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Disability Inclusion in Uganda: Turning Census Evidence into Equal Opportunity

Fact Sheet | July 2026

Disability and National Development

Disability is not only a health or welfare issue. It is a human rights, development and social inclusion priority. Uganda cannot achieve inclusive growth, universal education, decent employment, digital transformation or improved household welfare when millions of persons with disabilities continue to encounter barriers to services, opportunities and participation.

The National Population and Housing Census 2024 shows that disability affects people across all stages of life, but its prevalence increases substantially with age. The findings also reveal significant inequalities by sex, location and type of functional difficulty. Women, older persons and people living in underserved communities experience some of the greatest disadvantages.

Disability at a Glance, 2024

Indicator	Male	Female	National
Disability prevalence among persons aged 2 years and above	12.5%	13.8%	**13.2%**
Disability prevalence among children aged 2–17 years	9.1%	8.5%	**8.8%**
Disability prevalence among adults aged 18 years and above	15.9%	18.0%	**17.1%**
Disability prevalence among older persons aged 60 years and above	42.2%	50.0%	**46.8%**
Multiple disability prevalence among persons aged 2 years and above	4.9%	6.3%	**5.6%**

Key message

Approximately **one in every eight Ugandans aged two years and above has a disability**. Among older persons, the proportion rises to almost **one in every two**, demonstrating the close relationship between disability, ageing and long-term care needs.

Disability Increases with Age

Disability prevalence varies significantly across the life course:

- **8.8%** among children aged 2–17 years;
- **17.1%** among adults aged 18 years and above; and
- **46.8%** among older persons aged 60 years and above.

Older women experience the highest recorded prevalence, with **50.0% of women aged 60 years and above** having a disability, compared with **42.2% of older men**.

This ageing-related increase has major implications for healthcare, rehabilitation, assistive technologies, social protection, accessible housing and community-based care.

Major Functional Difficulties

The Census assessed six areas of functioning: seeing, hearing, walking or climbing steps, remembering or concentrating, self-care, and communication.

Functional difficulty among persons aged 2+	National prevalence	Estimated number
Remembering or concentrating	**5.1%**	2,138,618
Walking or climbing steps	**5.0%**	2,075,931
Seeing	**4.8%**	2,010,453
Hearing	**4.7%**	1,979,613
Self-care	**3.5%**	1,468,111
Speech or communication	**2.6%**	1,098,586

The Census further identified:

- **30,539** persons who could not see at all;
- **44,381** persons who could not hear at all;
- **66,895** persons who could not walk or climb steps; and
- approximately **87,400** persons who could not communicate at all.

Although communication difficulty had the lowest prevalence among the six domains, people with communication impairments may experience particularly severe barriers in education, healthcare, employment, justice and public participation.

Women Face a Higher Disability Burden

Disability prevalence among females aged two years and above was **13.8%**, compared with **12.5% among males**. Women also recorded higher prevalence across most functional domains and multiple disabilities.

The inequalities extend beyond prevalence:

Inclusion indicator	Male	Female
Literacy among persons with disabilities aged 10+	68.8%	54.9%
Youth with disabilities who are NEET	50.7%	61.5%
Mobile-phone ownership among persons with disabilities aged 10+	45.9%	39.8%
Internet use among persons with disabilities aged 10+	7.4%	4.7%
Mobile-money use among persons with disabilities aged 16+	40.3%	33.3%

These figures show that women with disabilities experience intersecting disadvantages associated with disability, gender, education, employment and digital exclusion.

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Education: Too Many Learners Are Being Left Behind

Among persons with disabilities aged 6–24 years, **51.3% were out of school**. The rate was higher among females, at **53.1%**, than among males, at **49.4%**.

Literacy among persons with disabilities aged ten years and above stood at only **60.8%**, with a substantial gender gap:

- **68.8%** among males; and
- **54.9%** among females.

The education gap may reflect barriers such as inaccessible school infrastructure, limited assistive devices, insufficient special-needs teachers, communication barriers, stigma, poverty and inadequate individualised learning support.

Why these matters

Education influences employment, income, independence, health literacy, digital participation and the ability to claim rights. Exclusion from education therefore produces disadvantages that can continue throughout a person's life.

Employment and Youth Participation

More than half of young people with disabilities aged 18–30 years were **not in employment, education or training**.

Indicator	Male	Female	National
Youth with disabilities who were NEET	50.7%	61.5%	**56.6%**

This means that nearly **three in every five young people with disabilities** were disconnected from the major pathways through which young adults build skills, livelihoods and economic independence.

High NEET levels may increase dependence on families, deepen poverty and limit the participation of young persons with disabilities in Uganda's social and economic transformation.

Limited Health and Financial Protection

Only **1.3% of persons with disabilities** had health-insurance coverage. This leaves the overwhelming majority exposed to out-of-pocket healthcare expenditure despite potentially requiring regular treatment, rehabilitation, medication or assistive products.

Health-insurance coverage was:

- **1.4%** among males; and

- **1.2%** among females.

Low coverage is particularly concerning because persons with disabilities may face additional costs associated with transport, personal assistance, specialised care, communication support and assistive technologies.

The Digital Disability Divide

Digital access is increasingly necessary for education, employment, financial services, healthcare information, government services and civic participation. However, persons with disabilities remain significantly excluded.

Digital inclusion indicator	National
Mobile-phone ownership among persons with disabilities aged 10+	**42.4%**
Internet use among persons with disabilities aged 10+	**5.9%**
Mobile-money use among persons with disabilities aged 16+	**36.2%**

Internet use was only **4.7% among females with disabilities**, compared with **7.4% among males**.

Digital exclusion is shaped not only by network availability but also by device affordability, inaccessible platforms, limited digital skills, inadequate assistive technologies and content that is not available in accessible formats.

Financial Inclusion

Among persons with disabilities aged 16 years and above:

- **45.1%** had saved money during the 12 months preceding the Census;
- **54.9% of savers** used formal saving mechanisms; and
- **36.2%** had used mobile money during the preceding 30 days.

Women with disabilities were less likely than men to use formal savings mechanisms and mobile money. Accessible financial products, inclusive customer service and disability-responsive economic programmes are therefore essential.

Civil Registration and Legal Identity

Legal identity enables access to education, social protection, financial services, healthcare and other public programmes. However:

- only **9.5% of children with disabilities aged 2–4 years** had a birth certificate; and
- **75.0% of persons with disabilities aged 16 years and above** possessed a National Identification Number.

The low level of birth certification among young children with disabilities may create long-term barriers to service access and legal recognition.

Household Living Conditions

Disability also intersects with household poverty and inadequate living conditions.

Household indicator	National
Households headed by persons with disabilities	**32.1%**
Households with a person with disabilities within 1 km of an improved water source	**81.1%**
Access to a proper toilet facility	**45.1%**
Proper solid-waste disposal	**5.2%**
Use of clean cooking energy	**2.9%**
Use of modern energy sources for lighting	**26.8%**
Households in the subsistence economy	**40.3%**
Households engaged in agricultural production	**57.3%**
Food-insecure households	**37.4%**

Access to a water source within one kilometre does not necessarily mean that the source, pathway or facility is physically accessible. Disability-inclusive WASH planning must therefore consider ramps, handrails, appropriate toilet design, safe pathways and the distance individuals must travel.

Disability and Food Security

More than **one-third of households containing a person with a disability were food insecure**.

Food insecurity can both contribute to and be intensified by disability. Disability may reduce household earning capacity and increase healthcare expenditure, while poor nutrition may worsen health conditions and functional limitations.

Social protection, inclusive agriculture and livelihood programmes must therefore recognise the additional costs and vulnerabilities associated with disability.

Regional Inequalities

Disability prevalence and access to services vary substantially across Uganda's subregions. Multiple-disability prevalence was highest in **Bugisu at 8.3%**, compared with **2.6% in Kampala Capital City**.

Urban areas generally have better access to healthcare, insurance, digital technologies and support services than rural and underserved communities. National averages can therefore conceal significant local inequalities.

Disability-responsive planning should use subregional, district and lower-local-government data to ensure that resources are directed to areas with the greatest unmet needs.

Priority Actions for Disability Inclusion

1. Make education genuinely inclusive

Government and education institutions should:

- improve the accessibility of schools and learning facilities;
- train and deploy special-needs and inclusive-education teachers;
- expand access to Braille, sign-language interpretation and assistive learning technologies;
- provide targeted support to learners with disabilities; and
- strengthen systems for identifying and supporting children at risk of dropping out.

2. Expand disability-inclusive healthcare

Health-sector investments should prioritise:

- affordable healthcare and financial protection;
- early identification and intervention;
- rehabilitation and habilitation services;
- assistive products and technologies;
- accessible health facilities and information;
- integrated mental-health services; and
- community-based rehabilitation.

3. Create pathways into decent employment

Public and private institutions should expand:

- accessible vocational education and skills training;
- workplace accommodation;
- disability-inclusive apprenticeships and internships;
- entrepreneurship financing;
- accessible agricultural extension services; and
- enforcement of non-discrimination and employment-equity requirements.

4. Close the digital divide

Digital-inclusion policies should promote:

- affordable accessible devices;
- compatibility with screen readers and other assistive technologies;
- captioning and sign-language interpretation;

- accessible digital public services;
- disability-inclusive digital-skills programmes; and
- compliance with recognised digital-accessibility standards.

5. Strengthen social protection

Social-protection programmes should account for the additional costs associated with disability and ensure that eligibility, registration, communication and payment mechanisms are accessible.

6. Improve accessible infrastructure and WASH

Public buildings, transport systems, roads, water points, toilets, healthcare facilities and schools should comply with universal-design and accessibility requirements.

7. Prioritise women and older persons with disabilities

Policies must respond to the specific vulnerabilities facing women and older persons with disabilities, including caregiving needs, economic exclusion, violence, health risks and limited access to information and services.

8. Strengthen disability data and accountability

Government institutions should:

- consistently disaggregate administrative and programme data by disability, sex, age and location;
- apply standardised disability-measurement tools;
- conduct regular specialised disability surveys;
- include disability indicators in programme monitoring; and
- meaningfully involve organisations of persons with disabilities in planning, budgeting, implementation and evaluation.

Policy Message

Uganda's disability challenge is not defined only by impairment. It is shaped by the environmental, institutional, financial, technological and social barriers that prevent people from participating on an equal basis with others.

Removing those barriers would allow persons with disabilities to participate more fully in education, employment, entrepreneurship, public services and national development.

Measurement Note

The Census assessed disability among the household population aged two years and above using six functional domains: seeing, hearing, walking or climbing steps, remembering or

concentrating, self-care, and communication. Disability was identified based on the degree and duration of functional difficulty and how it limited full and effective participation in society.

Comparisons with disability estimates from other surveys should be made cautiously because prevalence can vary according to the questions used, severity thresholds, age groups and population covered.

Source

Uganda Bureau of Statistics. (2025). *National Population and Housing Census 2024: Disability Monograph, Volume 3*. Kampala, Uganda.