government within the districts of Uganda. There are five levels of LCs. The lowest level is the LC1, and is responsible for a village, in case of towns or cities, neighbourhood. The area covered by LC11 through IV incorporates several of the next lowest level, while the LC (V) is responsible for the entire district. Each LC has a certain no of identical positions, such as Chairman, Vice Chairman, etc.

chairs or tricycles. The lack of walkways and presence of pot holes in urban centres also make the roads dangerous for the blind as well apart from those with physical disabilities.

Conclusions

On the basis of the most recent statistics on disability, using the UDHS 2011 and the Census 2014, the following general conclusions can be presented:

- 1) Uganda Demographic Health Survey 2011 measured 6 forms of disability, while Census 2014 captured only 4 (it left out self-care and communication)
- 2) The percentage age of disabled people is higher in urban than rural
- 3) Visual impairment is the most common form of disability and is highest in North and Eastern regions
- 4) Disability increases with age (67% aged 60+ are disabled)
- 5) Diseases are the greatest cause of disability
- 6) People with disabilities are more likely to be in lower wealth quintile than non-disabled people

Hypotheses

The following hypotheses have been accepted:

- In respect to the first hypothesis, it has been established that people with disabilities have a poorer standard of living than non-disabled people.
- In respect to the second hypothesis, people with disabilities are significantly more disadvantaged in terms of access to social services compared to non-disabled people.

Gaps in the analysis that need further exploration through interviews and FGDs:

- 1) There is no quantitative data on poverty and disability. Vital quantitative data such as disability type by poverty condition, extent to which specific policies and legal framework are inclusive of persons with disabilities, level of significance to which programs/policies have improved the welfare of the disabled are all lacking;
- 2) In light of the current study, there is no hypothesis tested on how each of the four themes (education, health, employment and social protection) impact on the poverty status of people with disabilities. Multiple or independent regression analysis should be explored on this.
- 3) There are no data on disability disaggregated by ethnic minorities, youth, orphans and child-headed households.

- 4) No hypothesis was tested on income poverty, access to social services or social protection programs between the people with disabilities and non-disabled in both the rural and urban settings. Such testing of the means could also be done by regions of the country. Furthermore, T-tests for differences in welfare between disabled and non-disabled should be explored.

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Appendix 1: Type of Disability by District (age 2+ years)

District	Region	Any Disability	Hearing	Remembering	Seeing	Walking	Without	Total Percentage	Population
Manafwa	East	23.3	5.5	13.8	9.4	8.0	76.7	100.0	337,047
Otuke	North	23.2	7.2	11.5	10.3	7.4	76.8	100.0	98,324
Sironko	East	22.3	5.6	11.6	11.4	10.7	77.7	100.0	232,233
Nwoya	North	21.9	6.2	11.1	9.4	6.7	78.1	100.0	125,001
Apac	North	21.8	6.8	10.3	11.3	6.1	78.2	100.0	

District	Region	Any Disability	Hearing	Remembering	Seeing	Walking	Without	Total Percentage	Population
									349,763
Buliisa	West	21.2	5.1	8.0	11.7	7.3	78.8	100.0	102,555
Amolatar	North	21.2	6.2	8.4	11.7	6.5	78.8	100.0	139,102
Buvuma	Central	21.1	4.2	12.9	8.5	6.8	78.9	100.0	81,135
Pader	North	19.5	5.7	8.7	8.9	6.5	80.5	100.0	169,751
Amuria	East	19.4	4.4	10.9	8.2	6.5	80.6	100.0	254,004
Katakwi	East	19.4	5.1	10.3	8.4	7.0	80.6	100.0	156,168
Bulambuli	East	18.7	5.3	10.4	8.9	7.4	81.3	100.0	166,781
Lamwo	North	18.4	5.3	8.9	8.0	6.6	81.6	100.0	128,606
Dokolo	North	18.2	5.2	7.9	10.0	5.2	81.8	100.0	173,741
Kaberamaido	East	18.0	4.8	8.8	8.8	5.7	82.0	100.0	202,107
Kole	North	17.6	5.7	7.1	9.2	5.5	82.4	100.0	226,837
Butaleja	East	17.5	4.5	10.1	7.1	5.4	82.5	100.0	230,071
Zombo	North	17.4	4.3	5.6	9.7	7.1	82.6	100.0	228,137
Alebtong	North	17.3	5.2	7.9	8.2	5.5	82.7	100.0	216,839
Abim	North	17.2	5.9	7.3	7.2	6.2	82.8	100.0	103,013
Kapchorwa	East	16.9	4.1	8.9	7.1	7.0	83.1	100.0	101,369
Nebbi	North	16.9	4.4	6.0	8.4	6.1	83.1	100.0	374,687
Oyam	North	16.6	5.3	6.7	8.7	5.0	83.4	100.0	362,308
Lira	North	16.5	4.6	6.6	8.8	4.9	83.5	100.0	385,365
Nakasongola	Central	16.3	3.7	7.6	8.0	6.2	83.7	100.0	168,497
Bundibugyo	West	16.3	3.1	9.9	7.4	5.7	83.7	100.0	213,954
Agago	North	16.2	5.2	6.4	7.0	5.1	83.8	100.0	216,474
Namayingo	East	15.8	3.8	7.5	7.3	5.2	84.2	100.0	203,666
Kalangala	Central	15.7	3.1	6.9	7.4	5.4	84.3	100.0	47,458
Buyende	East	15.6	3.9	7.8	7.8	5.6	84.4	100.0	302,568
Kabale	West	15.3	4.5	8.1	8.4	7.2	84.7	100.0	502,683
Kitgum	North	15.3	4.6	6.2	7.4	5.2	84.7	100.0	194,873
Tororo	East	14.9	4.3	6.6	7.4	4.9	85.1	100.0	489,543

District	Region	Any Disability	Hearing	Remembering	Seeing	Walking	Without	Total Percentage	Population
Maracha	North	14.9	3.9	5.2	7.8	5.2	85.1	100.0	178,157
Kiruhura	West	14.9	3.8	7.8	7.4	5.9	85.1	100.0	312,645
Mitooma	West	14.9	3.7	7.5	8.5	5.3	85.1	100.0	180,202
Kiboga	Central	14.8	3.8	7.1	7.7	6.6	85.2	100.0	136,734
Amuru	North	14.5	4.0	6.5	6.1	4.6	85.5	100.0	176,672
Serere	East	14.4	3.4	6.8	7.3	5.3	85.6	100.0	267,421
Ngora	East	14.3	3.2	5.8	7.8	5.2	85.7	100.0	133,082
Soroti	East	14.3	3.4	6.2	7.3	4.9	85.7	100.0	275,534
Rubirizi	West	14.3	3.6	7.1	7.7	5.4	85.7	100.0	124,982
Bududa	East	14.3	4.2	7.0	7.0	5.4	85.7	100.0	199,071
Kyankwanzi	Central	13.9	3.4	6.9	6.7	5.0	86.1	100.0	200,664
Masindi	West	13.9	3.2	5.5	7.6	4.5	86.1	100.0	268,367
Bugiri	East	13.8	3.8	6.2	7.0	5.1	86.2	100.0	364,393
Kaliro	East	13.6	3.8	6.4	7.3	5.2	86.4	100.0	222,505
Namutumba	East	13.2	3.8	6.2	6.8	5.1	86.8	100.0	238,715
Gulu	North	13.2	3.7	4.7	6.5	4.2	86.8	100.0	408,757
Kalungu	Central	13.1	3.4	5.7	7.4	6.1	86.9	100.0	170,505
Kiryandongo	West	13.1	3.5	4.4	7.0	4.0	86.9	100.0	249,682
Pallisa	East	13.1	3.5	6.3	6.6	4.7	86.9	100.0	363,800
Iganga	East	13.0	3.4	5.8	6.8	5.8	87.0	100.0	481,896
Kyegegwa	West	13.0	3.5	6.1	6.5	4.1	87.0	100.0	264,067
Kamuli	East	12.9	3.6	5.3	6.9	5.4	87.1	100.0	463,001
Hoima	West	12.8	3.2	5.5	6.6	3.9	87.2	100.0	533,818
Gomba	Central	12.7	3.5	5.4	6.8	5.5	87.3	100.0	150,570
Kanungu	West	12.6	3.4	5.5	7.6	4.7	87.4	100.0	243,340
Mityana	Central	12.5	3.1	5.3	6.9	5.6	87.5	100.0	309,115
Kisoro	West	12.4	3.8	6.1	6.8	5.0	87.6	100.0	276,909
Kabarole	West	12.4	3.2	6.2	7.0	4.7	87.6	100.0	444,160
Ssembabule	Central	12.2	3.4	5.8	6.2	4.7	87.8	100.0	238,194

District	Region	Any Disability	Hearing	Remembering	Seeing	Walking	Without	Total Percentage	Population
Mubende	Central	12.1	3.3	6.0	6.3	4.9	87.9	100.0	632,076
Kamwenge	West	12.1	3.4	5.4	6.7	3.8	87.9	100.0	392,953
Rukungiri	West	12.1	3.2	5.5	7.3	4.8	87.9	100.0	304,260
Isingiro	West	12.0	3.4	5.6	6.8	3.9	88.0	100.0	464,067
Kibuku	East	11.9	3.4	6.2	5.5	3.9	88.1	100.0	190,658
Ntoroko	West	11.9	2.8	5.7	5.9	4.7	88.1	100.0	63,237
Lwengo	Central	11.8	3.2	5.7	6.0	5.0	88.2	100.0	260,857
Bukomansimbi	Central	11.8	3.3	4.7	6.8	5.1	88.2	100.0	143,880
Kyenjojo	West	11.8	3.6	5.9	6.0	4.6	88.2	100.0	399,722
Kumi	East	11.8	2.7	5.0	6.1	4.7	88.2	100.0	225,760
Arua	North	11.7	3.1	3.8	6.4	3.9	88.3	100.0	740,740
Buikwe	Central	11.7	2.9	4.9	6.1	5.3	88.3	100.0	396,930
Lyantonde	Central	11.6	3.1	4.9	6.4	4.1	88.4	100.0	88,488
Jinja	East	11.6	2.7	5.0	6.1	4.6	88.4	100.0	444,681
Kibaale	West	11.6	2.9	5.6	5.7	3.6	88.4	100.0	732,143
Ibanda	West	11.5	3.2	5.7	6.7	3.9	88.5	100.0	237,286
Koboko	North	11.5	3.0	4.0	5.5	4.3	88.5	100.0	194,082
Luwero	Central	11.5	2.7	4.9	6.2	4.5	88.5	100.0	429,680
Buhweju	West	11.4	2.9	6.0	5.5	3.7	88.6	100.0	114,959
Moyo	North	11.4	3.5	3.5	5.5	3.8	88.6	100.0	132,751
Kayunga	Central	11.4	3.1	4.6	6.2	4.8	88.6	100.0	349,563
Kaabong	North	11.4	4.2	4.1	5.7	5.1	88.6	100.0	163,224
Sheema	West	11.3	2.8	5.2	6.3	3.8	88.7	100.0	199,992
Bukwo	East	11.2	3.0	3.8	5.0	4.8	88.8	100.0	84,068
Budaka	East	11.2	3.1	5.5	5.1	3.8	88.8	100.0	196,790
Busia	East	11.0	2.9	4.0	5.7	3.9	89.0	100.0	306,905
Bushenyi	West	11.0	2.7	5.1	6.4	3.9	89.0	100.0	224,305
Ntungamo	West	10.8	3.0	4.8	6.1	3.7	89.2	100.0	462,943
Luuka	East	10.7	2.8	3.9	6.2	3.9	89.3	100.0	227,903

District	Region	Any Disability	Hearing	Remembering	Seeing	Walking	Without	Total Percentage	Population
Mukono	Central	10.6	2.4	4.5	5.8	4.2	89.4	100.0	561,294
Bukedea	East	10.6	2.6	4.6	5.3	3.7	89.4	100.0	191,282
Nakaseke	Central	10.4	2.7	4.1	5.9	4.2	89.6	100.0	174,738
Adjumani	North	10.3	2.9	3.7	4.6	3.5	89.7	100.0	210,751
Masaka	Central	9.8	2.3	3.9	5.2	4.3	90.2	100.0	274,617
Mpigi	Central	9.8	2.6	3.4	5.9	4.2	90.2	100.0	232,923
Mbale	East	9.6	2.3	2.6	5.9	3.5	90.4	100.0	463,851
Kasese	West	9.4	2.3	4.4	5.0	3.0	90.6	100.0	660,899
Rakai	Central	9.4	2.8	3.9	4.9	3.6	90.6	100.0	485,465
Mbarara	West	9.2	2.3	3.8	5.3	3.2	90.8	100.0	447,207
Nakapiripirit	North	8.6	3.2	2.6	3.9	3.2	91.4	100.0	144,968
Mayuge	East	8.4	2.1	2.8	5.0	2.8	91.6	100.0	451,014
Kween	East	8.2	2.1	1.9	4.4	3.8	91.8	100.0	89,327
Napak	North	8.2	3.1	2.0	4.4	3.4	91.8	100.0	138,088
Moroto	North	7.7	2.6	2.4	3.9	3.0	92.3	100.0	95,577
Kotido	North	7.6	3.1	2.5	3.6	3.1	92.4	100.0	165,111
Yumbe	North	7.4	2.4	1.9	3.5	2.9	92.6	100.0	457,852
Amudat	North	7.2	3.0	1.5	3.3	2.4	92.8	100.0	94,234
Wakiso	Central	6.7	1.4	2.0	4.0	2.3	93.3	100.0	1,877,629
Kampala	Central	6.4	1.1	1.5	4.1	1.8	93.6	100.0	1,427,954
Butambala	Central	6.2	1.8	2.0	3.6	2.5	93.8	100.0	95,415
Grand Total		12.5	3.3	5.4	6.5	4.5	87.5	100.0	32,706,717

Source: UBOS 2016 (re-analysis of the Census 2014 data)