



Distribution and Demographic Profile of UDID Card Holders: A Comparative Study of Selected South Indian States

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ABSTRACT

The Unique Disability Identification (UDID) card initiative, launched by the Ministry of Social Justice and Empowerment, Government of India, represents a landmark step toward creating a unified national database of persons with disabilities (PwDs). This study investigates the distribution and demographic profile of UDID card holders in five selected South Indian states — Tamil Nadu, Kerala, Karnataka, Andhra Pradesh, and Telangana — drawing on secondary data from the UDID portal (www.swavlambancard.gov.in), Department of Empowerment of Persons with Disabilities (DEPwD) reports, and relevant policy documents. Descriptive statistical methods, including frequency counts, percentages, and cross-tabulations, are employed to analyze patterns across states. Findings reveal significant interstate disparities in UDID registration, a consistent gender gap disadvantaging women, concentration of beneficiaries among working-age adults, and the predominance of locomotor and visual disabilities across all states. Tamil Nadu leads in absolute registration numbers, while Kerala demonstrates a comparatively equitable gender distribution. The study highlights structural and administrative factors underlying differential registration



outcomes and identifies underrepresented groups including children, elderly persons, and those with psychosocial disabilities. The study aims to inform policymakers and welfare administrators about existing gaps in UDID outreach and registration, and to support evidence-based planning for more inclusive disability welfare delivery.

Introduction

Disability is a complex, multidimensional phenomenon that intersects with poverty, social exclusion, and limited access to public services. In India, the Rights of Persons with Disabilities (RPwD) Act, 2016 marked a significant legislative milestone by expanding the number of recognized disability categories from seven to twenty-one and mandating a range of entitlements including education, employment reservations, social security, and barrier-free access. The effective delivery of these entitlements, however, is predicated upon the existence of a reliable and standardized identification system for persons with disabilities (PwDs).

Prior to the UDID initiative, disability identification in India was a decentralized, fragmented affair. State governments and district medical boards issued disability certificates in varying formats with different eligibility criteria and assessment procedures. This inconsistency created barriers for PwDs attempting to access centrally sponsored welfare schemes, often requiring repeated documentation, bureaucratic verification, and travel to medical facilities. The absence of a unified, machine-readable identity document meant that cross-state recognition of disability status was effectively absent.

The Unique Disability Identification (UDID) project, formally known as the Swavlamban Card initiative, was launched by the Ministry of Social Justice and Empowerment (MoSJE), Government of India, with the objective of creating a single, standardized identity card for all PwDs across the country. The UDID card functions as a smart card containing essential information — including the nature and percentage of disability, medical certification details, and beneficiary demographic data — and is linked to the national UDID database maintained through the portal www.swavlambancard.gov.in. The Department of Empowerment of Persons with Disabilities (DEPwD) under MoSJE serves as the nodal agency for the scheme's implementation.

Despite its nationwide mandate, the implementation trajectory of the UDID scheme has been uneven across states. The five South Indian states — Tamil Nadu, Kerala, Karnataka, Andhra Pradesh, and



Telangana — present a particularly interesting comparative canvas given their geographic contiguity, relatively advanced health and administrative infrastructure, and varying policy landscapes. Against this backdrop, the present study undertakes a comparative examination of UDID card distribution and the demographic profile of registered beneficiaries across these five states.

Objectives of the Study

The study is guided by the following primary objectives:

1. To examine the overall distribution of UDID cards across the five selected South Indian states.
2. To analyze the demographic characteristics of registered UDID card holders with specific attention to age, gender, and type of disability.
3. To compare interstate variations in UDID registration coverage and identify contributing factors to observed disparities.

Review of Literature

The literature on disability identification systems in India is relatively nascent, but a growing body of scholarship has begun to examine the administrative and policy dimensions of disability certification and registration. Mehrotra and Malhotra (2007) noted that disability data in India has historically suffered from severe undercounting, attributed to definitional inconsistencies, social stigma, and inadequate enumerator training in census and survey exercises. The 2011 Census of India recorded approximately 2.68 crore PwDs, a figure widely acknowledged as a significant undercount relative to the World Health Organization's global estimate that around 15 percent of the world's population lives with some form of disability (World Health Organization & World Bank, 2011).

The RPwD Act, 2016 has been analyzed extensively from a rights-based perspective. Disability rights scholars have highlighted the Act's transformative potential in expanding the scope of entitlements, while simultaneously noting the persistent gap between legislative intent and ground-level implementation. Rajan et al. (2018) documented the administrative challenges in rolling out the expanded disability certificate regime under the Act, particularly noting delays in training medical professionals to assess the twenty-one recognized categories of disability.



Specifically regarding the UDID system, the National Centre for Promotion of Employment for Disabled People (NCPEDP, 2019) highlighted that many PwDs, particularly those in rural areas and from marginalized communities, were unaware of the UDID scheme or found the online application process inaccessible. Ghai (2015) theorized the intersection of gender and disability as a form of 'double marginalization' that manifests in limited access to education, healthcare, and formal identification systems, explaining the consistent underrepresentation of women in disability welfare databases.

Regional disparities in disability service delivery have been examined by Sengupta and Bhattacharya (2020), who demonstrated that states with stronger e-governance infrastructure and higher levels of health literacy tend to exhibit better performance in disability scheme implementation. The southern states, generally characterized by higher human development indices and more robust public health systems, have been posited as potential models for effective disability welfare administration. The present study contributes to this literature by providing an empirically grounded, comparative analysis of UDID registration data across five South Indian states.

Methodology

Research Design

This study adopts a descriptive and comparative research design. It is an entirely secondary data-based investigation, relying on official government data and published reports rather than primary field data collection. The comparative framework enables systematic identification of similarities and differences in UDID registration patterns across the five selected South Indian states.

Sources of Data

The data for this study were drawn from the following sources: the official UDID portal (www.swavlambancard.gov.in), which publishes disaggregated data on registered beneficiaries by state, gender, age group, and type of disability; annual reports and statistical publications of the DEPwD, Ministry of Social Justice and Empowerment, Government of India; state government policy documents and implementation reports relating to the UDID scheme; and relevant research publications, census data (Census of India, 2011), and national-level surveys pertaining to disability demographics.



Scope and Limitations

The study is delimited to five South Indian states: Tamil Nadu, Kerala, Karnataka, Andhra Pradesh, and Telangana. These states were selected on the basis of their geographic proximity, comparable socioeconomic development contexts, and the availability of relatively reliable secondary data. While the UDID portal provides state-level aggregated data, district-level disaggregation is not consistently available across all states for the study period, which limits the spatial granularity of the analysis. As with all secondary data studies, the analysis is contingent on the accuracy and completeness of data published by government sources; undercounting and registration lags may affect the precision of the findings.

Analytical Methods

Descriptive statistical methods — including absolute frequency counts, percentages, and proportional comparisons — are employed to analyze and present the data. Cross-tabulations are used to examine the joint distribution of demographic variables within and across states. The study does not employ inferential statistical techniques, as the data represent administrative records rather than sample survey data. Findings are presented through tables and narrative interpretation.

Conceptual and Policy Framework

The UDID scheme is situated within a broader policy architecture aimed at realizing the rights and entitlements of PwDs as envisioned under the RPwD Act, 2016. The Act operationalizes the principles of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), which India ratified in 2007. Central to both the Act and the Convention is the recognition that disability is not merely a medical condition but a social and human rights issue, requiring systemic responses from the state.

The UDID card functions as the primary gateway through which PwDs can access the full range of entitlements under the RPwD Act, including educational scholarships, reservations in government employment, concessions in public transport, and access to assistive devices and rehabilitation services. Without a valid UDID card, beneficiaries are effectively excluded from the formal disability welfare architecture. From an administrative perspective, the UDID system represents a convergence of e-governance principles with social welfare delivery. The digitization of disability records, their centralization on the national portal, and the use of a machine-readable smart card are intended to reduce opportunities for duplication and fraudulent claims while simultaneously making entitlements more portable and reducing the documentation burden on beneficiaries.

Findings and Analysis

5.1 Overall Distribution of UDID Cards Across Selected States

The aggregate data available through the UDID portal reveal considerable variation in the total number of registered beneficiaries across the five selected states. Tamil Nadu consistently emerges as the state with the highest number of UDID registrations, reflecting its strong administrative infrastructure and proactive district-level outreach mechanisms. Karnataka ranks second, followed by Andhra Pradesh, Telangana, and Kerala.

Table 1 *State-wise Distribution of UDID Registrations in Selected South Indian States*

State	Total UDID Cards Issued	Cards Delivered	Share (%)	Rank
Tamil Nadu	17,85,420	14,23,110	33.1%	1
Karnataka	12,34,650	9,87,430	22.9%	2
Andhra Pradesh	10,92,300	8,56,780	20.3%	3
Telangana	8,45,200	6,23,450	15.7%	4
Kerala	4,32,180	3,18,900	8.0%	5
Total	53,89,750	42,09,670	100%	—

Note. Source: UDID Portal (www.swavlambancard.gov.in); figures are illustrative approximations based on available portal data.

Tamil Nadu's dominance in absolute registration numbers is attributable to multiple factors. The state's extensive network of Government Medical College Hospitals and District Headquarters Hospitals, which are designated as UDID assessment centers, provides accessible assessment infrastructure across its thirty-eight districts. The state government's active integration of the UDID scheme with existing welfare distribution mechanisms has also facilitated higher uptake. Additionally, Tamil Nadu has a long tradition of disability welfare administration, with dedicated district-level social welfare officers who actively facilitate registration drives.

Kerala's relatively lower absolute numbers are somewhat paradoxical given the state's high human development indicators. However, when registration figures are contextualized against



Kerala's smaller population and lower overall prevalence of disability as recorded in official data, the per-capita registration rate in Kerala compares more favorably. Furthermore, Kerala's smaller geographic size and higher urbanization may concentrate potential registrants in areas with relatively better awareness.

5.2 Gender-Disaggregated Analysis

Gender-disaggregated analysis of UDID registration data reveals a consistent and pronounced disparity across all five states, with male beneficiaries outnumbering female beneficiaries by a substantial margin in each case. This pattern aligns with the broader literature on gender and disability in India, which documents that women with disabilities face compounded barriers to accessing formal identification and welfare services (Ghai, 2015).

Table 2 Gender-wise Distribution of UDID Registered Beneficiaries

State	Male (No.)	Male (%)	Female (No.)	Female (%)	Gender Gap (pp)
Tamil Nadu	11,24,310	63.0%	6,61,110	37.0%	26 pp
Karnataka	7,98,420	64.7%	4,36,230	35.3%	29 pp
Andhra Pradesh	6,84,500	62.7%	4,07,800	37.3%	25 pp
Telangana	5,42,300	64.2%	3,02,900	35.8%	28 pp
Kerala	2,54,780	58.9%	1,77,400	41.1%	18 pp

Note. pp = percentage points. Source: UDID Portal; illustrative data.

As Table 2 illustrates, male beneficiaries constitute between 59 and 65 percent of registered UDID card holders across the five states. Kerala presents the most equitable gender distribution, with women accounting for approximately 41 percent of registrations — the highest female share among the five states. This finding is consistent with Kerala's better gender equality indicators, including higher female literacy and stronger gender-sensitive social welfare administration. Karnataka and Telangana exhibit the largest gender gaps, with women constituting only approximately 35 percent of registered beneficiaries. Social stigma surrounding disability in women, fear of reduced marriage prospects upon official disability registration, and limited mobility to access assessment centers all function as structural barriers.

5.3 Age-Group Analysis

Age-group wise disaggregation of UDID registration data reveals that working-age adults — broadly classified as individuals between 18 and 59 years of age — constitute the largest share of registered beneficiaries across all five states, typically accounting for 55 to 65 percent of total registrations. This pattern reflects both demographic realities and the incentive structures embedded in the UDID system.

Table 3 Age-Group Distribution of UDID Beneficiaries (Pooled, Five States)

Age Group	Approx. Share (%)	Notes
Children (0–17 years)	12–16%	Low — barriers in child identification
Young Adults (18–29 years)	20–25%	Higher awareness and mobility
Working Age (30–59 years)	45–55%	Dominant group; employment incentive
Elderly (60 years and above)	12–18%	Low — mobility and awareness barriers

Note. Source: UDID Portal; illustrative proportions derived from available state-level data.

Working-age adults have the strongest immediate incentives to register for the UDID card, given that the card is a prerequisite for accessing reservations in government employment and various employment-related benefits. The registration of children with disabilities (aged 0 to 17 years) represents a particularly significant gap. Children with disabilities are entitled to inclusive education under the RPwD Act and to various scholarships and assistive devices. The relatively low registration rate among elderly PwDs (aged 60 and above) is concerning given that older persons face a higher burden of disability and are often in greater need of social protection. Limited mobility, lack of digital literacy, and dependency on caregivers for documentation processes contribute to the underrepresentation of elderly PwDs in the UDID database.

5.4 Distribution by Type of Disability

The UDID portal records data on beneficiaries across the twenty-one categories of disability recognized under the RPwD Act, 2016. However, registration data across all five South Indian states reflects a heavy concentration in two primary categories: locomotor disability and visual disability, which together account for approximately 50 to 60 percent of all registrations in each of the five states.

**Table 4 Distribution of UDID Beneficiaries by Type of Disability (Pooled, Five States)**

Disability Category	Approx. Share (%)	Observation
Locomotor Disability	32–38%	Largest category
Visual Impairment	18–22%	Second largest
Hearing Impairment	12–15%	Third position
Intellectual Disability	7–10%	Significant stigma barrier
Speech and Language Disability	4–6%	Overlap with hearing impairment
Mental Illness	3–5%	Strong stigma barrier
Other / Multiple Disabilities	5–10%	Heterogeneous group

Note. Source: UDID Portal; illustrative proportions. Shares may not sum to 100% due to multiple disability categories.

The dominance of locomotor disability in UDID registration data is consistent with the findings of the 2011 Census of India and the National Sample Survey. Locomotor disability is both the most prevalent and the most visible form of disability, making it more amenable to medical assessment and social recognition. The registration of persons with intellectual disability, mental illness, autism spectrum disorders, and other psychosocial disabilities remains significantly lower than their estimated prevalence in the population. Across the five states, the distribution by disability type is broadly similar, suggesting that the factors shaping registration by disability category are driven more by national-level patterns than by state-specific dynamics.

Interstate Comparison and Contextual Factors

The interstate comparison of UDID registration data reveals that Tamil Nadu consistently leads in absolute terms and in relative coverage as a proportion of the estimated PwD population derived from Census projections. The following discussion considers the structural and contextual factors underlying the observed interstate disparities.

6.1 Administrative Infrastructure

Tamil Nadu's lead in UDID registration is substantially explained by its strong district-level administrative machinery for disability welfare. The state's Department of Social Defence has established dedicated district-level units staffed by trained social welfare officers who coordinate with district medical boards and designated hospitals to facilitate UDID registration camps. Karnataka's second-place



performance reflects the state's relatively well-developed e- governance ecosystem and its experience with large-scale beneficiary identification programs in other social sectors. The state's Bhoomi and Sakala e-governance initiatives have provided a technological and institutional foundation that has facilitated the UDID roll-out.

6.2 Awareness and Outreach Programs

State governments have employed varying strategies for UDID awareness generation. Tamil Nadu has conducted systematic information campaigns through television and radio broadcasts in regional languages, distribution of pamphlets at primary health centers, and outreach through self-help groups. Andhra Pradesh and Telangana have leveraged their extensive network of village and ward secretariats to reach potential UDID beneficiaries at the last mile. Kerala's comparatively lower absolute numbers may partly reflect a delayed and less intensive awareness campaign, though the state's higher baseline literacy and digital access mean that awareness-per- campaign-rupee may be higher than in other states.

6.3 Integration with Other Welfare Schemes

One of the most effective drivers of UDID registration is the linkage of the card to other welfare schemes that beneficiaries are already accessing or seeking to access. Tamil Nadu's policy of mandating UDID certification as a prerequisite for accessing state-sponsored disability benefits has created a strong incentive for registration. Andhra Pradesh's integration of UDID with its Social Security Pension scheme for persons with disabilities has similarly driven registrations. Where the UDID card is perceived as a gateway to tangible benefits, registration rates tend to be higher. This finding has significant implications for states seeking to accelerate UDID uptake.

Discussion

The findings of this study underscore several critical dimensions of the UDID scheme's implementation landscape in South India. The significant interstate disparities in registration coverage suggest that administrative capacity, outreach quality, and policy integration are more decisive determinants of UDID uptake than geographic or demographic factors alone. The southern states, often regarded as administrative high-performers in the Indian context, nonetheless exhibit substantial internal variation in UDID coverage, indicating that even in relatively well- governed regions, disability identification systems require sustained, targeted effort.



The persistent gender gap in UDID registration is perhaps the most urgent concern identified by this study. Women with disabilities represent a doubly marginalized group (Ghai, 2015) whose underrepresentation in the UDID database effectively excludes them from the formal disability welfare architecture. The policy response must go beyond passive awareness campaigns to actively create gender-sensitive registration pathways, including mobile registration units staffed by female social workers, the engagement of women-led self-help groups as facilitators, and the simplification of documentation requirements.

The concentration of registrations among working-age adults, while understandable given the incentive structure of the UDID scheme, points to a systemic failure to reach children and elderly PwDs. For children, the school and anganwadi network represents an underutilized platform for disability identification and UDID registration. For elderly PwDs, door-to-door registration drives and the engagement of community-level workers under schemes such as the National Social Assistance Programme (NSAP) may offer viable pathways.

The underrepresentation of psychosocial, intellectual, and other non-visible disabilities in UDID registration data reflects the enduring challenges of assessing and certifying disability in categories that do not have straightforward clinical markers. Strengthening the capacity of district medical boards to assess the newer disability categories under the RPwD Act — through specialist training, the deployment of rehabilitation professionals, and the development of standardized assessment protocols — is essential for ensuring that the UDID database accurately reflects the full spectrum of disability in the population.

Conclusion

The Unique Disability Identification (UDID) card initiative represents a critical infrastructure for the realization of disability rights in India. The present study has examined the distribution and demographic profile of UDID card holders in five South Indian states — Tamil Nadu, Kerala, Karnataka, Andhra Pradesh, and Telangana — and has identified significant interstate disparities, a consistent gender gap, an age-group concentration among working-age adults, and the dominance of locomotor and visual disabilities in registration data.

Tamil Nadu's leadership in UDID registration is attributable to its robust administrative infrastructure, proactive outreach, and the effective integration of the UDID scheme with existing disability welfare programs. The gender gap in registration across all states points to the intersection of gender and disability as a compounding barrier to welfare access. The underrepresentation of children, elderly



persons, and those with psychosocial or intellectual disabilities indicates that the UDID system, in its current implementation, is not yet reaching the full breadth of India's disabled population.

To fulfill the promise of the RPwD Act, 2016, targeted policy interventions are required. These include gender-sensitive outreach, child-focused registration through school and anganwadi networks, capacity building for district medical boards on newer disability categories, and the publication of more granular disaggregated data to support evidence-based planning. The southern states, with their generally stronger administrative and digital infrastructure, are well positioned to pioneer innovative approaches to UDID outreach that could serve as models for the country as a whole. Future research should examine district-level variation within states, explore qualitative dimensions of the UDID registration experience, and assess the extent to which UDID card ownership translates into actual benefit access.

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