Policy brief: Policy and Secondary data analyses on Education, Health, Employment and Social Protection sectors in Uganda

Key policy messages

- Many national policies have not explicitly included mention of persons with disabilities and this has led to the enactment of policies that are less sensitive to disability issues.
- Weak political commitment is reflected by limited or absence of funding for the implementation of disability-related policies. Lack of commitment is also reflected in the fact that some of the policies remain as drafts with little impetus to move them into law.
- There is a significant association between poverty and disability across all the domains, a matter that is a challenge to government and development partners
- In all sectors, there is a significant gap between the persons with disability and the non-disabled in access to services.

Overview

In Uganda today, disability issues constitute key development challenges which can no longer be ignored by practitioners and politicians. The results from the 2014 Census show that 14% of the population (5+ years) have a disability significant enough to affect their daily lives. The objective of the Bridging the Gap project, a three-year ESRC/DFID funded research programme is to identify why barriers to inclusion persist, specifically in the domains of health, education, social protection and labour markets, and to identify ways in which these can be overcome, so that persons with disabilities enjoy equal benefits of development.

The Ugandan research team has been continually engaged during the development of the research framework with Leonard Cheshire Disability in London and partners in Kenya, Sierra Leone, and Zambia, reviewing the extent to which disability issues are already included in national development plans; the ways these could be measured; and the gaps in evidence that currently exist. Two completed activities are reported here: identification and analysis of existing legislation and policy in the four domains (education, labour market, health and social protection), as well as and mapping and re-analysing existing national survey data sets to identify gaps in the four domains.

the Convention on the Rights of Persons with Disabilities articles. Contents analyses were conducted and the policies were reviewed and scored based on pre-defined criteria. In addition to the policy analysis, secondary data was analysed from two surveys and censuses from 2000, but mainly focused on the Uganda Demographic Health Survey (UDHS), 2011, the Uganda National Housing Survey, 2013 and the Census 2014. The Washington Group definition and indicators of disability of experiencing ‘a lot of difficulty’ was used against the six disability indicators: difficulty seeing, difficulty hearing, difficulty walking or climbing steps, difficulty remembering or concentrating; difficulty with self-care such as dressing, and eating, and difficulty communicating.

The results presented here form part of a larger research project: *Bridging the Gap: examining disability and development in four African countries*. The research programme is based at the Leonard Cheshire Disability and Inclusive Development Centre, UCL, UK, and is funded by the Economic and Social Science Research Council and the UK Department for International Development.

**Results**

**Key message 1**

The process of policy enactment in the major sectors, as well as the cross-cutting policies, was not inclusive of persons with disabilities or disabled people’s organisations (DPOs). Participation of persons with disabilities or DPOs are not explicitly mentioned in the Education Act (2008), BT-VET Strategic Plan (2011), Labour Union Act (2006) and National HIV Prevention Strategy (2011). Because of this apparent exclusion in the policy development process, their voices and interests are silent these policies. Consequently, there is contradiction in disability definition between policies.

This has led to the enactment of policies which do not explicitly acknowledge people with disabilities in respect to access to services, and observing their rights and other entitlements. Worryingly, the definition of disability is particularly silent in most health policies. In the case of the National Council for Disability Act, it weakly complies with the main articles of the CRPD. These weaknesses result in the existent gaps in development witnessed amongst people with disability in Uganda today.

**Key message 2**

The level of political commitment in respect to most of the policies is unclear. Some major policies remain in draft form. Delays in enactment of policies mean that people with disabilities will continue to be excluded from development initiatives. Although the concepts of poverty and disability are common across cross-cutting policies (namely ICT, and Equal Opportunities policies), they are not among the sectors that receive high priority in the national annual budgets. Limited political commitment is also evidenced by the inconsistencies among policies: for example, in the absence of, or different definition of, disability across policy documents. Lack of commitment on issues on disability is also seen on polices such as the Vision 2040, Health Polices and National Development Plan, which commonly refer to the provision of services to ‘all Ugandans’ but are not explicit on persons with disabilities. No serious attempt seems to be being made to harmonise such anomalies.

**Key message 3**

There is a significant association between poverty and disability across all the domains. For example, a comparison of UDHS data sets of 2006 and 2011 show a high proportion of people with disabilities who were in the lowest wealth quintile. In these data sets, the wealth index was used as a proxy measures for poverty.
The statistics show that in 2006 42.9% of persons with disability were poor, compared to 21.2% in the middle quintile and 35.5% who were rich. The data set for 2011 show the corresponding 40%, 22.4% and 37.6% respectively, a statistically significant change (all at p=0.000). It is possible that such high levels of poverty among people with disabilities can have a profound effect on access to other services and negatively impact on their wellbeing. For example, the Labour Force Survey of 2002/3 indicates that the access to work was affected ‘all of the time’ for 39.7% of people with disabilities (14-64 years), compared 13.8% of people with disabilities who were ‘sometimes’ affected. Only 13.1% were not affected ‘at all’. In terms of access to health the UDHS 2011 shows that 63.1% of women with disabilities did not deliver in the health facility compared to 36.9% of non-disabled women. The Uganda National Household Survey 2005/6 shows that 55.4% of people with disabilities did not receive any form of rehabilitation, 39.5% received medication and 1.6% sought traditional healing services.

**Key message 4**

There is a significant difference between persons with disability and non-disabled regarding access to the services provided within the four domains. In the education sector for example, the UDHS 2011, indicates that 35.7% of people with disability had no education compared with only 13.9% of non-disabled people. When the same data set was analysed on the population between 19-30 years to remove the effect of extreme old age, it was found that 14.1% of those with disability had no formal education, compared with 7.3% of the non-disabled people. The same data set shows that only 22.5% of people with disability had secondary education compared with 40.5% of the non-disabled population. Employment rates show another interesting pattern: the UDHS 2011 indicated that among the disabled and non-disabled women analysed, 30.3% of disabled women were not employed compared with 27.2% of the non-disabled. However, the apparent similarity of this result may be mediated by the types of employment available to women with disabilities and wages , wages compared to non-disabled peers, job security and opportunities for advancement may be significantly less for women with disabilities compared both with men with disabilities and non-disabled women. The UDHS 2011 data on health provided even more revealing statistics. It was found that 63.1% of women with disabilities did not deliver in health facilities compared with 51.2% of non-disabled women. Similarly, when access of 5-49 years to antenatal care services was analysed, it was found that 6.4% of the women with disabilities did not visit the antenatal care services compared with 3.6% for their non-disabled counterparts. Also it is of interest to note that when the same data set was analysed for access to family planning services, it was found that 76.5% of people with disabilities did not use family planning services compared with 68.5% of the non-disabled population.

**Recommendations**

- The government should show serious political commitment in good governance by addressing inconsistencies in existing disability-related policies in the four domains and linkage with the CRPD. This could be achieved by implementing and enforcing existing policies and enacting the policies which are still in draft forms, and revising policies where necessary.
- Opportunities for change exist. For every policy that may be currently implemented or due for any amendment, stakeholders should endeavour to ensure genuine participation of persons with disabilities and not mere tokenism. The DPOs themselves should bear in mind that participation in any such forum requires networking, knowledge, organisation, leadership and resources on their part.
- Deliberate efforts and policies should be directed by government and development partners towards addressing the apparent inequality between persons with disabilities and non-disabled people within
the population in the four domains. Where affirmative action can be initiated in any of the domains, this should be welcome.

- Government and development partners should take advantage of the existing poverty alleviation policies and programmes by prioritising funding for both disability-specific and disability-inclusive programmes in annual budgets as steps towards not only reducing the national poverty level but also as a mechanism to directly bridge the current poverty gaps among people with disabilities.

Further reading

For more information on this research, visit the project website: gap.leonardcheshire.org

Research team

Associate Professor Julius Omona, John Bosco Asiimwe, PhD; Eric Ochen Awic, PhD; Sarah Kamya, PhD and Associate Professor Andrew State Ellias, Makerere University

Principal Investigator: Professor Nora Groce, Leonard Cheshire Disability and Inclusive Development Centre, UCL, UK

Bridging the Gap: Examining disability and development in four African Countries is a three-year research programme funded by the UK Economic and Social Research Council (ESRC) and DFID Poverty Alleviation Research Grant programme. The programme is based at the Leonard Cheshire Disability and Inclusive Development Centre, University College London. For more information about the programme, visit gap.leonardcheshire.org

This research has been funded by UKAID through the UK Government. However the views expressed do not necessarily reflect the UK Government’s official policies.