Collective Action for Disability Rights

CADiR Baseline Study Report

| Uganda

2026

The CADiR Baseline Study was implemented by the Collective Action for Disability Rights (CADiR) consortium of the Atlas Alliance from October 2025 to March 2026, with funding provided by the Norwegian Agency for Development Cooperation (Norad).

For more information, please contact:

The Atlas Alliance
Storgata 33A, 0184 Oslo, Norway
E: atlas@atlas-alliansen.no
W: https://atlas-alliansen.no/en/

Country Office – Uganda
Norwegian Association of Disabled Uganda
Ministers' Village, Ntinda, Plot No. 3 Muwafu Close Kampala, Uganda
C: +256 785171231
W: https://nad.nhf.no/nads-development-work/where-we-work/uganda/contact-us-uganda/

Suggested citation: *The Atlas Alliance. (2026). CADiR Baseline Study Report — Uganda. Oslo, Norway: Atlas Alliance.*

Table of Contents

Acknowledgements

The Atlas Alliance would like to express its appreciation to all CADiR consortium members and Uganda country programme partners for their support throughout this baseline study:

- Inclusion Uganda
- Mental Health Uganda
- National Union of Disabled Persons of Uganda (NUDIPU)
- Norwegian Association for Persons with Intellectual Disabilities (NFU)
- Norwegian Association for Spina Bifida and Hydrocephalus (RHF)
- Norwegian Association of Disabled (NAD)
- Spina Bifida and Hydrocephalus Association Uganda (SHAU)
- Youth Mental Health Norway (YMHN)

The study would not have been possible without the valuable inputs and feedback from the international and national teams. We would like to thank the country team in Uganda for their professional efforts to deliver the study.

Thank you as well to all respondents who participated in the interview, survey, and assessment processes for their insightful contributions and the information they shared.

Acronyms

Acronym	Full Name
CADiR	Collective Action for Disability Rights
CES	Client Exit Survey
CRPD	United Nations Convention on the Rights of Persons with Disabilities
CS	Community Survey
EE	Economic Empowerment
H&R	Health and Rehabilitation
HRA	Human Rights Advocacy
ICCA&DRR	Inclusive Climate Change Adaptation and Disaster Risk Reduction
IE	Inclusive Education
IEA	Inclusive Education Assessment
ILA	Inclusive Learning Approach
M&E	Monitoring and Evaluation
NGO	Non-Governmental Organization
Norad	Norwegian Agency for Development Cooperation
OPD	Organization of Persons with Disabilities
PWD	Person with disability / Persons with disabilities
PWoD	Person without disability / Persons without disabilities
SDG	Sustainable Development Goal
WG-SS(E)	Washington Group Short Set on Functioning — Enhanced

Executive Summary

This report presents the findings of the baseline study undertaken in Uganda for the Collective Action for Disability Rights (CADiR) programme (2025–2029). This report presents the findings from three data collection tools: a Community Survey (CS) of 663 adults, an Inclusive Education Assessment (IEA) covering 17 target schools, and a Client Exit Survey (CES) of 160 adults. Data collection took place during October 2025 to March 2026.

The baseline is intended to measure results at the start the CADiR programme, in line with the results framework, so that change over the programme period can be tracked and reported. It is conducted primarily for evidence-based programme management and donor reporting purposes, and the findings should be interpreted in that light.

Key findings — Community Survey

- The CS reached 663 adults, of which 337 (51%) were PWDs, and 326 (49%) were PWoDs.
- Persons with disabilities are 26 percentage points less likely than persons without disabilities to report getting to make informed choices and decisions (**55.8% PWD** vs **81.9% PWoD**; p<0.001).
- Poverty is significantly higher among persons with disabilities (**51.6% PWD** vs **28.2% PWoD**; p<0.001) and access to financial services is 25 percentage points lower (**48.1% PWD** vs **73.0% PWoD**).
- Persons with disabilities are nearly twice as likely as persons without disabilities to report challenges accessing health services (**38.6% PWD** vs **21.5% PWoD**) and three times as likely to report challenges accessing rehabilitation (**22.6% PWD** vs **7.1% PWoD**).
- Membership of Organizations of Persons with Disabilities (OPDs) is meaningful (17.8% of PWDs vs 2.8% of PWoDs) but still leaves the majority of persons with disabilities outside organised civil society.
- Climate change and disaster resilience and adaptation knowledge are very low across both groups (under 1%), pointing to a population-wide gap.

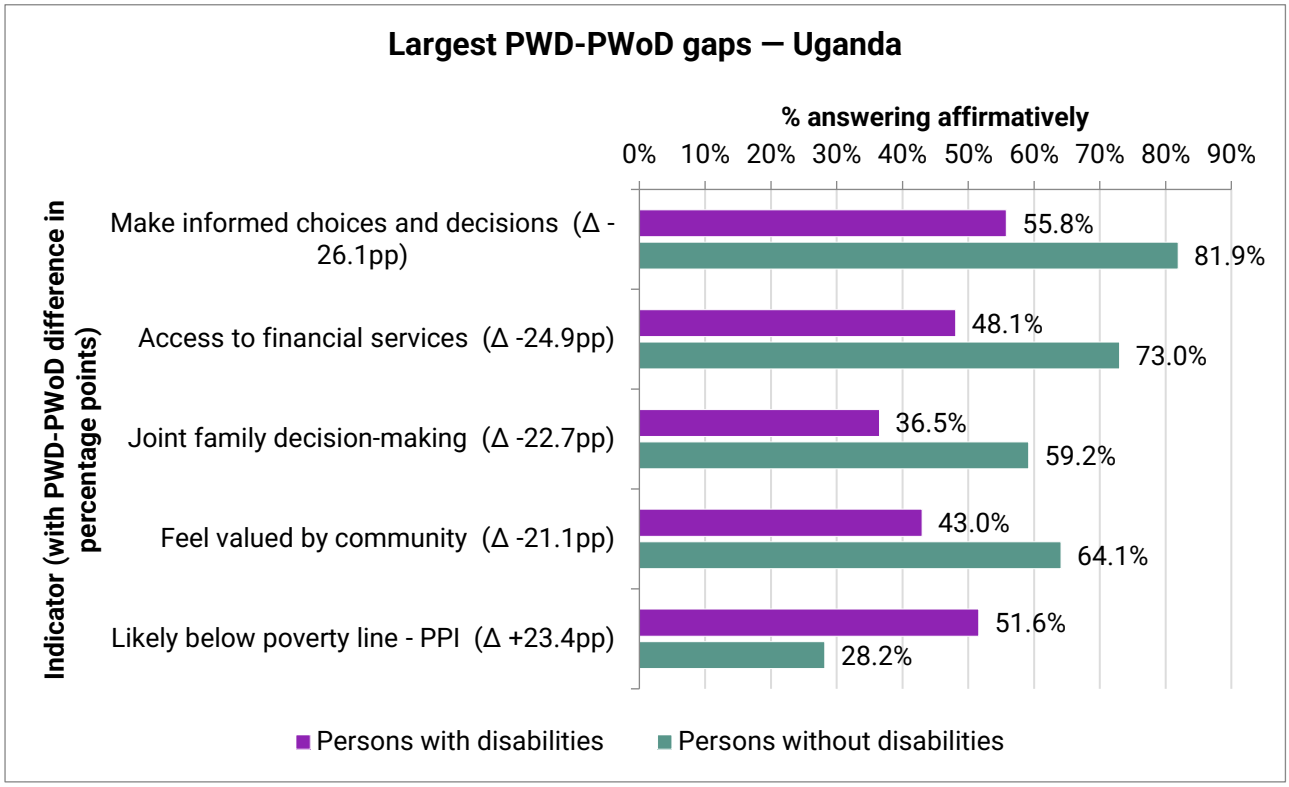

Figure 1: Largest gaps between persons with disabilities and persons without disabilities — Uganda

Key findings — Client Exit Survey

- The Client Exit Survey reached 160 persons with disabilities (82 women, 78 men) who were interviewed at the exit point of CADiR-participating clinics. Findings reveal the experiences of PWDs who are already in contact with the health system.
- 60% of PWDs who needed medical care in the last 12 months received the care they needed; and 58% received the rehabilitation they needed. Both figures are higher than the corresponding Community Survey estimates (52% and 39%) but still leave more than 40% of PWDs with unmet need, even within a population already connected to clinics.
- Only 20% of PWDs rate their experience of being treated with respect and dignity by health service providers as good or very good (Indicator 1420a). Men with disabilities score markedly higher than women with disabilities (25.6% vs 14.6%).
- Across the six domains of the patient-satisfaction questionnaire, interpersonal manner is the strongest (64% positive) and accessibility and convenience is the weakest (21% positive). This points to clinic-level access and convenience (waiting times, appointment availability, ease of reaching specialists) as the biggest opportunity for improvement.
- Financial aspects (49% positive) and time with the doctor (52% positive) sit in the middle of the distribution, with women rating both more positively than men.
- The CES findings complement and reinforce the Community Survey results on health and rehabilitation access: the same access and affordability related barriers are evident in two different sets of findings.

Key findings — Inclusive Education Assessment

- The IEA was administered in 17 CADiR target schools in Uganda — all mainstream, at the Primary (12), Lower Secondary (5), Upper Secondary (4), and Early Childhood Education (2) levels.[1] Most schools are government schools (15 of 17), with 2 being faith-based.
- Approximately 747 learners with disabilities are enrolled across the 8 schools that disaggregate by disability status in enrolment registers.[2]
- Five of the 17 schools score in the "Moderate to High" inclusion band; no school reaches the "Very High" band. Module E (Adaptations and Assistive Technologies) is the weakest, with most schools scoring zero.
- 10 of 17 schools have a school inclusion team in place, of which 4 have been trained on supporting learners with disabilities.
- 6 of 17 schools have inclusive codes of conduct, and 5 of 8 schools have formal referral pathways with health services.

[1] Note that the number of schools is greater than the total number of schools in Uganda (n=17) because some schools have multiple levels of education e.g. Early Childhood Education and Primary.
[2] Only 8 out of 17 schools disaggregate by disability status. Of those 8, 7 disaggregate by type of disability.

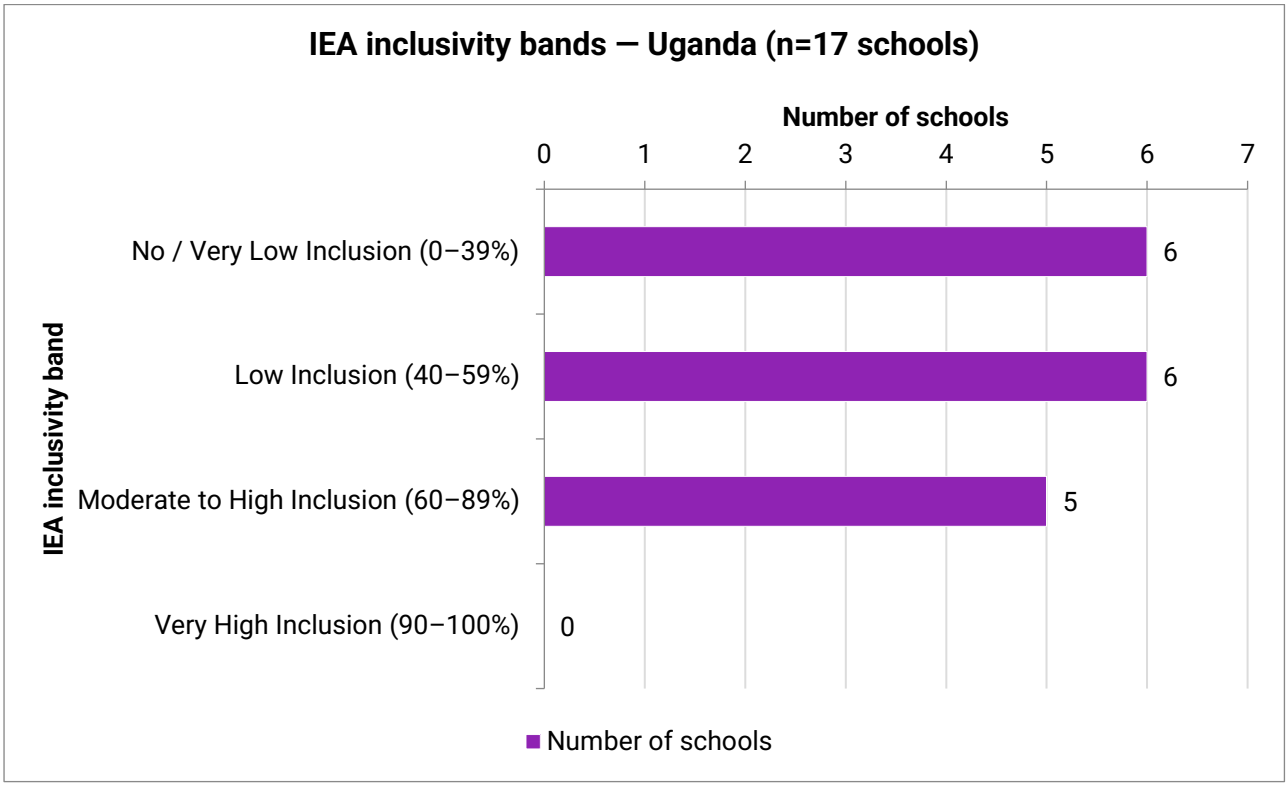

Figure 2: Distribution of CADiR target schools across IEA inclusivity bands — Uganda

Implications for programming

Baseline findings highlight persistent gaps between persons with disabilities and persons without disabilities across human rights, economic, and health and rehabilitation domains. Findings also show how programme partners can target capacity building and advocacy work over the 2025–2029 CADiR programme period.

1 Introduction

1.1 Disability in Uganda

In Uganda, persons with disabilities continue to face social exclusion, challenges, and structural barriers to participation in education, employment and civic life as well as limited access to health and rehabilitation services. These barriers are explicitly recognised in the UN Convention on the Rights of Persons with Disabilities (CRPD), to which Uganda is a State Party (ratified 2008).[3]

Uganda has made significant legislative progress on disability rights — including the Persons with Disabilities Act 2020[4], the Equal Opportunities Commission Act, 2027,[5] and ratification of the CRPD — but implementation gaps persist. The CRPD Committee's Concluding Observations and successive alternative reports highlight continuing concerns about access to services, inclusive education, and meaningful political participation.

Uganda's 2024 National Population and Housing Census found that only 1.3% of persons with disabilities have any health insurance coverage, 56.6% of adults aged 18–30 with disabilities are Not in Employment, Education or Training (NEET) — with an increase among women with disabilities (61.5%) — and 37.4% of households with at least one person with a disability experience food insecurity.[6] Persons with disabilities are also significantly more likely to live in poverty and to face barriers to healthcare and economic opportunity. CADiR is designed to respond to these barriers across five integrated thematic areas.

1.2 The CADiR Programme

The Collective Action for Disability Rights (CADiR) programme of the Atlas Alliance brings together Norwegian Organizations of Persons with Disabilities (OPDs) and their in-country partners to deliver an innovative, multi-country programme over 2025–2029 with funding from the Norwegian Agency for Development Cooperation (Norad). CADiR puts persons with disabilities in the driver's seat through a rights-based approach, working with both rights-holders (persons with disabilities and their families) and duty-bearers (governments, mainstream organizations and service providers).

---

[3] United Nations Committee on the Rights of Persons with Disabilities, (2016). *Concluding observations on the initial report of Uganda (CRPD/C/UGA/CO/1).* United Nations.
[4] Government of Uganda. (2020). *Persons with Disabilities Act, 2020 (Act 3 of 2020).* Uganda Gazette
[5] Government of Uganda. (2007). *Equal Opportunities Commission Act, 2007 (Act 2 of 2007).* Uganda Gazette
[6] Uganda Bureau of Statistics. (2025). *The National Population and Housing Census 2024 – Disability Monograph, Volume 3.* Kampala: UBOS. Retrieved from https://www.ubos.org/wp-content/uploads/publications/National-Population-and-Housing-Census-2024-Disability-Monograph.pdf

The programme is delivered across five thematic areas: Human Rights Advocacy (HRA), Organizational Development (OD), Inclusive Education (IE), Economic Empowerment (EE), Health and Rehabilitation (H&R), and Inclusive Climate Change Adaptation and Disaster Risk Reduction (ICCA&DRR). Cross-cutting commitments include gender and equality, climate and environment, safeguarding, and anti-corruption.

1.3 The CADiR Uganda Country Programme

The CADiR Uganda Country Programme builds on the Together for Inclusion (TOFI) programme implemented in 2020–2024. The programme works across the five CADiR thematic areas.

Implementing partners include:

- Inclusion Uganda
- Mental Health Uganda
- National Union of Disabled Persons of Uganda (NUDIPU)
- Spina Bifida and Hydrocephalus Association Uganda (SHAU)

Supported by Norwegian partners:

- Norwegian Association of Disabled (NAD)
- Norwegian Association for Persons with Intellectual Disabilities (NFU)
- Norwegian Association for Spina Bifida and Hydrocephalus (RHF)
- Youth Mental Health Norway (YMHN)

CADiR Uganda's expected impact is the improved fulfilment of the rights of persons with disabilities, achieved through interventions at the individual, organizational, community and systemic levels. The programme aims to strengthen OPD structures at grassroots level, build the capacity of duty-bearers, and use baseline data such as that reported here to inform inclusive policy advocacy.

2 Purpose of the Baseline

The baseline study has two complementary purposes. First, to establish a baseline set of measurements against the indicators of each thematic area in the CADiR results framework, so that change over the programme period can be measured and reported. Second, to inform projects, activities, programme targets, and identify gaps and constraints. The baseline results will be used to inform detailed planning and implementation in the first years of the programme.

A Note on Purpose

- This baseline is conducted primarily for programme management and donor reporting purposes. Although results from the CS and CES can be used for research purposes, it is not designed as a research study.
- The sample is designed to be representative at the country and programme level (95% confidence, ±8% margin of error), not at the level of individual communities, schools or disability sub-groups.
- Findings should be read alongside qualitative knowledge held by programme partners and persons with disabilities themselves.
- Disaggregation by Washington Group functional domain is presented as fractions only, since sub-group sample sizes are not large enough to support standalone inferences.

Findings will be used by CADiR programme management, implementing partners and the donor (Norad). They will also be shared with external stakeholders and communities in Uganda as part of the programme's commitment to accountability and transparency, and to inform inclusive policy dialogue and advocacy.

3 Methodology

The baseline primarily made use of quantitative methods for data collection. Results from three tools are presented in this report:

- The Community Survey — a quantitative survey of adults with and without disabilities living in CADiR target communities.
- The Inclusive Education Assessment (IEA) — a school-level assessment of inclusivity in CADiR target educational institutions.
- The Client Exit Survey – a patient satisfaction questionnaire comprised of six domains, focusing on persons with disabilities' experiences of health service providers.

3.1 Community Survey

The Community Survey is a quantitative survey conducted with both persons with disabilities and persons without disabilities (18 years and above), administered by trained enumerators. The questionnaire combines the Washington Group Short Set on Functioning-Enhanced (WG-SS(E)) with questions adapted from the WHO Community Based Rehabilitation indicators, the Poverty Probability Index, and additional questions to inform CADiR results framework indicators.

Sampling Strategy

A two-stage cluster sampling design was used. In the first stage, approximately 12 communities were randomly selected from the pool of programme communities, stratified by the diversity of programming components present in each. In the second stage, respondents were sampled within each community across four sub-groups: males with disabilities, females with disabilities, males without disabilities and females without disabilities, with a uniform target sample size per community.

The sample is designed to be representative at the country and programme level with a 95% confidence level and an 8% margin of error. Findings should therefore be interpreted at the programme and country level rather than at the level of individual communities or disability sub-groups.

Statistical Testing

For each indicator, differences between persons with disabilities and persons without disabilities were tested using a regression model that adjusts for sex, age and community-

level clustering. Results are described as statistically significant where the p-value is below 0.05. Disaggregation by Washington Group functional domain is presented as descriptive fractions only; given the small sub-group sample sizes, comparisons between domains, between countries, or overarching conclusions at this level should be treated with caution.

3.2 Inclusive Education Assessment (IEA)

The IEA is a school-level assessment tool comprised of five modules — School Leadership and Management; Physical Environment and Infrastructure; Wellbeing of Learners; Adaptations and Assistive Technologies; and Teaching Inclusively. In Uganda, the IEA was administered in 17 target educational institutions during the baseline period.

Each module produces a numeric score against a defined maximum. Schools are categorised by their overall score against four bands: No / Very Low Inclusion (0–39%); Low Inclusion (40–59%); Moderate to High Inclusion (60–89%); and Very High Inclusion (90–100%).

3.3 Client Exit Survey (CES)

The CES is adapted from the global short-form patient satisfaction questionnaire (PSQ-18) and was administered to a sample of 160 persons with disabilities, stratified equally by sex. It is delivered as a structured interview by trained enumerators at participating clinics, immediately after the respondent has completed a medical or rehabilitation consultation. The tool covers three CADiR results framework indicators (1410b, 1410c and 1420a) and includes a small number of background questions including the Washington Group Short Set on Functioning, sex, age band, and disability self-identification.

Sampling strategy

A randomly selected sub-sample of clinics was used. The sampling strategy is designed to deliver statistically robust country-level estimates while enabling meaningful disaggregation by sex. Findings are representative at the country and clinic-network level rather than at the level of an individual clinic or disability sub-group.

3.4 Ethics and inclusive practice

Informed consent was obtained from all participants prior to data collection. Tools were translated into the relevant local languages used in Uganda, with back-translation for the Community Survey to ensure quality. Uganda-based OPDs and partner organizations were involved at every stage of the study, including review of tools and methodology, recruitment and training of enumerators, coordination of data collection, and review of preliminary findings ahead of finalization.

3.5 Limitations

- The sample is designed to be representative at the country and programme level (95% confidence, ±8% margin of error), not at the level of individual communities, schools or disability sub-groups. Findings should be interpreted at the country and programme level only.
- Disability is determined by self-identification through snowball sampling. The Washington Group Short Set on Functioning identifies functional impairments, which do not always map directly onto self-identified disability status.
- Sub-group sample sizes by Washington Group functional domain are not representative; figures by domain are presented as descriptive fractions, and comparisons between domains should be treated with caution.
- In a small number of cases (less than 3% of respondents), respondents who self-identified as not having a disability were found to have functional impairment per the Washington Group questions, and vice versa.

4 Sample and Respondents

4.1 Community Survey Sample

A total of 663 interviews were conducted in Uganda. Of the 663 respondents, 337 self-identified as having a disability. Table 1 presents the achieved sample disaggregated by self-identified disability status and sex against the target sample size of 624 (156 per sub-group). Results are considered representative for each of the four sub-groups.

Sub-group	Frequency
Males with disabilities (PWD)	171
Females with disabilities (PWD)	166
Males without disabilities (PWoD)	164
Females without disabilities (PWoD)	162
Total	**663**

Table 4.1a: Community Survey sample, by self-identified disability status and sex

Disability Prevalence by Washington Group Domain

Of the 337 respondents who self-identified as having a disability, the Washington Group Short Set-Enhanced identified the following functional impairments. Note that one respondent may have impairments in multiple domains, and the figures are presented as fractions (proportion) because the sample sizes for functional domain are too small to be representative.

Domain	Total (n)	Men (n)	Women (n)	Proportion
Vision	75	33	42	0.22
Hearing	36	19	17	0.11
Mobility	220	114	106	0.65
Cognition	79	38	41	0.23
Self-care	88	44	44	0.26
Communication	55	36	19	0.16

Domain	Total (n)	Men (n)	Women (n)	Proportion
Upper body	82	44	38	0.24
Affect	75	30	45	0.22
Deafblindness	4	3	1	0.01

Table 4.1b: Functional impairments among respondents who self-identified as persons with disabilities, by Washington Group domain

4.2 Inclusive Education Assessment Sample

The IEA was administered in 17 target educational institutions across Uganda. Table 3 presents school by type, level, and sector.

Characteristic by Type	Number
Mainstream	17
Disability-specific	0

Characteristic by Level	Number
Early Childhood Education	2
Primary	12
Lower Secondary	5
Upper Secondary	4

Characteristic by Sector	Number
Public / Government	15
Faith-based	2
Private	0

Table 4.2: IEA educational institutions by type, level, and sector — Uganda

4.3 Client Exit Survey Sample

A total of 160 respondents were interviewed in Uganda — 78 men and 82 women. Of these, 151 self-identified as persons with disabilities and 9 did not. Table 1 summarises the sample by Washington Group functional impairment (disaggregated by sex). Because one respondent may have impairments in more than one domain, the figures in Table 1 cannot be summed to the total.

Washington Group domain	Women	Men	Total
Total respondents	82	78	**160**
Vision (seeing)	22	16	**38**
Hearing	8	9	**17**
Mobility (walking)	28	36	**64**
Cognition	27	12	**39**
Self-care	25	20	**45**
Communication	4	11	**15**
Upper body	16	24	**40**
Affect	-	-	**-**
Deafblindness	0	1	**1**
Multiple disabilities	30	27	**57**
Not specified	-	-	**-**
No disability (per WG)	4	5	**9**

Table 4.3: Client Exit Survey respondents, by Washington Group functional impairment and sex

Note: respondents may report functional impairment in more than one domain; the disability-domain rows therefore exceed the total.

5 Findings — Community Survey

This chapter presents findings from the Community Survey by thematic area. For each thematic area, two to three main findings are presented in detail. The remaining findings are summarised in a consolidated table at the end of the section.

5.1 Human Rights Advocacy

The Human Rights Advocacy (HRA) thematic area focuses on the ability of persons with disabilities to claim their rights and participate in decision-making at household and community level. The Community Survey collects data against nine HRA indicators.

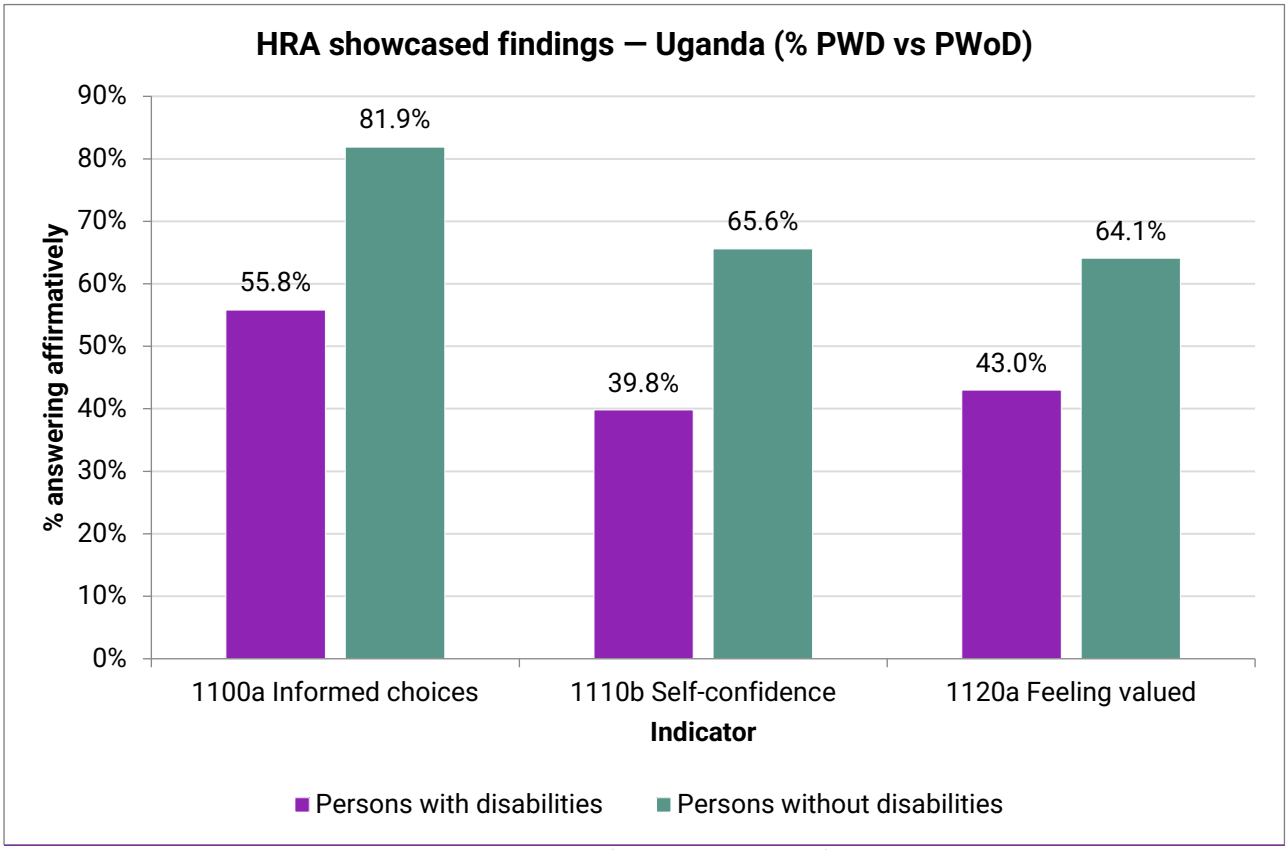

Figure 5.1: HRA showcased findings — Uganda (% PWD vs PWoD)

5.1.1 Indicator 1100a: Making Informed Choices and Decisions

Persons with disabilities are significantly less likely than persons without disabilities to report getting to make informed choices and decisions about their own lives (55.8% vs 81.9%; p=0.000). The percentage-point gap is 26.1, reflecting the cumulative impact of stigma, dependency on caregivers and limited access to information.

	PWD Male	PWD Female	PWD Overall	PWoD Male	PWoD Female	PWoD Overall
Count	98	90	**188**	140	127	**267**
%	57.3	54.2	**55.8**	85.4	78.4	**81.9**

Table 5.1.1: Making informed choices and decisions — comparison by sex and disability status (%)
Statistical significance: p = 0.000 — statistically significant.

5.1.2 Indicator 1110b: Self-Confidence and Empowerment

PWDs are also significantly less likely to report increased self-confidence and empowerment (39.8% vs 65.6%; p=0.000). This shows a large 25.8 percentage-point gap, with women with disabilities reporting the lowest in self-confidence and empowerment (36.1% vs 43.3% of men with disabilities).

	PWD Male	PWD Female	PWD Overall	PWoD Male	PWoD Female	PWoD Overall
Count	74	60	**134**	113	101	**214**
%	43.3	36.1	**39.8**	68.9	62.3	**65.6**

Table 5.1.2: Self-confidence and empowerment — comparison by sex and disability status (%)
Statistical significance: p = 0.000 — statistically significant.

5.1.3 Indicator 1120a: Feeling Valued by Community

Persons with disabilities are significantly less likely than persons without disabilities to report feeling valued as individuals by members of their community (43.0% vs 64.1%; p<0.001). The 21-percentage-point gap underlines the barriers experienced at community level: persons with disabilities not only experience reduced individual agency but also receive less recognition and respect from those around them. Men and women with disabilities report similar levels (43.3% vs 42.8%), while women without disabilities report somewhat lower levels of feeling valued than men without disabilities (60.5% vs 67.7%).

	PWD Male	PWD Female	PWD Overall	PWoD Male	PWoD Female	PWoD Overall
Count	74	71	**145**	111	98	**209**
%	43.3	42.8	**43.0**	67.7	60.5	**64.1**

Table 5.1.3: Feeling valued by community — comparison by sex and disability status (%)
Statistical significance: p = 0.000 — statistically significant.

5.1.4 Other HRA Indicators (Summary)

Indicator	PWD %	PWoD %	Difference	p-value
1100b: Agency and opportunities to participate	9.2%	9.2%	+0.0 pp	0.767
1110b: Self-confidence and empowerment	39.8%	65.6%	-25.8 pp	0.000
1120b: Participation in community planning	6.8%	11.0%	-4.2 pp	0.101
1130a: Decision-making bodies	28.5%	31.6%	-3.1 pp	0.279

Table 5.1.4: Summary of additional HRA indicators (% answering affirmatively)

Summary – Human Rights Advocacy

- The 26-percentage-point gap on Indicator 1100a (informed choices) is the strongest finding in the HRA data.
- Persons with disabilities in Uganda face significant disadvantages in their ability to make informed choices about their lives (−26.1 pp), to feel confident and empowered (−25.8 pp), and to feel valued by their community (−21.1 pp). All three gaps are large, statistically significant, and similar in size.
- Women with disabilities consistently report lower agency, self-confidence and recognition than men with disabilities.
- Limited differences on community-planning and decision-making body indicators (1120b, 1130a) suggest that participation gaps are not always statistically distinguishable from those of PWoDs in the same communities, but participation levels remain low for both groups (less than 30%) — pointing to a wider civic-space challenge.

5.2 Economic Empowerment

The Economic Empowerment (EE) thematic area focuses on the ability of persons with disabilities and their families to earn and manage money, access financial services, access employment opportunities, and benefit from social protection. The Community Survey collects data against seven EE indicators.

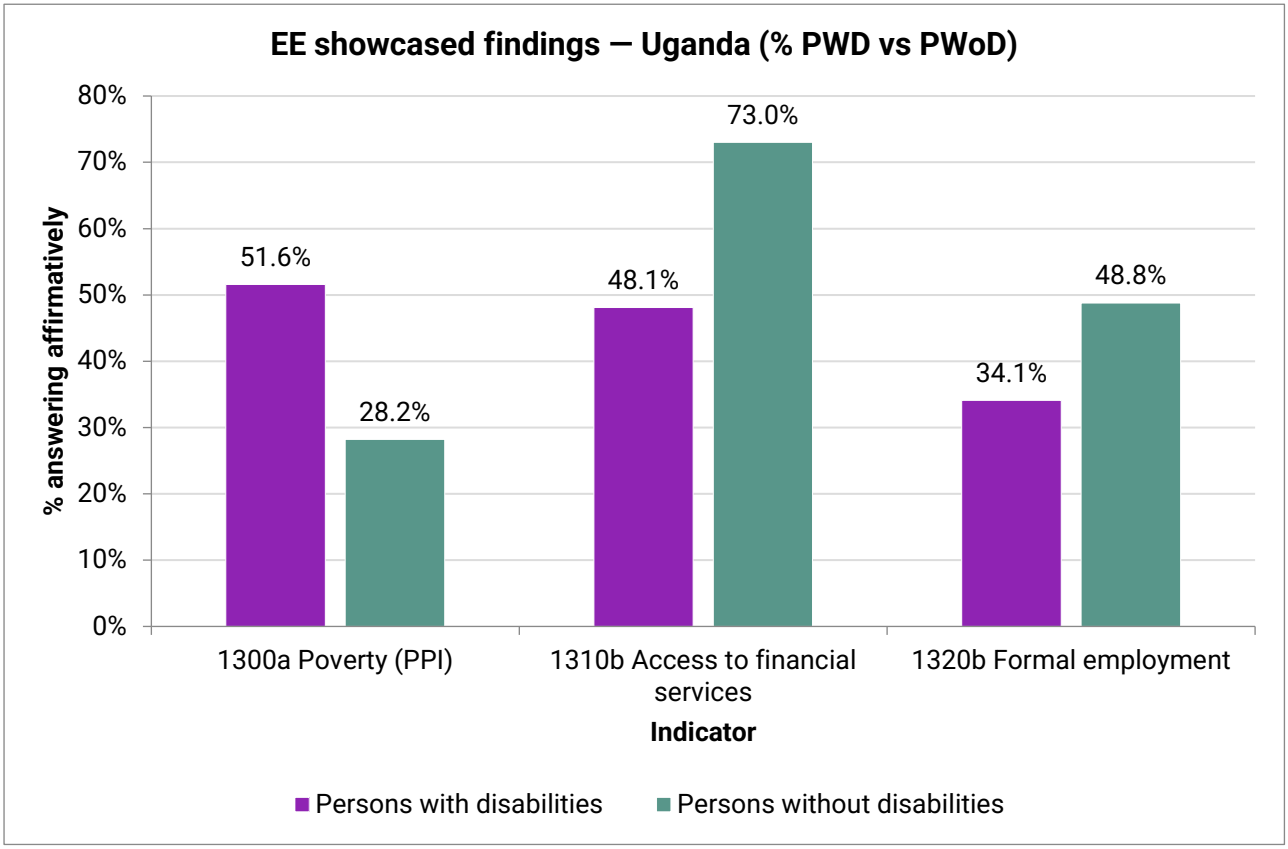

Figure 5.2: EE showcased findings — Uganda (% PWD vs PWoD)

5.2.1 Indicator 1300a: Poverty Probability Index

51.6% of persons with disabilities are likely to live below the national poverty line, compared with 28.2% of persons without disabilities (p=0.000). The poverty gap is one of the largest in the Uganda baseline.

	PWD Male	PWD Female	PWD Overall	PWoD Male	PWoD Female	PWoD Overall
Count	87	87	**174**	44	48	**92**
%	50.9	52.4	**51.6**	26.8	29.6	**28.2**

Table 5.2.1: Poverty Probability Index — comparison by sex and disability status (%)
Statistical significance: p = 0.000 — statistically significant.

5.2.2 Indicator 1310b: Access to Financial Services

48.1% of persons with disabilities report having access to formal or informal financial services, compared with 73.0% of persons without disabilities (p=0.000).

	PWD Male	PWD Female	PWD Overall	PWoD Male	PWoD Female	PWoD Overall
Count	86	76	**162**	119	119	**238**
%	50.3	45.8	**48.1**	72.6	73.5	**73.0**

Table 5.2.2: Access to financial services — comparison by sex and disability status (%)
Statistical significance: p = 0.000 — statistically significant.

5.2.3 Indicator 1320b: Formal Employment

34.1% of PWDs report formal employment, compared with 48.8% of PWoDs (p=0.001). The gap underlines the structural barriers to inclusive labour markets.

	PWD Male	PWD Female	PWD Overall	PWoD Male	PWoD Female	PWoD Overall
Count	60	55	**115**	87	72	**159**
%	35.1	33.1	**34.1**	53.0	44.4	**48.8**

Table 5.2.3: Formal employment — comparison by sex and disability status (%)
Statistical significance: p = 0.001 — statistically significant.

5.2.4 Other EE Indicators (Summary)

Indicator	PWD %	PWoD %	Difference	p-value
1300b: Financial decision-making	63.8%	88.3%	-24.5 pp	0.000
1310a: Knowledge of financial services	32.3%	50.6%	-18.3 pp	0.000
1310b: Access to financial services	48.1%	73.0%	-24.9 pp	0.000
1320a: Use of financial services (financial account)	14.2%	24.8%	-10.6 pp	0.000
1320c: Social protection	9.5%	4.6%	+4.9 pp	0.132

Table 5.2.4: Summary of additional EE indicators (% answering affirmatively)

Summary – Economic Empowerment

- Poverty is the single largest gap (PWD 51.6% vs PWoD 28.2%). Economic empowerment programming — including the iSAVE model, savings groups, and skills training — are crucial to addressing this.
- Although knowledge of financial services is low across all subgroups, the 25-pp gap on access to financial services (Indicator 1310b) highlights a need for partnerships with banks and mobile money providers to deliver disability-inclusive products and services.
- Social protection is low for both groups (9.5% PWD; 4.6% PWoD) — the difference is not statistically significant, suggesting low coverage system-wide. Advocacy with government social protection systems remains particularly relevant.

5.3 Health and Rehabilitation

The Health and Rehabilitation (H&R) thematic area focuses on access to inclusive health and rehabilitation services. The Community Survey collects data against eight H&R indicators.

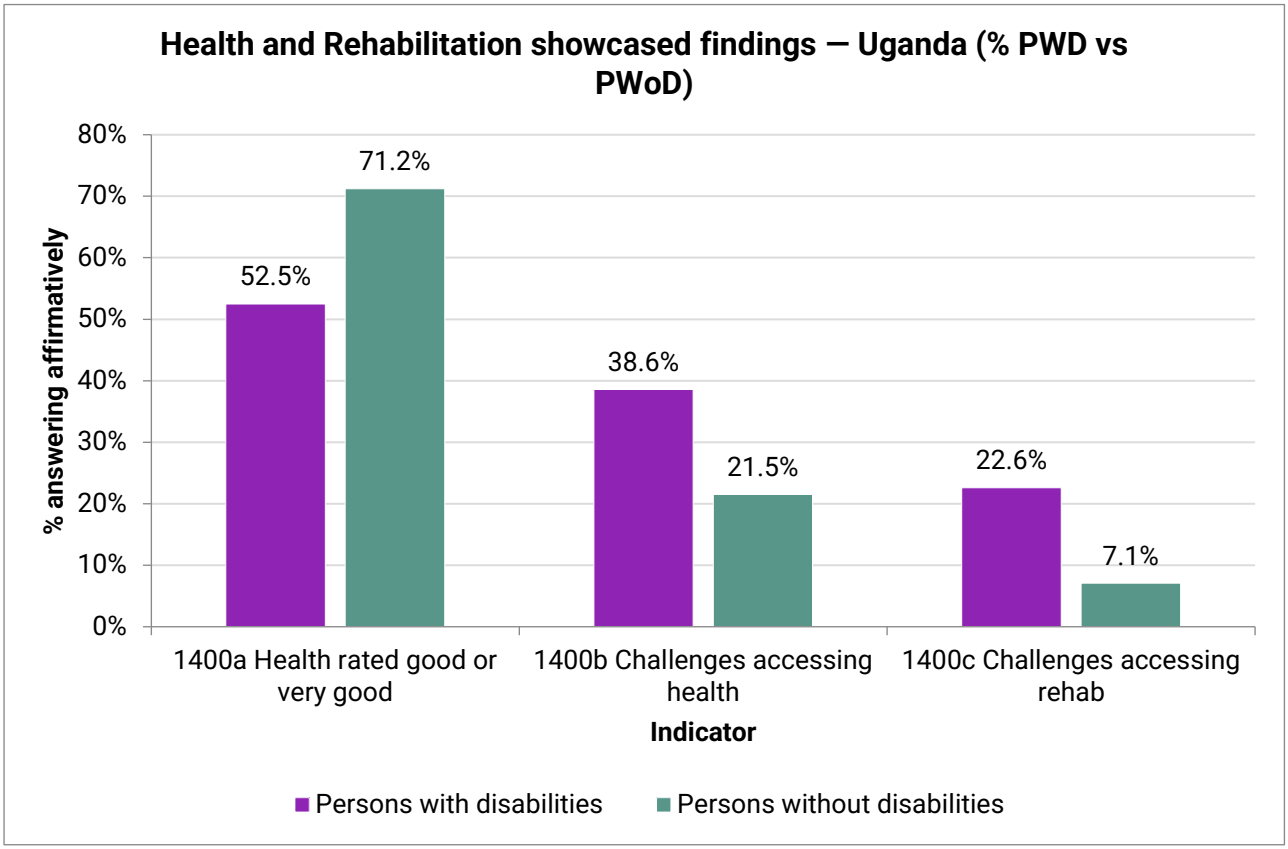

Figure 5.3: H&R showcased findings — Uganda (% PWD vs PWoD)

5.3.1 Indicator 1400a: Health Self-Rating

52.5% of persons with disabilities rate their health as good or very good, compared with 71.2% of persons without disabilities (p=0.000). The 18.7 percentage-point gap is consistent with the broader access patterns seen in the barriers presented below.

	PWD Male	PWD Female	PWD Overall	PWoD Male	PWoD Female	PWoD Overall
Count	100	77	**177**	122	110	**232**
%	58.5	46.4	**52.5**	74.4	67.9	**71.2**

Table 5.3.1: Health self-rating — comparison by sex and disability status (%)
Statistical significance: p = 0.000 — statistically significant.

5.3.2 Indicator 1400b: Barriers Accessing Health Services

Among the persons with disabilities sampled in Uganda, 38.6% reported at least one challenge accessing health services in the last 12 months, compared with 21.5% of persons without disabilities.

	PWD Male	PWD Female	PWD Overall	PWoD Male	PWoD Female	PWoD Overall
Count	63	67	**130**	26	44	**70**
%	36.8	40.4	**38.6**	15.9	27.2	**21.5**

Table 5.3.2a: Challenges accessing health services — comparison by sex and disability status (%)
Statistical significance: p = 0.000 — statistically significant.

The CS collected responses on the specific barriers reported by respondents. Figure 5.3.2 presents the eight most-reported barriers to accessing health services in descending order of prevalence among PWDs.

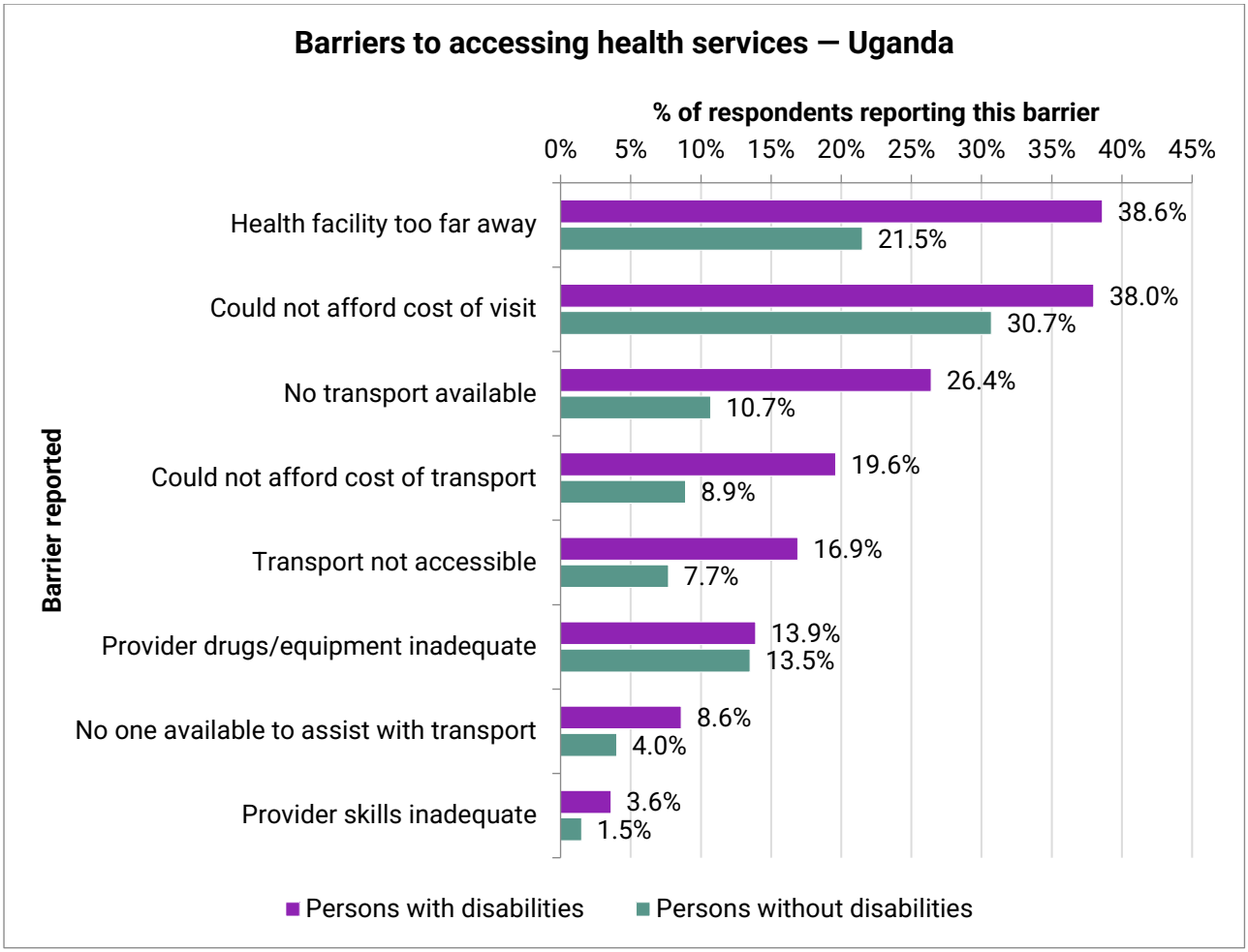

Figure 5.3.2: Barriers to accessing health services — Uganda (% reporting each barrier, multiple-response)

Three patterns are evident. First, the most reported barriers are related to physical and financial access — distance to facilities, cost of the visit itself, and the availability, accessibility and cost of transport. Second, the gap between PWDs and PWoDs is widest on the transport-related barriers (transport availability, accessibility, assistance, and cost) and on distance to the facility, with all of these gaps statistically significant. Third, the affordability of the visit is a barrier for a large proportion of both PWDs and PWoDs (38.0% vs 30.7%); the PWD–PWoD difference is not statistically significant, indicating that this is a broader system-level affordability problem rather than a disability-specific one.

Findings are largely similar for men and women with disabilities across the individual barriers, with cost of transport and "no one to assist with transport" being the two barriers on which women with disabilities report slightly higher rates than men.

Barrier reported	PWD %	PWoD %	Difference	Statistical significance
Health facility too far away	38.6%	21.5%	+17.1 pp	Significant (p<0.001)
Could not afford cost of visit	38.0%	30.7%	+7.3 pp	Not significant (p=0.104)
No transport available	26.4%	10.7%	+15.7 pp	Significant (p<0.001)
Could not afford cost of transport	19.6%	8.9%	+10.7 pp	Significant (p<0.001)
Transport not accessible	16.9%	7.7%	+9.2 pp	Significant (p<0.001)
Provider drugs/equipment inadequate	13.9%	13.5%	+0.4 pp	Not significant (p=0.960)
No one available to assist with transport	8.6%	4.0%	+4.6 pp	Significant (p=0.006)
Provider skills inadequate	3.6%	1.5%	+2.1 pp	Significant (p<0.001)
Thought not sick enough	2.1%	1.8%	+0.3 pp	Not significant (p=0.737)
Did not know where to go	0.9%	0.0%	+0.9 pp	Not testable (small cells)
Previously badly treated	0.6%	1.8%	-1.2 pp	Not significant (p=0.158)
Could not take time off work	0.6%	0.6%	+0.0 pp	Not significant (p=0.755)
Tried but was denied health care	0.3%	0.3%	+0.0 pp	Not significant (p=0.998)

Table 5.3.2b: Barriers to accessing health services in the last 12 months, Uganda (% of respondents reporting each barrier)

5.3.3 Indicator 1400c: Barriers Accessing Rehabilitation

Among the persons with disabilities sampled in Uganda, 22.6% reported at least one challenge accessing rehabilitation services in the last 12 months, compared with 7.1% of persons without disabilities (Indicator 1400c). It is important to note that 50.7% of PWD respondents reported they did not need rehabilitation services in the last 12 months, which limits the sample of those who reported barriers.

	PWD Male	PWD Female	PWD Overall	PWoD Male	PWoD Female	PWoD Overall
Count	39	37	**76**	8	15	**23**
%	22.8	22.3	**22.6**	4.9	9.3	**7.1**

Table 5.3.3a: Challenges accessing rehabilitation — comparison by sex and disability status (%)
Statistical significance: p = 0.000 — statistically significant.

As with health services, the CS captured the specific barriers to rehabilitation services reported by respondents. Figure 5.4 presents the eight most-reported barriers in descending order of prevalence among PWDs.

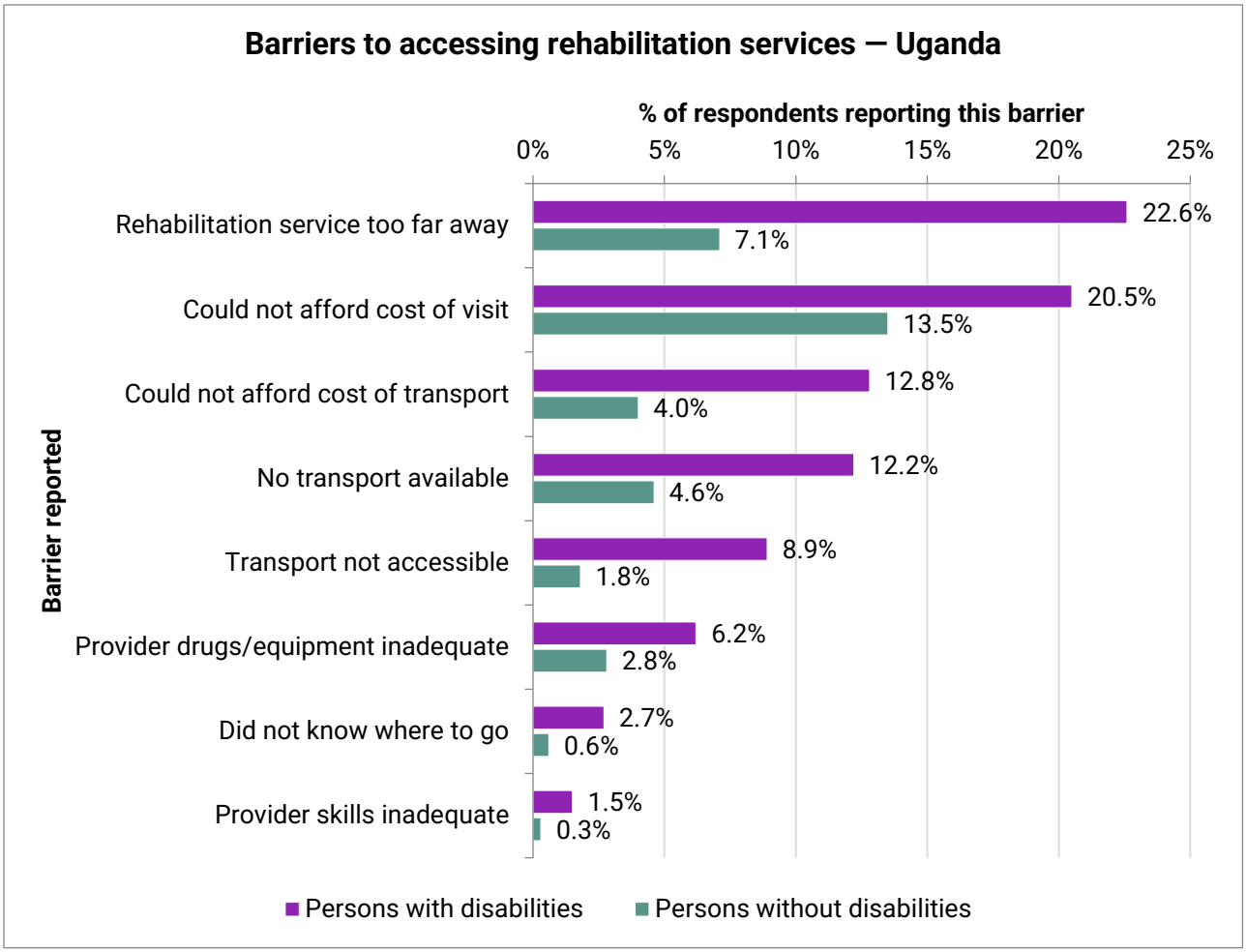

Figure 5.3.3: Barriers to accessing rehabilitation services — Uganda (% reporting each barrier, multiple-response)

The pattern of rehabilitation barriers aligns with the pattern of health barriers. Distance to the rehabilitation service (22.6% PWD) and cost of the visit (20.5% PWD) are the two most-reported barriers, followed by the four transport-related barriers (cost of transport 12.8%, transport availability 12.2%, transport accessibility 8.9%, and — to a lesser extent — not knowing where to go 2.7%). The PWD–PWoD gap is statistically significant on all the

transport-related barriers, distance, and "did not know where to go", indicating that these are disability-specific obstacles rather than population-wide system problems.

Inadequate provider drugs, equipment and skills are reported by smaller proportions of PWDs (6.2% and 1.5% respectively), and the PWD–PWoD differences for these findings are not statistically significant. While the percentages are lower than other barriers, it is possible to differentiate a service existing but being out of reach, from a service existing but being of inadequate quality.

A standout finding is the "did not know where to go" barrier (2.7% PWD vs 0.6% PWoD; statistically significant). The percentage is small, but points to an information or referral pathway gap that did not appear in the health-service barriers. This could imply that rehabilitation services in Uganda are more specialised and less visible compared to health services.

Barrier reported	PWD %	PWoD %	Difference	Statistical significance
Rehabilitation service too far away	22.6%	7.1%	+15.5 pp	Significant (p<0.001)
Could not afford cost of visit	20.5%	13.5%	+7.0 pp	Not significant (p=0.056)
Could not afford cost of transport	12.8%	4.0%	+8.8 pp	Significant (p=0.020)
No transport available	12.2%	4.6%	+7.6 pp	Significant (p=0.007)
Transport not accessible	8.9%	1.8%	+7.1 pp	Significant (p<0.001)
Provider drugs/equipment inadequate	6.2%	2.8%	+3.4 pp	Not significant (p=0.085)
Did not know where to go	2.7%	0.6%	+2.1 pp	Significant (p=0.024)
Provider skills inadequate	1.5%	0.3%	+1.2 pp	Not significant (p=0.076)
Tried but was denied service	0.3%	0.0%	+0.3 pp	Not testable (small cells)

Table 5.3.3b: Barriers to accessing rehabilitation services in the last 12 months, Uganda (% of respondents reporting each barrier)

5.3.4 Other H&R Indicators (Summary)

Indicator	PWD %	PWoD %	Difference	p-value
1400d: Treatment decision-making	46.6%	58.0%	-11.4 pp	0.018
1410a: Received recommended health services	32.6%	28.2%	+4.4 pp	0.288
1410b: Needed and received health care	52.0%	64.6%	-12.6 pp	0.018
1410c: Needed and received rehabilitation	39.0%	54.5%	-15.5 pp	0.105

Table 5.3.4: Summary of additional H&R indicators (% answering affirmatively)

Summary – Health and Rehabilitation (CS)

- PWDs are nearly twice as likely as PWoDs to report challenges accessing health services (38. 6% vs 21.5%) and three times as likely to report challenges accessing rehabilitation (22.6% vs 7.1%).
- PWDs are less likely than PWoDs to be involved in decisions about their own treatment (46.6% vs 58.0%). Health worker training on inclusive consultation and informed consent is a logical entry point.
- Distance to the facility is the most cited barrier for persons with disabilities accessing both health (38.6%) and rehabilitation (22.6%) services in Uganda.
- Transport-related barriers (availability, accessibility, cost, and assistance) are reported as the second highest barriers. The PWD–PWoD gap is statistically significant on every transport sub-item for both indicators.
- Cost of the visit is reported by approximately four in ten PWDs for health services and one in five for rehabilitation services. While the PWD–PWoD difference is not statistically significant on this item for health, the percentage is high for both groups — pointing to a population-wide affordability problem that disproportionately affects households already managing disability-related expenses.
- Provider-side barriers (inadequate drugs/equipment and inadequate skills) are reported by 13.9% and 3.6% of PWDs respectively for health services, and 6.2% and 1.5% for rehabilitation services. The PWD–PWoD gaps on provider drugs/equipment are not statistically significant — these are facility-wide capacity constraints rather than disability-specific. Inclusive in-service training for health and rehabilitation workers remains relevant, particularly given the significant gap on provider skills (3.6% PWD vs 1.5% PWoD; $p<0.001$) which suggests PWDs experience the skills gap more acutely.

- The percentage reporting on "Did not know where to go" is small but statistically significant for rehabilitation services (2.7% PWD vs 0.6% PWoD). This suggests an information or referral pathway gap.
- These findings should be triangulated with the Client Exit Survey results (Section 6.4 in this report). CES respondents rated Accessibility & Convenience as the lowest in Uganda, reiterating access barriers found in the CS

5.4 Inclusive Climate Change Adaptation and Disaster Risk Reduction

For Inclusive Climate Change Adaptation and Disaster Risk Reduction (ICCA&DRR), the Community Survey collects data against two indicators capturing self-reported resilience and knowledge of how to adapt to climate change and respond to disasters.

Indicator	PWD %	PWoD %	Difference	p-value
1500: Climate change and disaster resilience	0.6%	0.9%	-0.3 pp	0.558
1510a: Climate adaptation knowledge	0.3%	0.6%	-0.3 pp	0.582

Table 5.4: ICCA&DRR indicators (% answering affirmatively)

Summary – Inclusive Climate Change Adaptation and Disaster Risk Reduction

- Only 0.6% of PWDs and 0.9% of PWoDs report improved climate change and disaster resilience. There is no statistically significant difference between the two groups which indicates that resilience to climate and disaster-related shocks is low across communities and is not a disability-specific gap to close.
- Knowledge of how to adapt to climate change and respond to disasters is similarly low (0.3%–0.6%). This underlines a major gap in awareness and knowledge of climate and disaster preparedness community-wide.

6 Findings — Client Exit Survey

The Client Exit Survey (CES) is a quantitative tool and was administered to 160 persons with disabilities at the point of exit from a health facility, immediately after their consultation. The CES captures the direct experiences of the care respondents have just received.
Two of the indicators measured by the CES (1410b — received the medical care needed; 1410c — received the rehabilitation care needed) overlap with the Community Survey, providing a triangulation of estimates from two different sources. A third indicator (1420a — experience of being treated with respect and dignity) is reported under the CES only.

6.1 Receiving the Health and Rehabilitation Care Needed

Two CES indicators measure the proportion of persons with disabilities who needed health (1410b) or rehabilitation (1410c) care in the last 12 months and received it. The CES estimate reflects a population that is, by definition, already accessing care (they are exiting a clinic at the time of the interview), and is therefore expected to be higher than the Community Survey estimate.

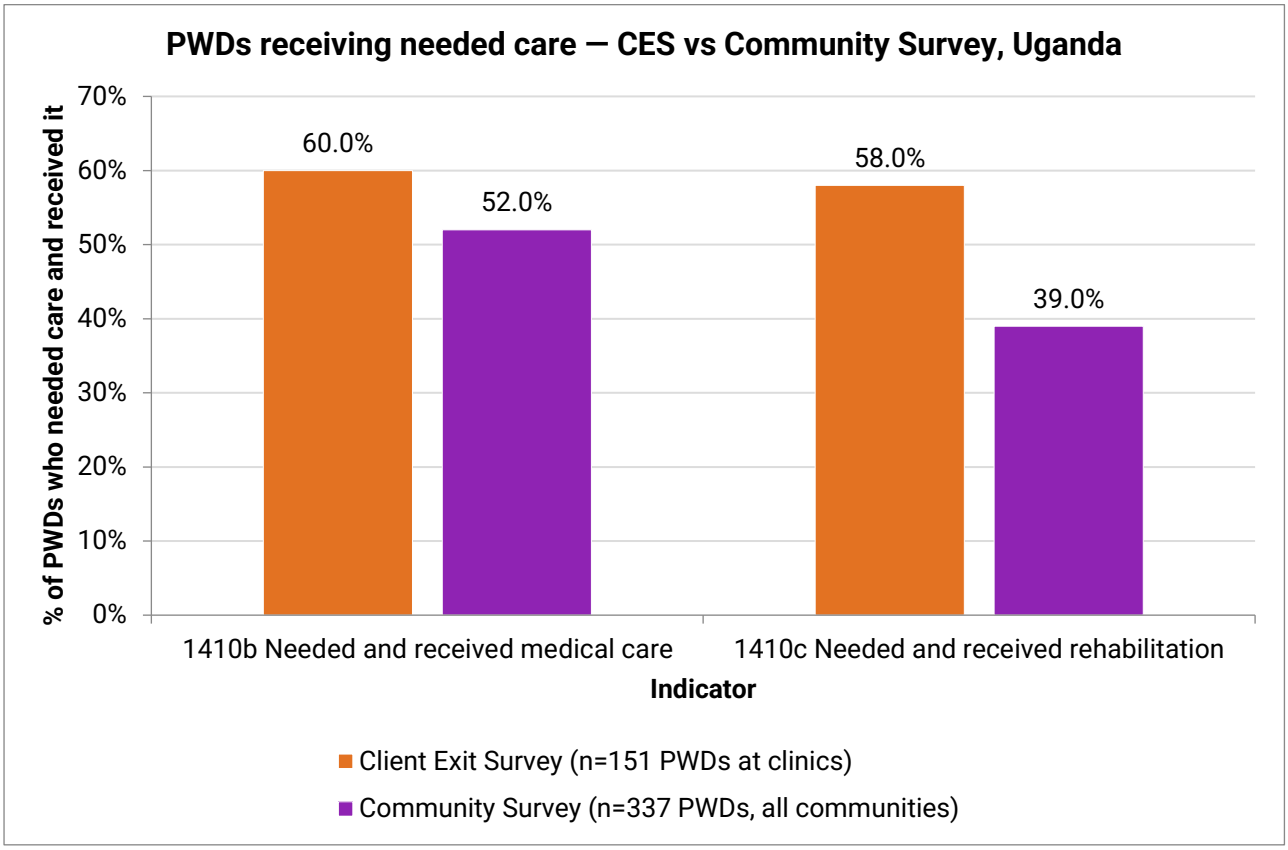

Figure 6.1: Persons with disabilities who needed care and received it — CES vs Community Survey, Uganda

6.1.1 Indicator 1410b — Received the Medical Care Needed

Of the 155 persons with disabilities who reported needing medical care in the last 12 months, 60% received the care they needed. The figure is similar for women (59%) and men (61%). In comparison with the Community Survey, estimates (52% PWD; n=337) are consistent with the expected direction of difference: the CES population is already accessing the health system, while the Community Survey reaches the wider population including those who did not present for care.

Even within the CES population, more than four in ten persons with disabilities who needed medical care in the last 12 months did not receive it.

	Women (n=82)	Men (n=78)	Total (n=160)
Number needing medical care in last 12 months	78	77	**155**
% of those who received needed care	59.0%	61.0%	**60.0%**

Table 6.1.1: Indicator 1410b — % of persons with disabilities who needed medical care in the last 12 months and received it

6.1.2 Indicator 1410c — Received the Rehabilitation Care Needed

Of the 126 persons with disabilities who reported needing rehabilitation services in the last 12 months, 58% received the services they needed. The figure is again similar for women (59%) and men (57%). The difference between the CES and the CS finding (39% PWD) is larger than for medical care.

More than 40% of persons with disabilities at the point of clinic exit who needed rehabilitation in the last 12 months did not receive it. Combined with the very low CS figure (39%), this points to rehabilitation being the most pertinent unmet need under Health and Rehabilitation.

	Women (n=82)	Men (n=78)	Total (n=160)
Number needing rehabilitation in last 12 months	61	65	**126**
% of those who received needed rehabilitation	59.0%	57.0%	**58.0%**

Table 6.1.2: Indicator 1410c — % of persons with disabilities who needed rehabilitation in the last 12 months and received it

6.2 Experience of Being Treated with Respect and Dignity

Indicator 1420a measures the proportion of persons with disabilities who rate their experience of being treated with respect and dignity by health service providers as "good" or "very good".

Across all 160 CES respondents, 20% (n=32) rate their experience of being treated with respect and dignity by health service providers as good or very good. Men with disabilities are more likely than women with disabilities to score positively (25.6% of men vs 14.6% of women) — a difference that does not appear to the same extent in the per-domain breakdown below (Figure 6.2).

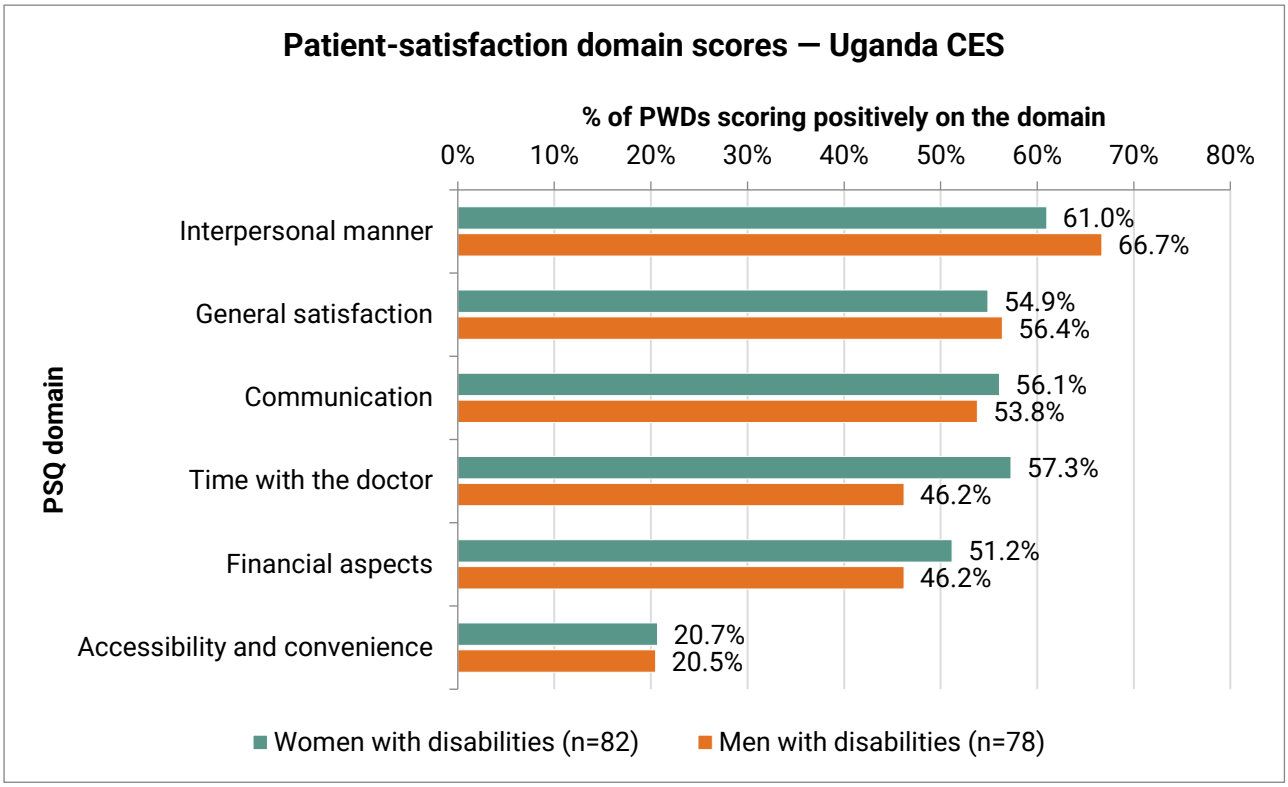

Figure 6.2: Patient-satisfaction domain scores — % of PWDs scoring positively on each PSQ domain, Uganda

Domain-level breakdown

Findings from the CES represent a positive-rating proportion for each of the six domains, providing insight into which aspects of the care experience are working well and which are not. Table 6.3 presents the proportion of PWDs scoring positively on each domain, disaggregated by sex.

Domain	Women (n=82)	Men (n=78)	Total (n=160)
Interpersonal manner	61.0%	66.7%	**63.8%**
General satisfaction	54.9%	56.4%	**55.6%**
Communication	56.1%	53.8%	**55.0%**
Time with the doctor	57.3%	46.2%	**51.9%**
Financial aspects (affordability)	51.2%	46.2%	**48.8%**
Accessibility and convenience	20.7%	20.5%	**20.6%**

Table 6.2: Patient-satisfaction domain scores — % of PWDs rating each domain positively, by sex

The domains are: Interpersonal manner — confidence in health workers' professional skills and the courtesy with which they treat respondents; General satisfaction — satisfaction with care received overall; Communication — clarity of information and the extent to which health workers listen and explain treatment plans; Time with the doctor — sufficiency of consultation time; Financial aspects — affordability of care; Accessibility and convenience — ease of access to specialists, waiting times, and appointment availability.

Summary – Health and Rehabilitation (CES)

- Approximately 20% of persons with disabilities rate their experience of being treated with respect and dignity by health service providers as good or very good.
- Men with disabilities are markedly more likely than women with disabilities to rate their experience positively (25.6% vs 14.6%). The gap is driven mainly by differences on time with the doctor and financial aspects (where women score more positively than men) and on interpersonal manner (where men score more positively than women). The pattern suggests gender-specific barriers that may need qualitative follow-up.
- The strongest domain is interpersonal manner (63.8% positive) — persons with disabilities are most likely to feel that health workers are competent, friendly and courteous.
- The weakest domain is accessibility and convenience (20.6% positive) — persons with disabilities are least satisfied with waiting times, appointment availability, and ease of access to the specialists they need. This is consistent with broader access challenges captured in the Community Survey (Indicator 1400b — challenges accessing health services).

- General satisfaction and communication score similarly (around 55% positive) and show no meaningful sex gap.
- Financial aspects and time with the doctor score in the high 40s to low 50s, with women rating both more positively than men.
- The 60% / 58% receipt-of-care figures from the CES are higher than the corresponding Community Survey figures (52% / 39%), but still leave more than 40% unmet need at the point of clinic exit.

7 Findings — Inclusive Education Assessment

7.1 Enrolment of Learners with Disabilities

The Inclusive Education Assessment (IEA) was conducted in 17 target schools in Uganda. Of these 17 schools, 16 schools (94.1%) maintain enrolment registers; 8 (47.1%) disaggregate the register by disability status, and 7 (41.2%) disaggregate by type of disability. The figures presented in Table 17 combine: registered figures from the 8 schools whose registers record disability status; and school estimates provided by teachers and head teachers in the remaining 9 schools.

Source	Boys	Girls	Total
Registered (n=8 schools)	381	366	747
Estimated (n=9 schools)	449	387	836
Total estimated (n=17 schools)	**830**	**753**	**1583**

Table 7.1a: Number of learners with disabilities enrolled in CADiR target schools, by sex
Note: figures from the 9 schools without disaggregated registers are estimates provided by school staff and should be interpreted with caution. They are presented to give an indicative total enrolment figure across the CADiR target schools.

In the table below, figures are from the 7 schools that disaggregate by type of disability.

Disability type	Boys	Girls	Total
Cognitive	109	102	211
Seeing (visual)	75	63	138
Hearing	54	52	106
Walking (mobility)	25	31	56
Communication	29	15	44
Multiple disabilities	15	11	26
Upper body	1	4	5
Deafblindness	4	0	4
Self-care / Affect	0	0	0
Not specified	51	68	119

Disability type	Boys	Girls	Total
Total (n=7 schools that disaggregate by type)	**363**	**349**	**712**

Table 7.1b: Learners with disabilities by disability type (schools that disaggregate by type)

7.2 School Inclusivity Scores

The IEA aims to determine the inclusivity of teaching and learning environments for learners with disabilities. Five schools (29% of the targeted schools) were found to have moderate to very high inclusion.

IEA scores are calculated against a maximum of 42 points across the five modules (School Leadership and Management; Physical Environment and Infrastructure; Wellbeing of Learners; Adaptations and Assistive Technologies; and Teaching Inclusively).

No school scored in the "Very High" inclusion band (90–100%); 5 schools (29.4%) scored in the "Moderate to High" band (60–89%); and 12 schools (70.6%) scored in the "Low" or "Very Low" bands (below 60%).

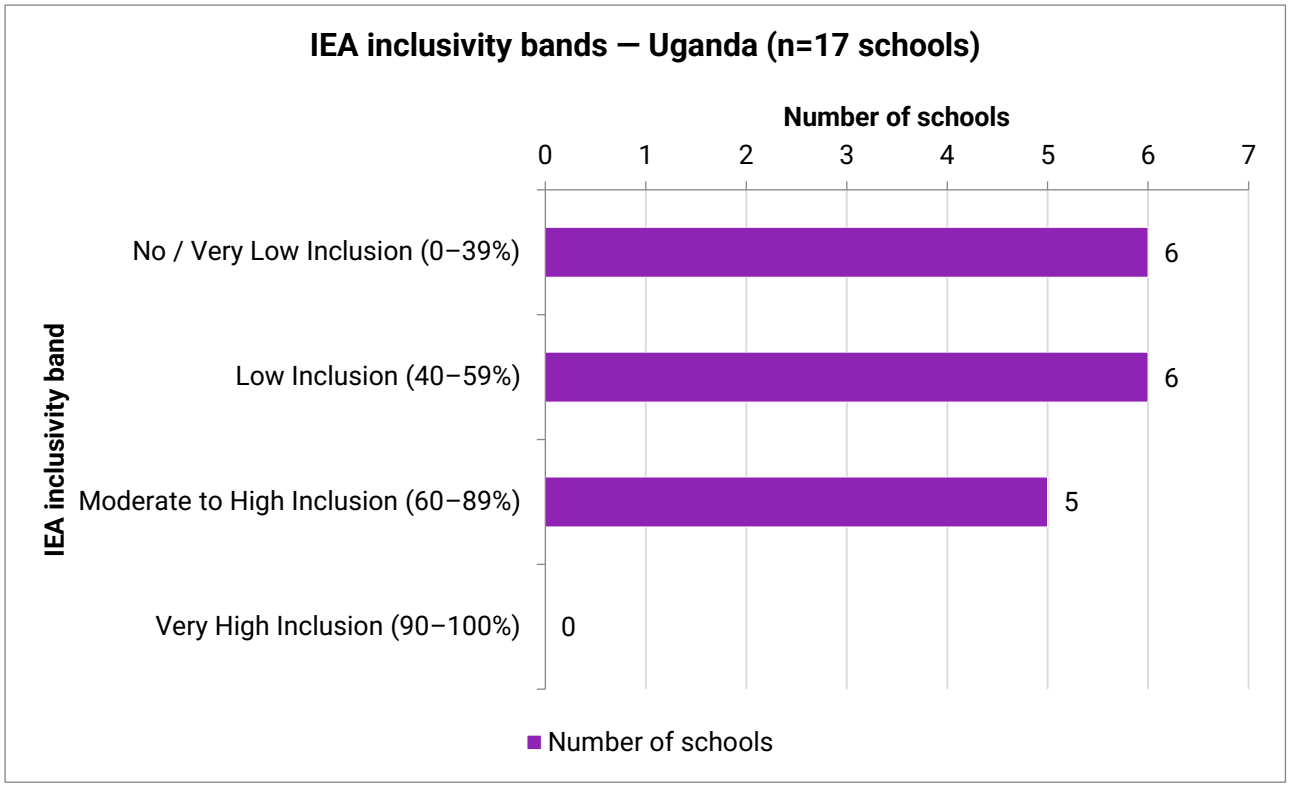

Figure 7.2: Distribution of CADiR target schools across IEA inclusivity bands — Uganda

Inclusivity band	Number of schools	Percent
No / Very Low Inclusion (0–39%)	6	35.3%
Low Inclusion (40–59%)	6	35.3%
Moderate to High Inclusion (60–89%)	5	29.4%
Very High Inclusion (90–100%)	0	0.0%
Total	**17**	**100.0%**

Table 7.2a: Distribution of CADiR target schools by IEA inclusivity band

Below, Table 7.2b presents the mean score of all schools per module.

What is important to note is that not all Uganda country programme partners implement activities and interventions that focus on every module of the IEA as part of the CADiR programme. In Uganda, the predominant focus under CADiR on activities with schools are modules 1-7 of the Inclusive Learning Approach (ILA) i.e. Introduction to Inclusive Education; School Inclusion Teams and the Role of the School Inclusive Education Coordinator; Identifying Out-of-School Learners and Supporting Education Transitions; Screening and Identification of Learning Needs; Creating Individual Education Plans and Teaching and Learning Aids; Promoting Active Learning in the Classroom; and Developing Learner Participation.

Findings of the IEA should be interpreted with this in consideration.

Module	Mean score (% of max)
Module B: School Leadership and Management	70%
Module C: Physical Environment / Infrastructure	79%
Module D: Wellbeing of Learners	46%
Module E: Adaptations and Assistive Technologies	14%
Module F: Teaching Inclusively	46%

Table 7.2b: Module-level performance across the assessed schools (mean % of maximum score)

7.3 Other IEA indicators

In addition to the overall inclusivity score, the IEA captures structural aspects of school inclusion. The figures below are reported for the 17 CADiR target schools in Uganda.

Indicator	Result
Schools with a school inclusion team in place	10 of 17 (58.8%)
School inclusion teams that have met in the last three months	8 of 10
School inclusion teams that have been trained on supporting learners with disabilities	4 of 10
Schools with inclusive groups or clubs	6 of 17 (35.3%)
Learners with disabilities currently participating in inclusive clubs	116 (≈7.3% of all learners with disabilities in target schools)
Schools with inclusive codes of conduct (Level 3 or 4)	6 of 17 (35.3%)
Schools with formal disability service referral pathways (NUDIPU schools, n=8)	5 of 8 (62.5%)

Table 7.3: Summary of additional IEA indicators

Summary – Inclusive Education

- Five out of 17 schools (29% of the targeted schools) were found to have moderate to very high inclusion.
- Physical accessibility infrastructure (Module C) and school leadership (Module B) had the highest scores across the CADiR target schools. Adaptations and assistive technologies (Module E) and the wellbeing of learners (Module D) had the lowest scores, with most schools scoring zero or very low on assistive technology provision.
- Since CADiR partners in Uganda do not provide adaptations and assistive technologies to schools, this highlights the need for external provision and support.
- While most schools maintain enrolment registers, only 8 disaggregate by disability status, and less than half disaggregate by disability type (7 out of 17).

8 Conclusions

The CADiR Uganda baseline provides an initial quantitative understanding of where persons with disabilities stand relative to persons without disabilities at the start of the 2025–2029 programme period. A crucial finding is that persons with disabilities in CADiR target communities face significant disadvantages in making informed choices and decisions, in economic participation, and in access to health and rehabilitation services. Persons with disabilities are simultaneously more likely to be members of OPDs than persons without disabilities — pointing to the importance of OPDs as the principal driver for collective action and rights advocacy.

Findings from the CS on barriers to health and rehabilitation services reveal a consistent pattern: persons with disabilities are constrained less by an absence of facilities, but more by the difficulty of reaching them, physically and financially. Distance to the facility, availability and accessibility of transport, cost of transport, and cost of the visit itself collectively account for most barriers reported. The PWD–PWoD gap is statistically significant on almost every transport-related sub-item, meaning barriers reported are disability-specific constraints. For rehabilitation specifically, an information and referral pathway gap emerges. A small but significant proportion of PWDs report that they "did not know where to go", plausibly pointing to the more specialized and less visible nature of rehabilitation services in Uganda

Findings from the Inclusive Education Assessment show strong foundational inclusion infrastructure in most schools, but few have systematic supports for individual learners with disabilities (assistive technologies, individual education plans, trained inclusion teams).
The Client Exit Survey adds a complementary comparison to the Community Survey findings on health and rehabilitation. Conducted at the point of clinic exit, the CES captures the experiences of a population that is, by definition, already accessing services. Even among those who have accessed services, more than four in ten PWDs who needed medical care or rehabilitation in the last 12 months did not receive it, and only 20% rate their experience of being treated with respect and dignity as good or very good — with women with disabilities rating their experience lower than men (14.6% vs 25.6%). These patterns reiterate the findings from the CS on barriers to health and rehabilitation services. Challenges with access and affordability of services is evident from both the community side (those needing care, whether they received it or not) and the clinic side (those exiting a consultation).

These findings give CADiR partners a programme-level baseline against which to measure change over the next four years. Importantly, they provide an evidence base to use in policy dialogue with stakeholders and other duty-bearers on the implementation of the Persons with Disabilities Act 2020, the National Climate Change Act 2021, and Uganda's commitments under the CRPD.

Cross-cutting implications

- Strengthen the gender focus across thematic areas: women with disabilities consistently report the lowest agency, financial inclusion and health access.
- Continue to invest in OPD organisational capacity (governance, advocacy, financial management), particularly at district/regional levels.
- Build inclusive enrolment registers and routine reporting in CADiR target schools as an early-period priority.
- Integrate the ICCA&DRR thematic area into existing community-level programming structures.
- Use baseline findings as the basis for transparent dialogue with government stakeholders on inclusive policy implementation under the CRPD.

9 Annexes

Annex A: Indicator Descriptions

Code	Indicator	Tool
1100a	% of persons with disabilities who report getting to make informed choices and decisions	CS
1100b	% of persons with disabilities reporting improved agency and opportunities to participate in household and community	CS
1110a	% of persons with disabilities who report joint decision-making with family members on personal care and household purchases	CS
1110b	% of persons with disabilities who report increased self-confidence and empowerment	CS
1120a	% of persons with disabilities who feel valued as individuals by members of their community	CS
1120b	% of persons with disabilities who report participation in community planning	CS
1130a	% of persons with disabilities on local, programme and national decision-making bodies	CS
1210a	# of learners with disabilities enrolled in target educational institutions	IEA
1221c	# of schools with school inclusion teams	IEA
1221d	# of schools with inclusive groups/ clubs	IEA
1221e	# of schools with inclusive codes of conduct	IEA
1224a	# of schools with disability service referral pathways	IEA
1220	% of educational institutions with increased inclusivity of teaching and learning environments for learners with disabilities	IEA
1300a	Poverty Probability Index — proportion of respondents likely to live below the national poverty line	CS
1300b	% of persons with disabilities who report deciding how to use their money and other resources	CS
1310a	% of persons with disabilities who report knowing how to access formal and informal financial services	CS
1310b	% of persons with disabilities who report having access to formal and informal financial services	CS

Code	Indicator	Tool
1320a	% of persons with disabilities with an account at a financial service	CS
1320b	% of persons with disabilities with formal employment	CS
1320c	% of persons with disabilities enrolled in social security programmes or receiving benefits	CS
1400a	% of persons with disabilities who rate their health as good or very good	CS
1400b	% of persons with disabilities who report challenges accessing health services	CS
1400c	% of persons with disabilities who report challenges accessing rehabilitation services	CS
1400d	% of persons with disabilities who report being involved in making decisions about their treatment	CS
1410a	% of persons with disabilities who receive recommended health checkups	CS
1410b	% of persons with disabilities that needed medical care in the last 12 months and received the care needed	CS
1410b	% of persons with disability that needed medical care in the last 12 months that received the care they needed	CES
1410c	% of persons with disabilities that needed rehabilitation in the last 12 months and received the care needed	CS
1410c	% of persons with disability that needed rehabilitation services in the last 12 months that received the care they needed	CES
1420a	% of persons with disability who rate their experience of being treated with respect and dignity by health service providers as good or very good	CES
1500	% of persons with disabilities and caregivers who report improved climate change and disaster resilience	CS
1510a	% of persons with disabilities who know how to adapt to climate change and respond to disasters	CS

Table A1: CADiR Indicators reported in this document

Atlas
Alliance

Collective Action for
Disability Rights