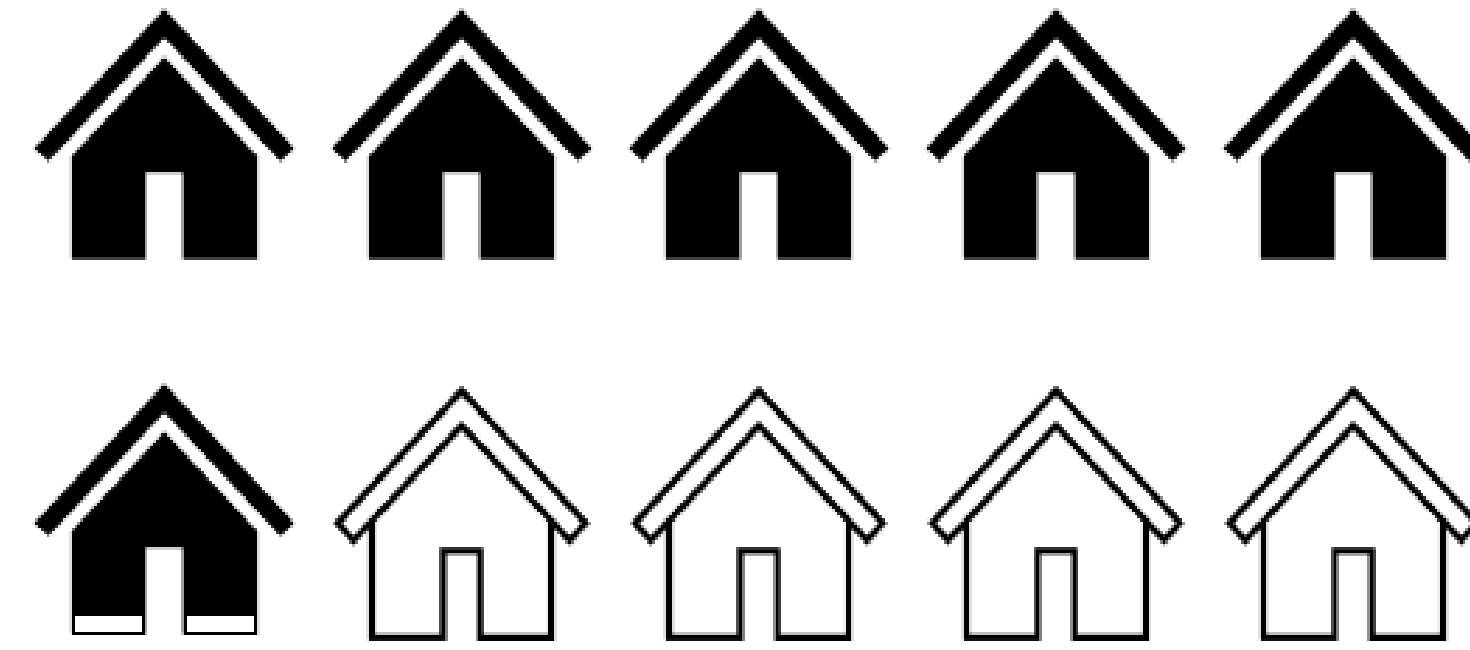


Background

- Over 1 billion people globally are disabled, of which 150 million are children with disabilities — a group at high risk for malnutrition and infections. [1-4]
- Access to nutrition and health services (NaHS) in sub-Saharan Africa (SSA) is low (42.56%), particularly for women, people with low socio-economic status, low education, rural residence, and those with disabilities. [5,6]
- In Uganda, malnutrition and infections remain an important factor in morbidity and mortality among children. [7,8]
- People with disabilities in Uganda face multiple barriers to accessing NaHS and water access, sanitation and hygiene (WASH) services, however, there is limited information on access to NaHS, WASH and dietary adequacy for children with disabilities. [5, 9, 10]



42.1%

Figure 1. Households without access to essential NaHS

Methods

- Secondary data analysis from a cross-sectional NaHS survey conducted in 2021 by Holt International in 3 districts in Uganda.
- Eligibility criteria for participation in the household survey included all households within the sample districts with one or more children younger than 18 years old.
- Descriptive statistics summarized demographic characteristics and other variables by household status; all households, those with children with disabilities and those without children with disabilities.
- Logistic regression was used to examine adjusted estimates of association between disabilities, access to nutrition and health services, WASH and dietary adequacy.

Results

- Of 7,013 households, 853 were supported by Holt and 6,130 were not participating in Holt programs.
- Only 57.9% of households reported access to necessary NaHS. Odds of access to services was 30% lower for households with children with disabilities compared to those without.
- Vaccinations (827, 11.9%) followed by deworming (723, 10.4%) were the most common services households reported as inaccessible, with a higher proportion of insufficient access among households with children with disabilities (57, 18.7% and 44, 14.4%).
- Odds of access to services was 30% lower for households with children with disabilities compared to those without, after adjusting for confounding factors (OR= 0.70; 95% CI 0.55 to 0.89, p=0.003).
- Improved WASH adequacy associated with improved access to services, even for children with disabilities (Interaction OR= 1.12, 95% CI: 1.02 to 1.22, p=0.012).

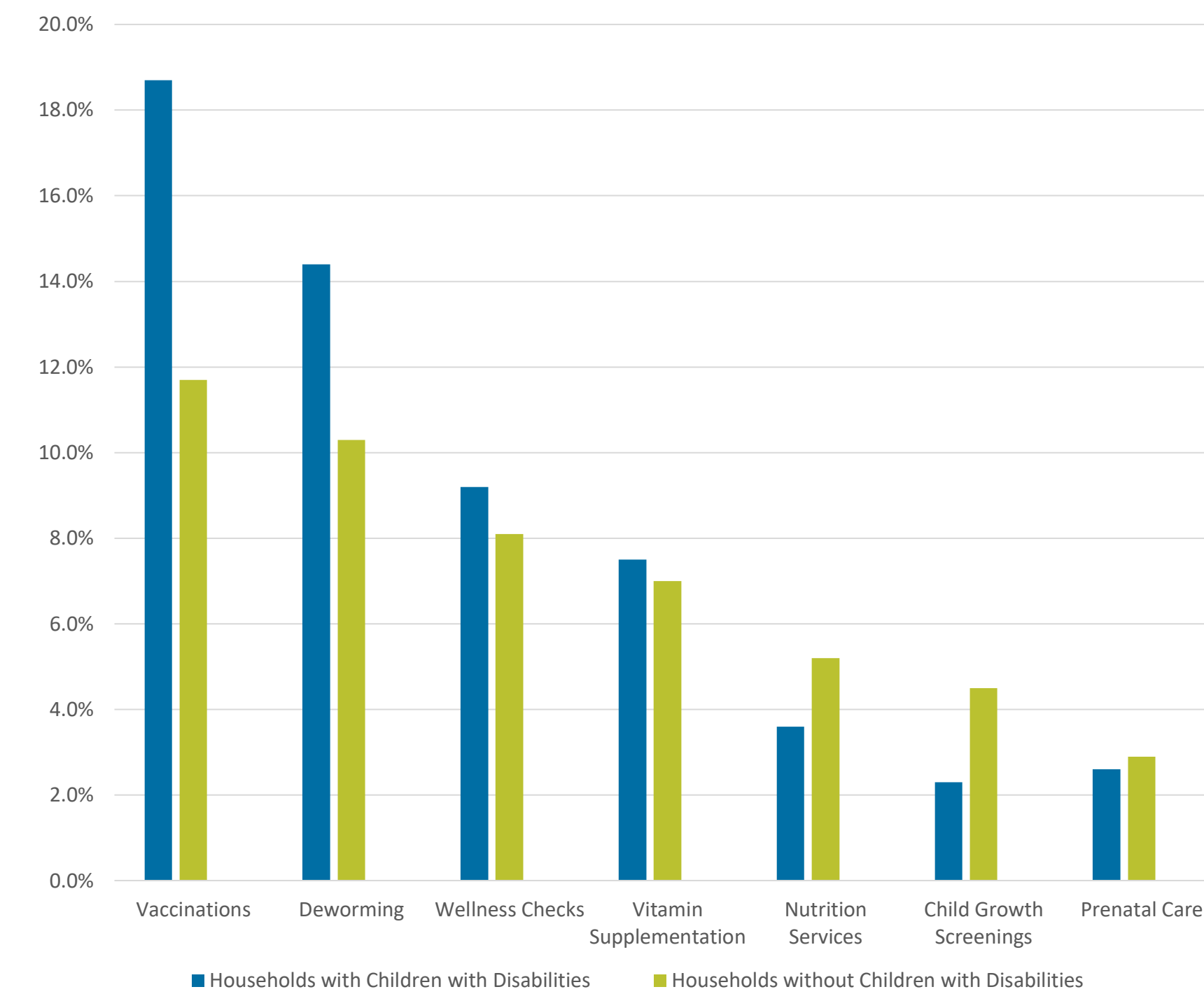


Figure 2. NaHS most inaccessible to households with and without children with disabilities

Conclusions

- There is low access to essential NaHS in Uganda, with households with children with disabilities reporting worse access, particularly for those with low WASH adequacy. Barriers to access need to be examined.
- Children with disabilities are at an increased risk of insufficient access to necessary NaHS.
- Access to clean water, sanitation, and good hygiene, for children with disabilities is associated with improved access to NaHS.
- Improved and inclusive access to NaHS and WASH for people in Uganda, including children with disabilities, needs to be prioritized.



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