



THE REPUBLIC OF UGANDA

THE STATE OF UGANDA POPULATION REPORT 2019



“Promote Social Protection: Ensure Equity and Equality in harnessing the Demographic Dividend.”



THE REPUBLIC OF UGANDA

THE STATE OF UGANDA POPULATION REPORT 2019

“Promote Social Protection: Ensure Equity and Equality in harnessing the Demographic Dividend.”



Foreword

Social protection is a key policy tool that has served as a powerful lever to reduce poverty and inequality including advancing inclusive economic growth. It has safeguarded individuals and families in times of crisis and has helped improve children's health and education. In addition, access to quality services and universal access to social protection has proven necessary to break the intergenerational cycle of poverty and promote inclusion.

There is today great diversity in the age structures of different populations, but rapid change is taking place nearly everywhere. In most countries of the world, the proportion of children has been falling and the proportion of the working ages has been rising, thus producing demographic conditions favourable for economic growth—a “demographic dividend”. In contrast, many African countries still have rapidly growing populations with a high proportion of dependent children. However, over the next four decades, the proportion of older persons will increase rapidly in all regions of the world, with important implications for the pace of economic growth, the sustainability of social protection and social security, the functioning and escalating costs of provision of social services like health and education.

Uganda like other countries is faced with complex challenges, despite the social and economic achievements made in the last 30 years. The achievements made has been uneven with poverty persisting, and the rising inequality continues to affect many people in Uganda. This, therefore calls for actions to confront and address these daily realities and social exclusion. Uganda has

demonstrated progress in poverty eradication through formulation and implementation of a number of policies and programmes to eliminate vulnerability and poverty among the population. Evidence available indicate that Uganda has registered some progress in reducing poverty in its people from 31% in FY 2001/02 to 19.7% in FY 2012/13, and it has slightly increased to 21.4% in FY 2016/17.

However, despite this progress, there are still vulnerable and disadvantaged categories of people who are still poor. These include elderly, widows, unemployed youth, orphans and other vulnerable children, persons with disabilities and the chronically poor. These categories of people have found it hard to access government programmes targeting poverty reduction due to their social status, lack of skills, information and other incapacities. Studies in Uganda and other parts of the World indicate that such categories of the population can be lifted from poverty once they are supported through provision of social protection interventions. Uganda has continued to prioritize social protection as reflected in the Vision 2040 and National Development Plans but the sector has remained the least funded among government priorities over the years.

The *State of Uganda Population Report 2019* shows the potential of social protection systems to promote inclusive development that leaves no one behind—to prevent poverty, reduce inequality and promote social inclusion. The report highlights that some groups of the population are unduly deprived of social protection and examines the barriers that these groups face. The report also illustrates how social protection programmes

can be designed and implemented so as to be inclusive of disadvantaged groups. Understanding gaps in coverage and barriers to access is crucial to making social protection effective for all people.

I hope this report will serve as an important tool for leaders and communities in our country in the push towards universal social protection and as we move forward to achieve the Vision 2040 and Sustainable Development Goals (SDGs).

Hon. David Bahati, M.P.

Minister of State for Finance, Planning and Economic Development (Planning)



Acknowledgement

The development of the 2019 State of Uganda Population Report was a result of a series of stakeholder consultative and editorial committee meetings under the leadership of National Population Council (NPC). National Population Council recognizes the important inputs of all the stakeholders and members of the editorial committee for committing their valuable time and contributing ideas that lead to the production of the 19th edition of the State of Uganda Population Report.

The National Population Council is particularly grateful to the Government of Uganda and United Nations Population Fund (UNFPA) for the financial support that enabled the development and production of the 2019 State of Uganda Population Report with the theme *“Promote Social Protection: Ensure Equity and Equality in harnessing the Demographic Dividend”*.

The 19th edition of the State of Uganda Population Report was prepared by a team of dedicated Authors and Editorial Committee members. The National Population Council acknowledges and appreciates the roles played by the authors in the development of the chapters of this report. The authors are: Mr. Paul Corti Lakuma and Ms. Gemma Ahaibwe (EPRC), Mr. Dr. Ronald Luwangula and Dr. Eric Awich Ocen (MISR), Mr. David L. Tumwesigye and Ms. Lydia Nabiryo (MoGLSD) and UNFPA.

Special thanks also go to the members of the Editorial Committee namely Mr. Andrew Musoke (MoLG), Mr. Bright Richard Kimuli (UBOS), Ms. Susan Nakitto Christine and Mr. John Mpande (MoGLSD), Mr. Tiondi Andrew, Mr. Siima Gilbert (NCDC), Mr. James Peter Olemo, Mr. Charles Musana, Mr. John Ampeire Kaijuko, Mr. Medani Kakeeto, Mr. Joshua Kwebiha and Ms. Rita Amolo (NPC).

National Population Council also wishes to acknowledge all stakeholders that participated in the initial preparatory meetings for their valuable comments and advice that led to the development and production of this report.

Finally, our gratitude is also extended to the staff of National Population Council for spearheading and coordinating the process that led to the production of this report, and in particular monitoring and Evaluation Department (MED) for coordinating the entire process of the production of the report. Appreciation also goes to Ms. Susan Swaga for secretarial and administrative support.

Dr. Jotham Musinguzi
Director General, National Population Council (NPC)



Contents

Foreword	i
Acknowledgement	iii
List of Figures	x
List of Boxes	x
List of Tables	xi
List of Acronyms and Abbreviations	x
Chapter 1: Overview of Social Protection in Uganda	1
1.1 Introduction	1
1.2 National level Policies and Plans for Social Protection	2
1.3 Demographics and Social Protection	3
1.4 Social Protection through Education and Skills Development	4
1.5 Conclusion	4
1.6 Policy Recommendations	4
Chapter 2: Social protection in Uganda	7
2.1 Introduction	7
2.2 Global context for Social Protection	9
2.2.1 The strategic role of social protection in global development	9
2.2.2 Global and Regional policy commitments to Social Protection	10
2.2.3 Social Protection coverage in Sub-Saharan Africa	10
2.2.4 The role of Social Protection in Human Capital Development	12
2.3 Context and Rationale for increasing Social Protection Investment in Uganda	13
2.3.1 Declining Economic Performance	13
2.3.2 Limited investment in Human Capital Development	14
2.3.3 High levels of Child Dependency	15
2.3.4 Persisting Poverty, Income Insecurity and Inequality	16
2.3.5 High Income Inequality and Unequal access to Opportunities	17
2.3.6 Widespread Undernutrition	18
2.3.7 Disability	19
2.3.8 Weakening Traditional Support System	20
2.4 Status of Social Protection Programmes in Uganda	20
2.4.1 Overview of the National Policy Context	20
2.4.2 Contributory Schemes and Publicly Funded Pensions	21
2.4.3 Direct Income Support	22
2.4.4 Social Care and Support Services	22
2.4.5 Key Challenges affecting Social Protection Delivery	23
2.4.6 Opportunities for enhancing progress towards an Inclusive National Social protection System	25
2.5 Impact of Social Protection on Human Capital Development and the Demographic Dividend.	27
2.6 Conclusion	30
2.7 Policy Recommendations	31
2.7 Bibliography	33

3.1	Introduction	37
3.2	International Legal Framework	39
3.2.1	The Universal Declaration of Human Rights, 1948.	40
3.2.2	The International Covenant on Economic Social and Cultural Rights	40
3.2.3	The International Convention on Elimination of all forms of Discrimination Against Women (CEDAW) .	41
3.2.4	ILO Convention 202 on Social Protection Floor Recommendation	42
3.2.5	Beijing Platform for Action 1995	42
3.2.6	Sustainable Development Goals(SDGs)	42
3.2.7	United Nations Convention on Rights of Persons with Disability 2006 article 28 urges member states to promote, protect and ensure the full and equal enjoyment.	43
3.2.8	Convention on the Rights of the Child article 26 and 27.	43
3.3	Regional Legal Instruments	43
3.3.1	African Charter on Human and Peoples Rights.	43
3.3.2	The African Charter on the Rights and Welfare of the Child (ACRWC)	43
3.3.3	The Protocol to the African Charter on Human and People's rights	44
3.3.4	Africa Union Agenda 2063	45
3.3.5	The East African Common Market Protocol (2010) .	45
3.3.6	Uganda endorsed the Ouagadougou Declaration and Plan of Action on Employment and Poverty Alleviation in Africa (2004). .	45
3.3.7	Livingstone Call to Action (2006) .	45
3.3.8	The African Union Social Policy Framework (2008)	46
3.4	National Legal Framework	46
3.4.1	The Constitution of the Republic of Uganda, 1995.	46
3.4.2	The Pensions Act, (Cap. 286) .	46
3.4.3	The National Social Security Fund Act, (Cap. 222)	47
3.4.4	The Local Government Act,(Cap. 243).	47
3.4.5	The Parliamentary Pensions Act, 2007.	47
3.4.6	The Employment Act, 2006 entitles women to maternity leave and men to paternity leave in employment..	47
3.4.7	The Workers' Compensation Act, (Cap. 225)	48
3.4.8	The Retirement Benefits Regulatory Authority Act, 2011 .	48
3.4.9	The Domestic Violence Act (2010) .	48
3.4.10	The Children Act (Cap 59)	48
3.4.11	The Succession Act (Cap 162) .	48
3.4.12	The Land Act (Cap 227)	49
3.4.13	The Persons with Disabilities Act, 2006.	49
3.4.14	The Minimum Wages Board and Wages Councils Act, (Cap 221) .	49
3.4.15	The Occupational Safety and Health Act No. 9 (2006)	49
3.4.16	The Registration of Persons Act (2015)	49
3.4.17	The Armed Forces Pension Act (Cap. 295) .	50
3.4.18	The Equal Opportunities Commission (EOC) Act, 2007.	50
3.5	Policies	50
3.5.1	Uganda Vision 2040	50
3.5.2	The National Development Plan 2015/2020	51

3.5.3	The National Social Protection Policy (2015) .	52
3.5.4	Other related policies are summarized below:	53
3.6	Key Legal and Regulatory Framework Issues for Social Protection and how they Affect Efficient Delivery of SP Services	54
3.7	Adequacy or Inadequacy of Social Protection Services	56
3.8	Impact of Demographic Factors on Viability of Legal and Regulatory Framework for Social Protection.	57

Chapter 4: Social Protection for Adolescent Girls to Harness the Demographic Dividend **63**

4.1	Introduction	63
4.2	Context of Social Protection for Adolescent Girls in Uganda	64
4.3	Factors that drive Inequality and Inequity among young people (girls)	66
4.3.1	Enrollment, Retention and Transition in Education	66
4.3.2	Teenage Pregnancy	67
4.3.3	Child Marriage	70
4.3.4	Violence against Children	70
4.3.5	Alcohol and Substance Abuse	71
4.3.6	SHR/HIV/AIDS	71
4.3.7	Economic Inclusion	72
4.3.8	Scope for meaningful and positive engagement in society	73
4.3.9	Negative portrayal in mass media	73
4.4	Policy Implementation Environment	73
4.5	National Policies and Planning Frameworks	73
4.6	What needs to be addressed across Sectors to improve Adolescent Girls Situation?	74
4.7	Conclusion	75
4.8	Policy Recommendations	76

Chapter 5: Social Security in Uganda **79**

5.1	Introduction	79
5.2	Key Social Security Schemes in Uganda	80
5.2.1	The Public Service Pension Scheme	80
5.2.2	National Social Security Fund	80
5.2.3	Direct Income support scheme for vulnerable groups	81
5.2.4	Workers Compensation	82
5.2.5	Supplementary Voluntary Individual Schemes	83
5.2.6	Health Insurance	83
5.3	Scope of Social Security Coverage	84
5.3.1	Health Insurance	85
5.4	Social Security Coverage by Demographic and Socio-Economic Characteristics	86
5.4.1	Coverage by age	86
5.4.2	Coverage by residence	86
5.4.3	Sector of Employment	86
5.5	Challenges in Uganda's formal Social Security Systems	88
5.5.1	Coverage:	88
5.5.2	Adequacy.	88
5.5.3	Efficiency and Sustainability	89
5.6	Adequacy of current Social Security Schemes in addressing risk and vulnerability across the life cycle	90
5.7	The impact of demographic factors on viability of Social Security Services	92
5.8	Conclusions	92
5.9	Policy Recommendations	93

Chapter 6: Social Care Services in Uganda

97

6.1	Introduction	97
6.2	Policy and Planning Frameworks on Social Care in Uganda	98
6.3	Categories of Persons in need of Social Care and Support Services in Uganda	98
6.4	Existing Social Care Services in Uganda	99
	6.4.1 Care and Support to Gender-Based Violence Victims/Survivors	99
	6.4.2 The Childcare Reform	100
	6.4.3 Rehabilitation of Juvenile Offenders	102
	6.4.4 Social Care and Support for People with Alcohol/Drug Dependency	102
	6.4.5 HIV Care and Support	103
6.5	Key Social Care Services Issues for Social protection in Uganda	104
	6.5.1 Under Funding:	104
	6.5.2 Greater Reliance on Traditional Social Networks and CSOs	105
	6.5.3 Poor Coordination, Limited Scope and Coverage:	105
	6.5.4 Human Resource Issues	105
	6.5.5 Lack of an Integrated and Comprehensive Management Information System	106
	6.5.6 Key Issues related to GBV Prevention and Response:	106
	6.5.7 Key issues related to social care and support to alcohol and drug users	107
	6.5.8 Impact of Demographic Factors on Viability of Social Care Services in Uganda	107
6.6	Conclusion	109
6.7	Policy Recommendations	109

Chapter 7: Social Protection Financing Arrangements in Uganda

115

7.1	Background	115
7.2	Types of Social Protection in Uganda	116
7.3	Social Protection Interventions in Uganda	117
	7.3.1 The Public Service Pension Scheme	117
	7.3.2 The National Social Security Fund	117
	7.3.3 The Social Assistance Grants for Empowerment	117
	7.3.4 Public Works Programmes	118
	7.3.5 Health Insurance	118
	7.3.6 Informal and Traditional Social Protection	118
	7.3.7 Voluntary Retirement Benefits Schemes	119
7.4	Financing of Social Protection in Uganda	119
	7.4.1 Government of Uganda through Budget Appropriation	119
	7.4.2 Direct Donor Support	122
	7.4.3 Development Partner Support and Financing of Social Protection	123
	7.4.4 Private Sector Investment	125
	7.4.5 Community Levels Financing of Social Protection	126
7.5	Utility of VSLA in Social Protection?	127
7.6	Conclusion	127
7.7	Policy Recommendations	128

Chapter 8: Governance and Performance of Social Protection in Uganda

135

8.1	Introduction	135
8.2	Governance at the National level	136
	8.2.1 The 1995 constitution	136
	8.2.2 The 2015 Uganda National Social Protection Policy (NSSP)	138
	8.2.3 Institutional framework for Social Protection Governance in Uganda	138
8.3	Governance of Social Protection at Agency level	141
	8.3.1 Governance of Non Contributory Social Protection	141

8.3.2	Governance of Contributory Social Protection	142
8.4	Governance of Cash Transfers	142
8.5	Governance of Active labor market programmes, training, and employment services	144
8.6	Conclusions	145
Appendices		150
<hr/>		
Appendix 1: Uganda Demographic, Health, Social and Economic Development Indicators from 2001/02 – 2018/19		151
Appendix 2: Examples of life cycle risks faced by Ugandan citizens		154

List of Figures

Figure 2.1 : Percentage of population in Africa covered by at least one social protection benefit (effective coverage), 2015 or latest available year	11
Figure 2.2: Real GDP growth in Uganda 1990-2018 (Annual percent change)	14
Figure 2.3: Government of Uganda Budget Allocation, 2017/18-2019/20	15
Figure 2.4: International poverty lines in Uganda	16
Figure 2.5: Income inequality across Uganda	17
Figure 2.6: Stunting rates among 0-4 year olds in Uganda	18
Figure 2.7: Prevalence and distribution of persons with disabilities by age group	19
Figure 2.8: A multi-tiered lifecycle social security system for Uganda	27
Figure 2.9: National and Community level impact of social protection	30
Figure 3.1: The Legal and Policy framework for Social Protection in Uganda	38
Figure 3.2: Programme Plan of Interventions for the National Social Protection Policy	39
Figure 4.1: A Value Proposition for the Demographic Dividend	65
Figure 4.2: Percentage of young girls aged 15-19 years who have borne children by wealth status	68
Figure 5.1: Persons aware of health insurance, those covered and those interested in joining (%)	85
Figure 5.2: Social security provision by life cycle stage	91
Figure 6.1: Budget Allocation to the Social Development Sector	104
Figure 6.2: Demographic Characteristics	107
Figure 8.1: East Africa Community: Public Social Investment and Per Capita GDP, 2000-2016 (Average) (Dollars at Constant 2000 Prices)	140

List of Boxes

Box: 2.1: Definition of social protection in Uganda	7
Box: 2.2: Definition of social protection	9
Box: 2.3: Examples of expanding social coverage in Sub-Saharan Africa	11
Box 2.4: The long-term effects of poverty on human capital development	12
Box 2.5: Goal, objectives of the National Social Protection Policy	21

List of Tables

Table 2.1: Social Security Coverage in Uganda, 2019	23
Table 2.2: Social security spending in Uganda, 2019/20	24
Table 2.3: Summary of Social Protection Impacts	29
Table 4.1: Transition and Completion rates 2015/16 to 2017/18	67
Table 4.2: Reported Defilement crimes 2013 to 2017	71
Table 5.1: Industry Coverage	84
Table 5.2: Social security coverage by selected indicators	87
Table 5.3: Social security spending in Uganda (Ushs. Billion) 2017/18	89
Table 7.1: Allocation to Social Protection Sector 2017/18 to 2019/20 in million shillings	122
Table 7.2: SAGE FUNDING FY 2015/16- FY 2019/20	122
Table 7.3: Bilateral aid to Uganda channeled through Norwegian NGOs, 2003 - 2007	125
Table 8.1: Vulnerability of Crop Farmers	137
Table 8.2: Institutional Framework for Social Protection Policy Implementation	139



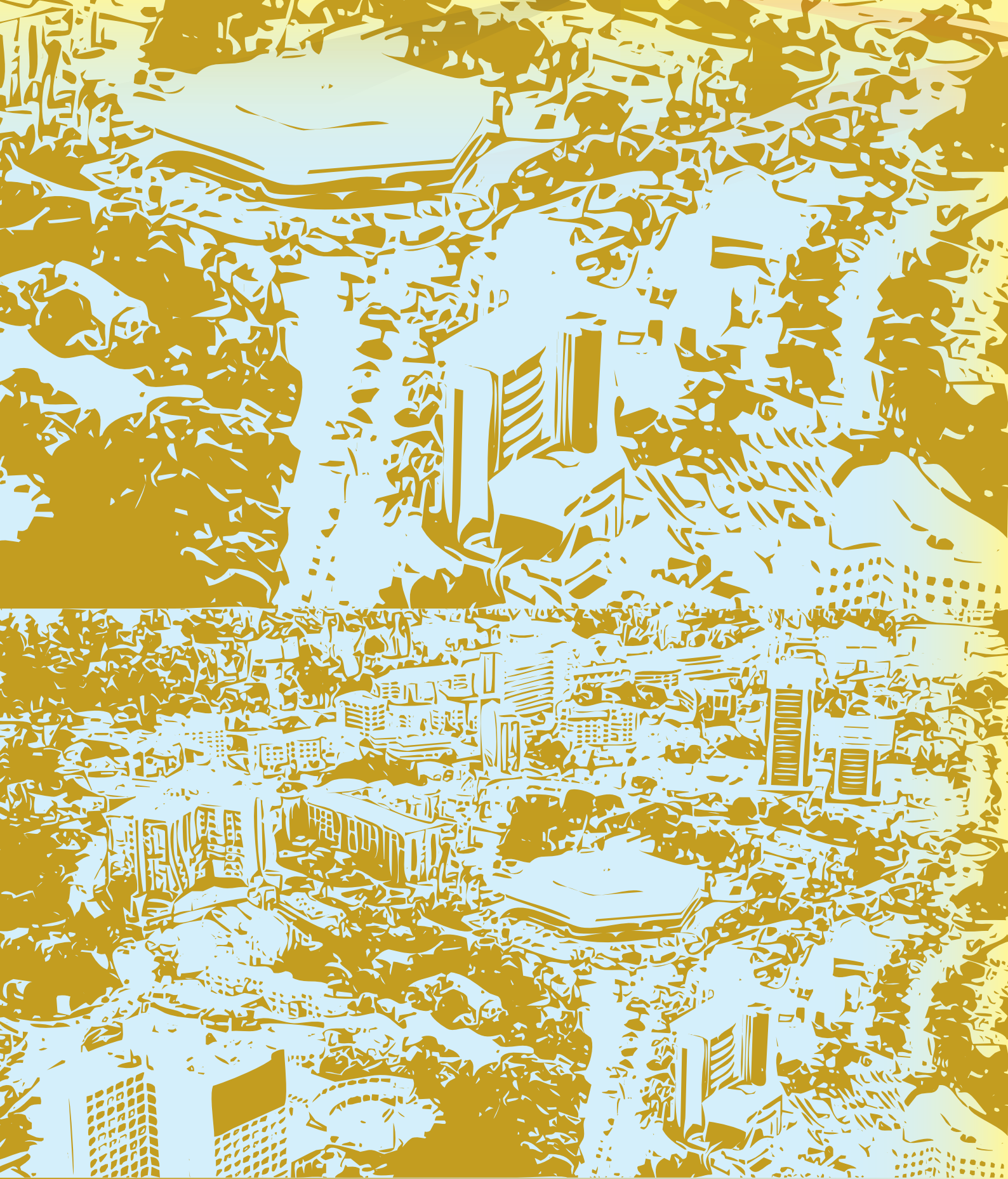
List of Acronyms and Abbreviations

AAR	-	Air Ambulance Rescue
AAU	-	Action Aid Uganda
ABEK	-	Alternative Basic Education for Karamoja
AGI	-	Adolescent Girls Multilevel Vulnerability Index
AIDS	-	Acquired Immune Deficiency Syndrome
AIG	-	American Insurance Group
ACRWC	-	African Charter in the Rights and Welfare of the Child
AFPA	-	Armed Forces Pension Act
ALRP	-	Agricultural Livelihood Recovery Programme
ASPR	-	Annual Sector Performance Report
AU	-	African Union
BOCY	-	Better Outcomes for Children and Youth
CCCU	-	Catholic Care for Children in Uganda
CCI	-	Child Care Institutions
CDD	-	Community Driven Development
CEDAW	-	International Convention for Elimination of all Forms of Discrimination Against Women
CNDPF	-	Comprehensive National Development Planning Framework
CSO	-	Civil Society Organization
DD	-	Demographic Dividend
DfID	-	Department for International Development
DOVCU	-	Deinstitutionalization of Orphans and Vulnerable Children Project in Uganda
DIS	-	Direct Income Support
DPSPWG	-	Development Partners Social Security Working Group
DRF	-	Disaster Risk Finance
EOC	-	Equal Opportunities Commission
EPRC	-	Economic Policy and Research Centre
ESPP	-	Expanding Social Protection Programme
EU	-	European Union
FGM/C	-	Female Genital Mutilation/Cutting
FHRI	-	Foundation of Human Rights Initiative
FY	-	Financial Year
GBV	-	Gender Based Violence
GEP	-	Gender in Education Policy
GoU	-	Government of Uganda
GDP	-	Gross Domestic Product
HIV	-	Human Immuno-deficiency Virus
HEP	-	Herpes Prevention Medicine
HSSP	-	Health Sector Strategic Plan
ICESCR	-	International Covenant on Economic, Social and Cultural Rights
ICT	-	Information, Communication and Technology

ID	-	Identity Card
IDP	-	Internally Displaced Persons
ILO	-	International Labour Organization
IMF	-	International Monetary Fund
JPGE	-	Joint Programme on Gender Equality
KACITA	-	Kampala City Traders Association
KALIP	-	Karamoja Livelihood Improvement Programme
KCCA	-	Kampala Capital City Authority
KCHPF	-	Keeping Children Healthy and Protective Families
KUPF	-	Kacita Uganda Provident Fund
LIPW	-	Labour Intensive Public Works
M&E	-	Monitoring and Evaluation
MFA	-	Ministry of Foreign Affairs
MIS	-	Management Information System
MoH	-	Ministry of Health
MoES	-	Ministry of Education and Sports
MFPED	-	Ministry of Finance, Planning and Economic Development
MoFPED	-	Ministry of Finance, Planning and Economic Development
MoGLSD	-	Ministry of Gender, Labour and Social Development
MoPS	-	Ministry of Public Service
MTEF	-	Medium Term Expenditure Framework
MTN	-	Mobile Telecommunications Network
MURBS	-	Makerere University Retirement Benefits Scheme
MVIRBS	-	Mazima Voluntary Individual Retirement Benefits Scheme
NEET	-	Not in Education, Employment or Training
NECD	-	National Early Childhood D
NGO	-	Non-Governmental Organization
NHIS	-	National Health Insurance Scheme
NID	-	National Identity Card
NIRA	-	National Immigration and Registration Authority
NOK	-	Norwegian Kroner
NORCID	-	Norwegian Agency for International Development
NPA	-	National Planning Authority
NPAP	-	National Priority Action Plan
NPC	-	National Population Council
NSGE	-	National Strategy for Girls Education
NSPP	-	National Social Protection Policy
NSSF	-	National Social Security Fund
NVACS	-	National Violence against Children Survey
OECD	-	Organization for Economic Cooperation and Development
NUSAF	-	Northern Uganda Social Action Fund
ODA	-	Official Development Assistance
OPM	-	Office of the Prime Minister
OVC	-	Orphans and Vulnerable Children
PEPFAR	-	President's Emergency Plan for AIDS Relief
PFMA	-	Public Finance Management Act
PLHIV	-	People Living with HIV/AIDS

PPP	-	Public Private Partnership
PSPS	-	Public Service Pension Scheme
PTIP	-	Prevention of Trafficking in Person
PWD	-	Persons with Disabilities
RCF	-	Residential Care Facilities
RH	-	Reproductive Health
RSSB	-	Rwanda Social Security Board
SAGE	-	Social Assistance Grant Empowerment
SCG	-	Senior Citizens Grants
SCSS	-	Social Care Support Service
SDG	-	Sustainable Development Goals
SGBV	-	Sexual Gender Based Violence
SIDA	-	Swedish International Development Agency
SILC	-	Saving and Internal Lending Committee
SOCY	-	Sustainable Outcomes for Children and Youth
SRH	-	Sexual and Reproductive Health
STAT	-	Statistics
TB	-	Tuberculosis
TV	-	Television
UBOS	-	Uganda Bureau of Statistics
UDHR	-	Universal Declaration of Human Rights
UK	-	United Kingdom
UKAID	-	United Kingdom Agency for International Development
UN	-	United Nations
UNAID.	-	United Nations Programme on HIV/AIDS
UNICEF	-	United Nations Children's Fund
UNDP	-	United Nations Development Programme
UNFPA	-	United Nations Population Fund
UNHCR	-	United Nations High Commission for Refugees
UNRISD	-	United Nations Research Institute for Social Development
UPE	-	Universal Primary Education
UPFSP	-	Uganda Parliamentary Forum on Social Protection
URBRA	-	Uganda Retirement Benefits Regulatory Authority
USAID	-	United States Aid for International Development
USE	-	Universal Secondary Education
USD	-	United States Dollar
Ushs	-	Uganda Shillings
US\$	-	United States Dollar
USPP	-	Uganda Social Protection Policy
UWEP	-	Uganda Women's Empowerment Programme
UYDL	-	Uganda Youth Development Link
UYVCP	-	Uganda Youth Venture Capital Fund
VAC	-	Violence against Children
VSLA	-	Village Saving and Lending Association
WHO	-	World Health Organization
YLP	-	Youth Livelihood Programme





Chapter

1

Overview of Social Protection in Uganda

1.1 Introduction

Social protection is at the heart of attaining the Global Agenda 2030's Sustainable Development Goals (SDGs) and Africa's Agenda 2063. From this perspective, African countries – including Uganda – have endeavored to incorporate social protection policies and programmes into their plans of action. UNICEF defines it as transfers and services that help individuals and households confront risk and adversity and ensure a minimum standard of dignity and well-being throughout the lifecycle (Holmes and Lwanga-Ntale, 2012). However, Uganda defines social protection as “public and private interventions that address vulnerabilities associated with being or becoming poor” (MoGLSD, 2015a). Both definitions share a common approach to social protection, either as a preventive or protective measure.

The Government of Uganda has committed to evolving a comprehensive social protection system as a critical part of its national development strategy. Within the Uganda Vision 2040 and Second National Development Plan (NDP 11), the government outlines the aspiration to increase access to social protection including; establishment of a universal pension scheme, social assistance for vulnerable children and people with disabilities, public works schemes and expanding coverage of the contributory social security system (NPA, 2007, NPA, 2015).

These commitments are further articulated in the 2015 National Social Protection Policy (NSPP), which outlines the government's vision of “a society where all individuals are secure and resilient to socio-economic risks and shocks”. The policy lays out the rationale for investing in social protection as “...a crucial component of national development strategies for achieving

inclusive, pro-poor and equitable growth... and supporting the population to maintain a minimum acceptable level of consumption and live dignified lives”, MoGLSD, 2015, p. 1).

Social protection not only tackles Uganda’s most critical development challenges but also improves the inclusive, sustainable and pro-poor character of Uganda’s remarkable economic growth dynamic. A robust evidence base demonstrates the channels through which social protection operates and achieves developmental outcomes in addition to the core poverty reduction impacts. Impact evidence from across Africa highlights the role of social protection not only as an income multiplier, but also as a powerful source of human capital formation through education and skills building. Moreover, evidence shows how social protection initiatives are capable of promoting the local economy, strengthening communities, of encouraging investment and innovation, stimulating productive inclusion, and thus expanding the workforce, in turn fostering productivity and growth.

1.2 National level Policies and Plans for Social Protection

The 1995 Constitution of the Republic of Uganda provides for the protection and promotion of fundamental human rights and freedoms in its Chapter four. Furthermore, some of the objectives of the constitution, such as objectives VII, XI (i) and XIV (b), succinctly outline aspects directly related to protecting the rights of Ugandans. With this as a basis, it is noted that Social Policy is anchored in several laws and policies in Uganda as discussed in the subsequent chapters.

Vision 2040 clearly articulates the importance of social protection in addressing risks and vulnerabilities by age, social class, gender, climate disaster exposure and cultural norms. This is to be achieved through national programmes targeting elderly persons in both formal and informal employment, through social assistance to children and disabled persons, and by offering national health insurance as a strategy to provide affordable health services for all.

Using Vision 2040, the government developed the National Development Plans (NDPs), five-year plans that will be developed over the course of the vision’s time frame. Currently, the second NDP II 2015/16-2019/20 identifies social protection as an avenue for transforming Uganda and achieving middle-income status by 2020. Specifically, NDP II sets out 8 interventions to realize this Vision. These include:

- a) Expanding the scope and coverage of social security services to include the informal sector;
- b) Expanding labor-intensive public works to poor and vulnerable households;
- c) Promoting access to social care and support services for Orphans and Vulnerable Children (OVC), Persons With Disabilities (PWDs) and older persons;
- d) Promoting and protecting the rights of vulnerable groups, including children and PWDs, and protecting older persons against abuse, exploitation, violence and neglect;
- e) Strengthening the scope of social assistance grants to vulnerable groups;

- f) Promoting the formulation of legal frameworks for vulnerable persons at all levels;
- g) Enhancing social rehabilitation; and (viii) establishing the National Council for Older Persons.

1.3 Demographics and Social Protection

High fertility rates resulted in Uganda having one of the youngest populations in the world, where more than half the population is younger than age 15. The high child dependency ratio places significant pressures on public provision of social services, and on families, who must spend scarce resources on their children's health and education. A young population also presents an opportunity to take advantage of the 'Demographic Dividend', but it requires a clear strategy for investing in building human capital to prepare the future labour force. Increasing investment in social services, while critical, will be insufficient for harnessing the Demographic Dividend in Uganda. This is because the majority of the population will continue to face significant barriers to accessing those services without equal investments in extending social protection coverage and improving its adequacy.

Poverty is devastating. It damages childhoods, life chances and ultimately everyone in society. In Uganda, great effort has been made to curb income poverty, which fell from 56 per cent in 1992 to 20 per cent in 2012. However, child poverty remains high and widespread. More than 50 per cent of children under 5 live in poverty, and one in five live in extreme poverty. Poverty in this sense is defined as an experience of two or more deprivations in food and nutrition, health, education, water, shelter and information.

According to the 2014 Situation Analysis of Child Poverty and Deprivation in Uganda, nutrition is a very common form of deprivation in Ugandan children, with 38 per cent of children aged 6–17 affected. Under nutrition sets children on a life-limiting path and costs Uganda 5.6 per cent of its annual gross domestic product (UNICEF 2014).

In other areas, child deprivation is equally alarming: more than a third of young children experience deprivation in health care, 30 per cent in access to safe drinking water and 17 per cent in shelter. Not only do children as a whole bear the burden of poverty, they also experience it differently, depending on where they live, what families they are born into or what life circumstances they find themselves in. Child poverty and deprivation are higher in rural areas, northern and eastern Uganda, in families where parents or the heads of households are uneducated and among orphans and fostered or adopted children.

When planning development policies and initiatives, a crucial element to consider is the medium and long-term change in a country's demographic profile, as a basis to assess the most relevant targeting groups and as a means of predicting future outcomes and costs. A noteworthy feature of Uganda's demographic structure is the particularly high rate of young people in the population. As estimated by the most recent National Population and Housing Census, in 2014 the rate of the population below the age of 18 in Uganda is 56.7%.¹ This percentage is particularly high, when compared to Sub-Saharan Africa as a whole, where the

share of the population below 18 stands at 49.6%. 2

1.4 Social Protection through Education and Skills Development

One of the most significant channels through which long-term social protection benefits accrue is the accumulation and development of human capital. Social protection programmes around the world have been highly successful in overcoming barriers to investment in human capital by improving for instance children's cognitive development, overall physical health and educational attainment. These outcomes allow the broader development of skills, the improvement of labour outcomes and consequently contribute to the economy as a whole. Health and education constitute a relevant portion of Uganda's development potential, particularly in relation to the stages of the life cycle corresponding to childhood and youth, (EPRC, 2016).

1.5 Conclusion

Social security is a human right and a social and economic necessity. It is a core function of development policy emphasized by the Sustainable Development Goals / Agenda 2030. While safeguarding the right to social protection is an obligation of the State, it remains a shared responsibility with partners and citizens. The call for social protection programmes is not only based on human rights or moral grounds, but on the belief and fact that social protection is an important instrument for economic growth. It is an investment in human capital development which is no less important than investments in physical infrastructure.

1.6 Policy Recommendations

1. Government should increase and widen access to social security;
2. Government should enhance care, protection and support for vulnerable people; and strengthen the institutional framework for social protection service delivery.
3. Increase access to child-oriented services: health, education and social support.
4. Embed social protection into the broader growth and poverty reduction strategies and prioritise the development of a national framework to integrate social protection within broader social policy outcomes.
5. Target other sector ministries (Agriculture, health and education among others) and demonstrate the contribution of social protection in realizing broader social policy outcomes such as in health, education, employment and labour productivity, using an integrated approach.





Social protection in Uganda

2.1 Introduction

The Government of Uganda has committed to evolving a comprehensive social protection system as a critical part of its national development strategy. Within the Uganda Vision 2040 and Second National Development Plan (NDP II), the Government outlines the aspiration to increase access to social protection including; establishment of a universal pension scheme, social assistance for vulnerable children and people with disabilities, public works schemes and expanding coverage of the contributory social security system (NPA, 2007, NPA, 2015).

These commitments are further articulated in the 2015 National Social Protection Policy (NSPP), which outlines the Government's vision of "a society where all individuals are secure and resilient to socio-economic risks and shocks". The policy lays out the rationale for investing in social protection as *"...a crucial component of national development strategies for achieving inclusive, pro-poor and equitable growth... and supporting the population*

Box: 2.1: Definition of social protection in Uganda

The NSPP defines social protection as comprising two pillars.

Social security is defined as protective and preventive interventions to mitigate income shocks related to: ill-health, disability, maternity, unemployment, old age and disasters. The social security pillar has three (3) components:

Direct Income Support – non-contributory cash and in-kind transfers that provide relief from deprivation to vulnerable groups

Social Insurance – contributory schemes targeting the working population that seek to mitigate shocks arising from ill-health, retirement and disability.

Social care and support services: providing care, support, protection and empowerment to vulnerable individuals who are unable to fully care for themselves.

Source: Uganda National Social Protection Policy, 2015.

to maintain a minimum acceptable level of consumption and live dignified lives” MoGLSD, 2015, p. 1).

The policy defines social protection as “*public and private interventions to address risks and vulnerabilities that expose individuals to income insecurity and social deprivation, leading to undignified lives*”. The policy also outlines the envisaged system comprising two pillars: social security and social care and support services (see box 1.1)

While the policy is guided by the principles of human rights, universalism and equity, among others, social protection is also viewed as “a critical pre-requisite for achieving national development”, the absence of which has “serious implications for long term growth and prosperity” and the ability of “all citizens to participate and benefit from the social and economic transformation in the country” and to “contribute to the economic development of Uganda”.

Uganda’s social protection vision is further anchored in the UN 2030 Sustainable Development Goals (SDGs) Agenda and the African Union Agenda 2063, which both commit Governments to scale up investments in social protection. And this is not without good reason. As the most recent World Development Report argues, social protection directly or indirectly contributes towards at least seven (7) of the seventeen SDGs goals. These are: SDG 1 on ending poverty, SDG 2 on ending hunger, SDG 3 on ensuring healthy lives, SDG 4 on quality education, SDG 5 on achieving gender equality, SDG 8 on promoting decent work, and SDG 10 on reducing inequality (ILO 2019).

According to the Uganda National Household Survey (UBOS 2017), the share of Ugandans living in poverty increased from 19.7 percent in 2012/13 to 21.4 percent in 2016/17. Many more households are vulnerable to poverty there by getting very low incomes. In fact, using the international poverty threshold of \$3.20 per day, nearly three quarters of Ugandans would be categorised as poor. Therefore many families are unable to provide the minimum care, nourishment, education and health for their children. Not surprisingly, almost a third of Uganda’s children are stunted. Such children lack adequate nutrition, education and a healthy environment resulting in irreversible damage to their cognitive and physical development and well-being. Gaps in uptake of education and health continue to get in the way of improvements in outcomes, especially among poorer consumption deciles. And yet, the quality of Uganda’s future workforce will be critical to enhancing productivity, sustaining economic transformation and averting the intergenerational transfer of poverty.

A well-coordinated national social protection system will be an important demand-side investment in people and complementary to other national development strategies. It has the potential to set off a virtuous cycle - reducing poverty and inequality, enhancing human capital and productivity while fostering inclusive growth. In spite of the strong policy commitments outlined above, social protection does not yet occupy centre stage in Uganda’s national development strategy; while coverage and spending on social protection remains low.

This chapter discusses Uganda's social protection system within the context of the global social protection and inclusive development agenda. It takes stock of the key achievements, opportunities and challenges facing the budding social protection system; and recommends options for consolidating progress achieved to date. Section two presents an overview of the global and regional context for social protection; and summarises the international discourse on the strategic role social protection can play in enhancing human capital development and sustaining inclusive growth. Section three presents Uganda's socio-economic context and discusses how a national social protection system can augment other public investments aimed at enhancing household income security, access to basic services and maximising potential returns on Uganda's demographic dividend. Section four outlines key development within Uganda's social protection system as defined in the NSPP. It highlights progress, challenges and opportunities for enhancing progress towards an inclusive national social protection system. Section five contains a synthesis of the international and local evidence of the impact of social protection in addressing life cycle risks. Section six outlines conclusions and key policy recommendations for enhancing public investment in social protection within the national development planning context.

2.2 Global context for Social Protection

2.2.1 The strategic role of social protection in global development

Based on a growing body of evidence, social protection (see definition in box 2.2) is globally recognised as a key tool for reducing poverty and inequality; enhancing income security and resilience to shocks; enhancing human capital and productivity and fostering social cohesion, political stability and inclusive growth (ILO, 2017; World Bank, 2019).

In developed countries, the social protection system is a key pillar of social service delivery alongside health and education; playing an important redistributive role without which poverty and inequality would be much higher (ILO & Townsend 2007). On average, OECD countries spend up to 12 percent of GDP towards

Box: 2.2: Definition of social protection

Social protection refers to a set of policies and programmes designed to reduce and prevent poverty and vulnerability across the life cycle.

It includes nine main areas: child and family benefits, maternity protection, unemployment support, employment injury benefits, sickness benefits, health protection, old-age benefits, disability benefits and survivors' benefits.

Social protection systems address all these policy areas by a mix of contributory schemes (social insurance) and non-contributory tax financed social assistance.

Social protection significantly contributes to reducing poverty, exclusion, and inequality while enhancing political stability and social cohesion.

It can also be a powerful tool to prevent and recover from the economic crisis, natural disasters, and conflicts. Social protection is needed for economic reasons as well. It contributes to economic growth by supporting household income and thus domestic consumption.

Furthermore, social protection enhances human capital and productivity, making it a critical policy for transformative national development.

Social protection is therefore essential for inclusive development and social justice.

Excerpt from World Social Protection Report 2017–19: Universal social protection to achieve the Sustainable Development Goals, International Labour Office – Geneva: ILO, 2017

pensions and other income support to their working population (OECD 2019).

A 2016 review of the impact of cash transfer programmes between 2000 and 2015 observed that over 130 low and middle income countries, including 40 out of 48 countries in Sub-Saharan Africa, had established an unconditional cash transfer scheme (Bastagli et al, 2016).

Several studies have demonstrated that cash transfers are spent on food, health care, education; and are associated with improvements in the human capital of current and future generations. There is strong evidence of advances in food security, cognitive development, use of health facilities and educational outcomes including reducing child labour. The transfer also enhanced household income security and resilience through increased ownership of productive assets, diversification of livelihoods and employment (Marteens et al, 2014; Bastagli et al, 2016; World Bank, 2019; Gelders and Bailey-Athias; forthcoming).

As the World Social Protection Report argues, social protection constitutes “ *a key element of national strategies to promote human development, political stability and inclusive growth; it ensures that people enjoy income security and have effective access to health and other social services, and are empowered to take advantage of economic opportunities*”. *By raising household incomes, such policies play a key role in boosting domestic demand, supporting structural transformation of national economies, promoting decent work, and fostering inclusive and sustainable growth...*”, and notes that: “*exclusion from social protection is unacceptable, as the lack of protection leaves people vulnerable to the financial consequences of life-cycle shocks such as ill health, maternity or old age, or poverty and social exclusion. Such lack of social protection also constitutes a major obstacle to economic and social development, associated with high and persistent levels of poverty, inequality and economic insecurity*”(ILO 2017, p.1).

2.2.2 Global and Regional policy commitments to Social Protection

Because of its transformative potential, social protection is now a prominent feature in the global development discourse. For example, the 2030 Agenda for Sustainable Development includes a target to “*implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable*” . African Union (AU) countries have also expressed strong commitment to social protection, within the AU strategic framework for inclusive and sustainable development- **Agenda 2063: The Africa we want**. The AU Commission is currently developing an AU Protocol on the Rights of Citizens to Social Protection and Social Security, which would be added to the African Charter on Human and People’s Rights, a legally binding document, and to elaborate a Social Agenda for the AU Agenda 2063 (ILO 2017).

2.2.3 Social Protection coverage in Sub-Saharan Africa

Social protection coverage in Sub-Saharan Africa- where the need is greatest- remains low. Globally, the share of the population effectively covered by at least one cash social protection benefit ranges from 84.1 percent in the well-established systems in Europe and Central Asia

to 67.6 percent in the Americas and 38.9 percent in the Asia Pacific region. However, only 17.8 percent of the population in Africa receives at least one social protection benefit (figure 2.1).

The majority of workers in Africa make a living in the informal economy, but most social security schemes cover workers in the public and private formal sector. Moreover, despite growing efforts to invest in non-contributory cash transfers (see examples in box 2.3), only 9.5 per cent of vulnerable populations in Africa receive them (ILO 2017). And yet, *“a third of the population is persistently poor, while another third moves in and out of poverty”* (World Bank, 2019, p 109). Clearly, while some progress has been made by extending social protection coverage in Africa, should be regarded as a high priority.

Box 2.3: Examples of expanding social coverage in Sub-Saharan Africa

Significant progress has been made particularly for old-age pensions—now covering 29.6 per cent of older persons in Africa, and approaching universal coverage in **Botswana, Cabo Verde, Lesotho, Mauritius, Namibia, Seychelles, South Africa, Swaziland and Zanzibar.**

A number of other countries, such as Algeria, Cabo Verde, Mauritius and South Africa, have achieved universal coverage by a mix of contributory and non-contributory programmes.

Kenya has recently introduced a universal old age pension for everyone aged 70 years and above.

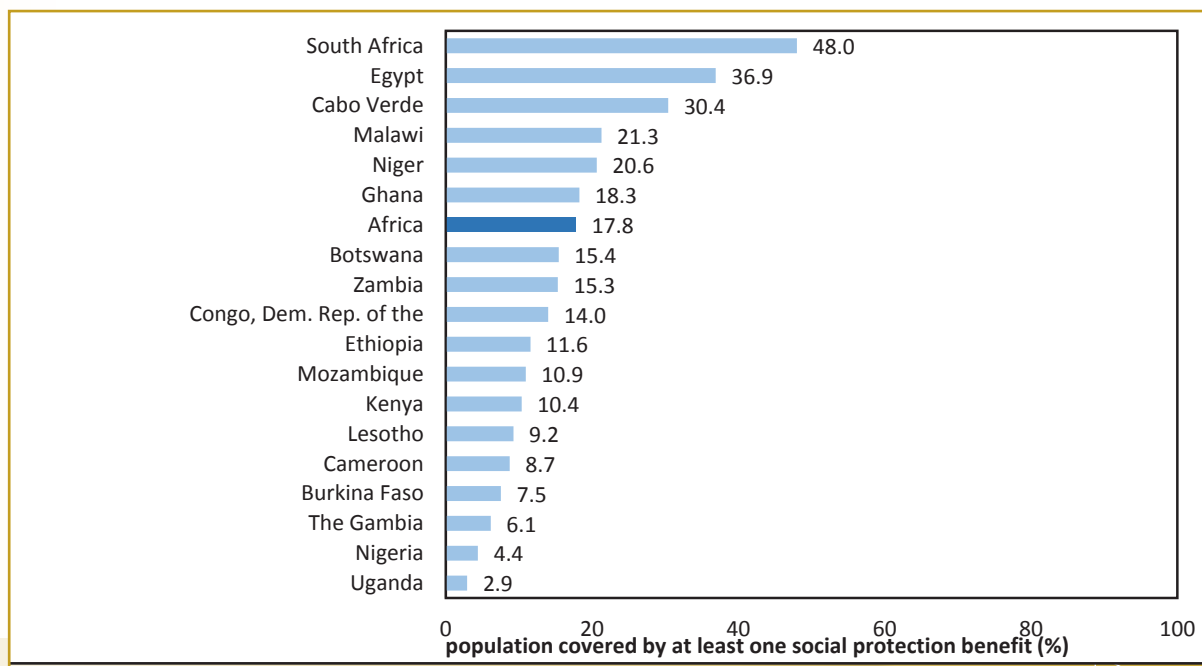
The Rwanda Social Security Board (RSSB) has introduced a maternity leave benefit insurance scheme to compensate all female employees absent from employment due to pregnancy, giving birth and subsequently caring for the new born child.

In Tanzania, the Productive Safety Net Program expanded coverage from 0.4 to 10 percent of the population between its launch in 2013 and 2016.

In Senegal, the National Cash Transfer Program expanded from 3 to 16 percent of the population in four years. In South Africa, 20 percent of the population is covered by the Child Support Grant

Source: ILO, 2017

Figure 2.1 : Percentage of population in Africa covered by at least one social protection benefit (effective coverage), 2015 or latest available year



Note: Effective coverage of social protection is measured as the number of people who are either actively contributing to a social insurance scheme or receiving benefits (contributory or non-contributory), as a percentage of the total population. Health protection is not included under SDG indicator 1.3.1.

Sources: ILO, World Social Protection Database, based on SSI; ILOSTAT; national sources.

2.2.4 The role of Social Protection in Human Capital Development

Low human capital development and absence of social protection represent some of the greatest challenges to sustainable poverty reduction and inclusive growth in an increasingly globalised world. The ILO estimates that half of the world's 900 million extremely poor population are children. Such children are deprived of adequate nutrition, education and a healthy environment resulting in irreversible damage to their cognitive and physical development and well-being (ILO, 2017). Yet, scientists have established that the prenatal period to age 5 is important for brain development, acquisition of cognitive and sociobehavioural skills; and forms a strong foundation for lifelong learning, adaptability and overall productivity and life chances as adults (see box 2.4).

Richter et.al. (2019) have noted that 43 percent of the world's children below 5 years in low- and middle-income countries (66 percent in Sub-Saharan Africa) may not realize their full development potential as a consequence of extreme poverty or stunting. The study warns that average adult income could be reduced by up to 26 percent annually, increasing the likelihood of persistent poverty for these children, families and societies with serious consequences on economic growth.

Other studies have estimated that per capita gross domestic product (GDP) in developing countries would be 7 percent higher if stunting had been eliminated when today's workers were children; and that human capital accounts for as much as two-thirds of the wealth differences between countries (Galasso et al 2018; Lange et al ,2018). Indeed, López, H. & Servén, L. (2005) estimate that a 10 per cent increase in a country's poverty rate reduces its annual economic growth by 1 percentage point and is associated with a decline in investment of around 6 to 8 percentage points.

World Bank (2019) highlights how social protection can alleviate poverty related constraints to human capital development

Box 2.4: The long-term effects of poverty on human capital development

"Scientific findings from diverse disciplines are in agreement that critical elements of lifelong health, well-being and productivity are shaped during the first 2–3 years of life, beginning with parental health and well-being. The experiences and exposures of young children during this time-bound period of neuroplasticity shape the development of both biological and psychological structures and functions across the life course.

Adversities during pregnancy and early childhood, due to undernutrition, stress, poverty, violence, chronic illnesses and exposure to toxins, among others, can disrupt brain development, with consequences that endure throughout life and into future generations.

Children whose early development is compromised have fewer personal and social skills and less capacity to benefit from schooling. These deficits limit their work opportunities and earnings as adults. A corollary of early susceptibility to adversity includes responsiveness to opportunities during these early years".

Excerpt: Richter L, Black M, Britto P, et al. Early childhood development: an imperative for action and measurement at scale. *BMJ Glob Health* 2019

and urges Governments to “*invest in their people with a fierce sense of urgency especially in health and education, which are the building blocks of human capital...*” The report also challenges Governments to invest in human capital development as response to effects of technology and innovation and the changing nature of work in an increasingly globalised economy. The report notes, while technological advance represents opportunities for creating new jobs and increased productivity, workers will require “*advanced cognitive skills such as complex problem-solving, socio behavioural skills such as teamwork, and skill combinations that are predictive of adaptability such as reasoning and self-efficacy.*”

In Sub-Saharan Africa where the median age of the population is 18.4 years, social protection holds great promise for enhancing the quality and productivity of its future labour force; and yielding a significant demographic dividend. As articulated in Uganda’s Demographic Dividend Roadmap: “*Uganda must [not only] implement policies aimed at accelerating rapid decline of both fertility and mortality and ensure the resulting surplus labour force is well educated, skilled, healthy and economically engaged in order to reap the dividend. Achieving a faster socio-economic transformation requires transforming the young population into a productive youthful human capital that will contribute to the economic growth of the country.*” (NPC 2018) ¹

Social protection programmes can support poor families to make timely investments in the care, nourishment, health and education of their children; with significant returns on human capital development and economic growth in the future. Receiving an adequate, regular income transfer can, for many households, mean the difference between sending a child to school and resorting to having them work; between engaging in low-paid wage labour and increasing own-farm productivity or opening a small business; or for older people, between being dependent on adult children for support and being financially independent, thus freeing up resources for younger generations to invest.

2.3 Context and Rationale for increasing Social Protection Investment in Uganda

Uganda’s economy has been growing quickly and consistently over the last 30 years, while per capita income has more than doubled. However, high incidences of poverty and inequality deprive many people of their potential to contribute fully to society and the economy, and exacerbate other structural constraints to further investment, such as insufficient access to finance, poor infrastructure and the limited availability of skilled workers.

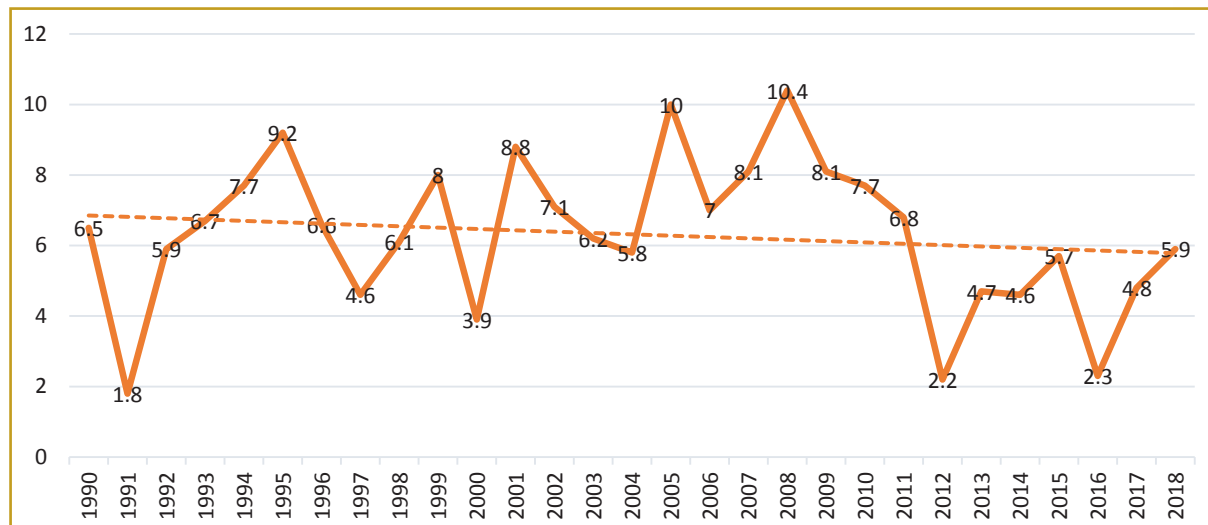
2.3.1 Declining Economic Performance

In the first decade of the 2000s, Uganda was one of the fastest growing economies in the world- with annual growth well above the regional average for sub-Saharan Africa. Peaking at 10.4 per cent in 2008, real growth rates have since slowed significantly, hitting lows of 2.2 per cent in 2012 and 2.3 per cent in 2016 (see Figure 2.2). Recently, growth has recovered to

¹ National Population Council (2018). Uganda’ Demographic Dividend Roadmap

6.2 per cent and is expected to pick up pace in the coming years (IMF, 2018, 2019; MFPED 2017, MoPFED, 2018). However, GDP per capita, at around US\$2,458 (PPP) in 2018, is still some way below the regional average of US\$4,096 (PPP) for sub-Saharan Africa (IMF, 2018) - suggesting that reaching upper-middle income status by 2040 will be a challenge.

Figure 2.2: Real GDP growth in Uganda 1990-2018 (Annual percent change)



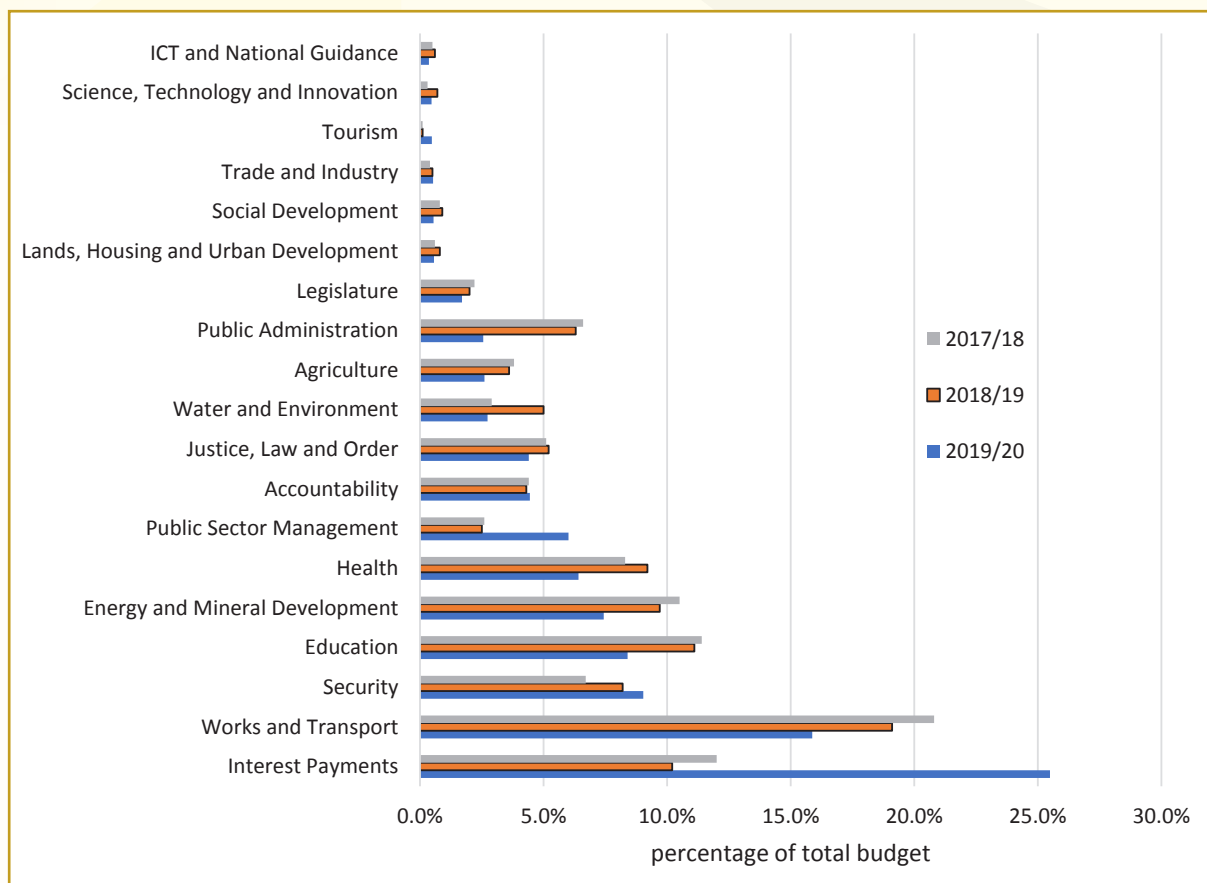
Source: IMF World Economic Outlook (April 2018)

2.3.2 Limited investment in Human Capital Development

Less attention has been paid to building a skilled and healthy workforce; and investment in social sectors, including health and education, remains low. Figure 2.3, which shows the allocation of spending in Uganda’s budget between 2017/18 and 2019/20, reveals a clear prioritisation of infrastructure over social sector spending. For example, in 2017/18, a total of 35 per cent of spending was allocated to infrastructure, including works and transport (22 per cent) and energy and mineral development (13 per cent), compared with only 17 per cent on health and education, and only around 0.8 per cent on social development—which includes social protection—excluding emergency support and short-term public works.²

² Greenslade (2018), based on EPRC (2017).

Figure 2.3: Government of Uganda Budget Allocation, 2017/18-2019/20



Source: Compiled by author based on MoFPED, Background to the Budget 2018/19, 2019/20

2.3.3 High levels of Child Dependency

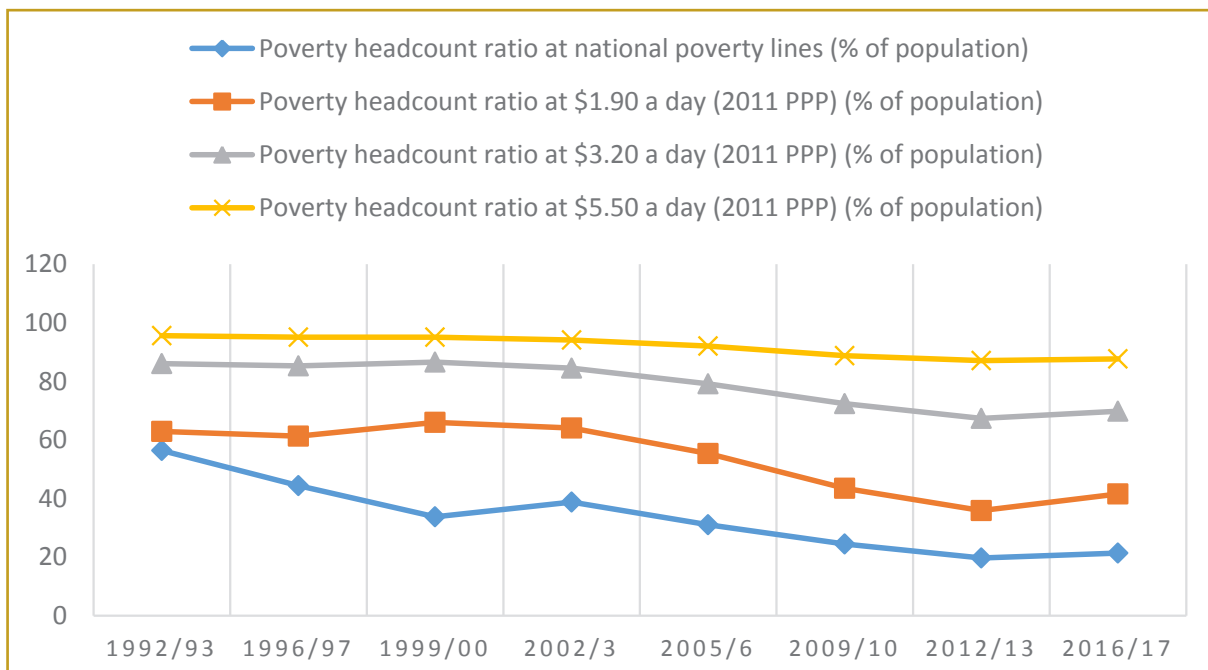
High fertility rates resulted in Uganda having one of the youngest populations in the world, where more than half the population is younger than age 15 years.³ The high child dependency ratio places significant pressures on public provision of social services, and on families, who must spend scarce resources on their children’s health and education. A young population also presents an opportunity to take advantage of the ‘demographic dividend’, but it requires a clear strategy for investing in building human capital to prepare the future labour force. Increasing investment in social services, while critical, will be insufficient for harnessing the demographic dividend in Uganda. This is because the majority of the population will continue to face significant barriers to accessing those services without equal investments in extending social protection coverage and improving its adequacy.

³ NPC (2018).

2.3.4 Persisting Poverty, Income Insecurity and Inequality

Despite Uganda's progress in reducing poverty from over 56 per cent in the 1990s to 19.7 per cent in 2012/13, extreme poverty has risen again to 21.4 per cent in 2016/17.⁴ Moreover, national poverty statistics obscure the true gravity of the situation for a large number of Ugandans. Using the international poverty threshold of \$3.20 per day, Figure 2.4 reveals that nearly three quarters of Ugandans are living in poverty. High rates of poverty and inequality hinder economic progress and, additionally, can trigger social unrest and upheaval, if left unchecked.

Figure 2.4: International poverty lines in Uganda



Source: Author based on World Development Indicators; UBOS, 2016/17.

Furthermore, people's incomes are volatile and highly insecure. Between 2009 and 2014, 52 per cent of households in Uganda had spent at least one year below the poverty line.⁵ Some of these changes might be explained by major crises for individuals, such as becoming disabled or death of a bread winner. However, more often than not, because consumption patterns among the vast majority of Ugandans are relatively similar, the changes could be explained by relatively small changes in consumption related to a typical change in circumstance. Covariate shocks such as droughts or damage to crops or livestock can also have significant impacts. Indeed, UBOS, 2017, notes that the events most likely to have made people worse off in the last five years included: drought (77 per cent), sharp changes in prices (62 per cent), crop pests and diseases (61 per cent), livestock diseases (50 per cent), storms (24 per

⁴ UBOS (2017a), based on UNHS 2016/17.

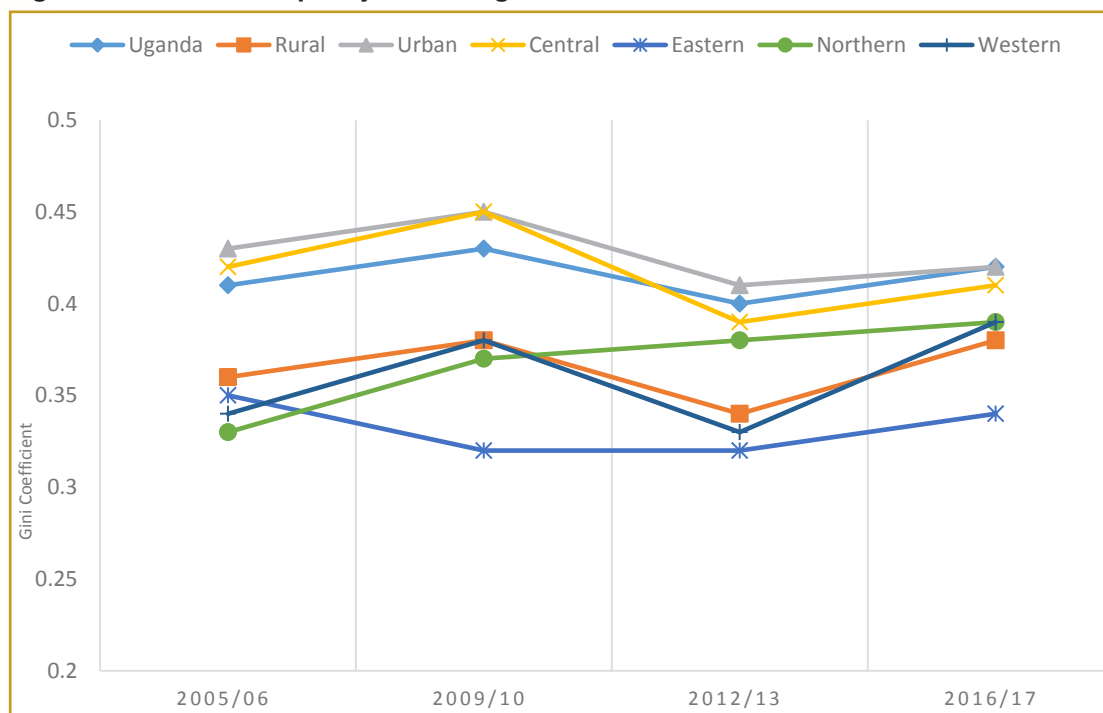
⁵ Source: Kidd S et al (2017), *Inclusive Life Cycle Social Security: An Option for Uganda? Development Pathways*.

cent), human epidemic diseases (21 per cent), and floods (15 per cent).⁶

2.3.5 High Income Inequality and Unequal access to Opportunities

Income inequality remains high despite progress in recent years. Income inequality declined from a Gini coefficient of 0.43 in 2009/10 to 0.40 in 2012/13 but increased to 0.42 in 2016/17.⁷ There are pronounced regional differences and, as shown in Figure 2.5, progress around the country has been uneven. More importantly, the national Gini co-efficient is still well above the threshold of 0.27 beyond which IMF economists have determined inequality harm economic growth.⁸ Uganda must invest more in reducing inequality to sustain and improve upon recent growth trends and foster stronger social cohesion.

Figure 2.5: Income inequality across Uganda



Source: UBOS 2017a

Income inequality is often a reflection of deeper horizontal inequalities caused by unequal access to resources and services, leading to inequality of opportunities.⁹ Gaps in uptake of education and health continue to get in the way of improvements in outcomes, especially among poorer consumption deciles. While school enrolment rates are quite high (around 80 per cent), growth in enrolment rates has stagnated in the last couple of decades, overall completion rates are low, and delays in starting school mean that the vast majority of

6 UBOS (2017a).

7 UBOS 2017b.

8 See Grigoli (2017).

9 Ministry of Gender, Labour and Social Development (2013); *Poverty, Inequality and Vulnerability in Uganda*. Kampala

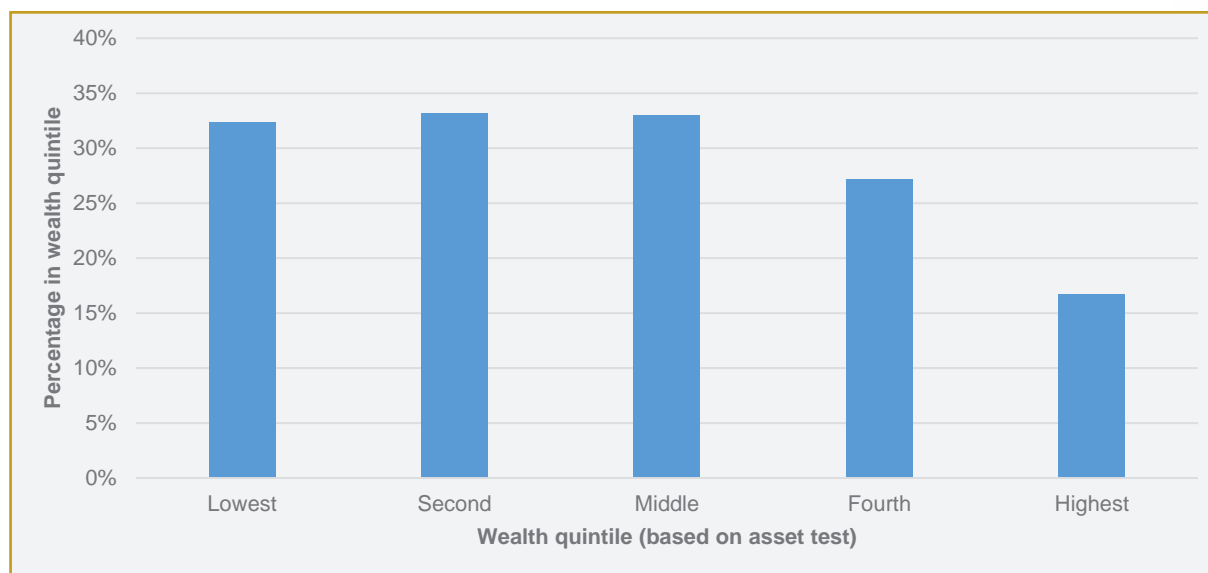
13-18-year-olds are still in primary school.¹⁰ Only 43 percent of children aged 3 to 5 years attend pre-primary school, partly because of low incomes.¹¹

Health uptake is equally worrisome: while overall health-seeking behaviours are improving, there has been little to no improvement among lower consumption deciles.¹² Often these differences are due to factors completely outside of an individual's control, such as region of birth, or the occupation or educational attainment of a parent. Poor access to health and education systems perpetuates poverty, undermines the ability of disadvantaged groups to contribute to economic growth, and inhibits long-term transformation.

2.3.6 Widespread Undernutrition

Stunting rates remain high and continue to pose a serious challenge to the health and productivity of Uganda's future workforce if more is not done to correct the situation. As Figure 2.6 shows, the problem is not confined to the lowest income groups: children in the 3rd quintile show rates above 30 percent, while well above a quarter of those in the 4th quintile experience stunting, further proof that incomes are low across the majority of the population. Such deprivation in early childhood affects cognitive development, which affects school performance and lifetime earnings.

Figure 2.6: Stunting rates among 0-4 year olds in Uganda



Source: Demographic and Health Survey 2015

¹⁰ *Ibid.*

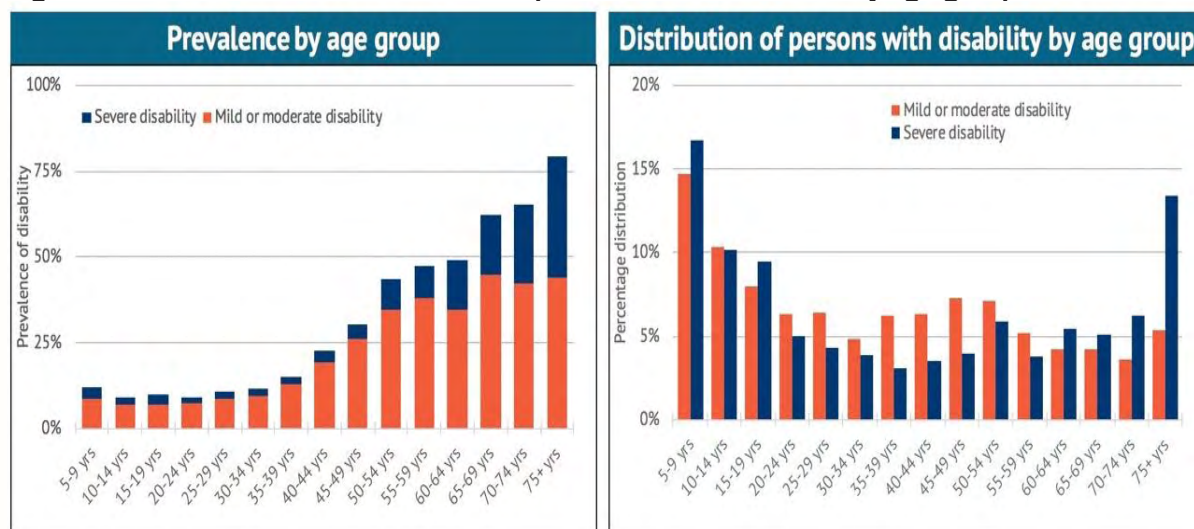
¹¹ *UBOS (2018a).*

¹² *Ibid.*

2.3.7 Disability

A further challenge faced by Uganda is disability. Overall, around 12 percent of the population experience a disability while 4 percent are severely disabled. In fact, the challenge of disability is greater than these figures suggest since 44 percent of households include a disabled member and 12 percent have someone with a severe disability. As Figure 2.7 indicates, while the highest rates of disability are among older people, the highest numbers are among children while around 10 per cent of the working age population has a disability.

Figure 2.7: Prevalence and distribution of persons with disabilities by age group



Source: Based on UNHS 2016/17.

PWDs —and their households— have lower standards of living than non-disabled people and are more likely to live in poverty. This is the result of systemic institutional, attitudinal, and environmental barriers that affect disabled people’s opportunities to participate in economic and social activities, resulting in reduced access to, for example, education, employment, and healthcare. It also further limits incorporation within social, economic, and political networks.¹³ PWDs, therefore, face greater challenges in acquiring the human and social capital needed to convert capabilities into functioning, thereby impacting on their capacity to access adequate incomes.

Not addressing disability can have significant impacts on individuals, households, communities, broader society, and national economies. For example, across 10 low- and middle-income countries it has been estimated that losses in productivity due to not effectively addressing disability range from one to seven per cent of GDP.¹⁴ Unless quick action is taken to address the high rates of poverty and inequality and to attend to the needs and challenges faced by PWDs, Uganda’s significant economic progress in recent decades could be undermined.

¹³ Yeo and Moore (2003); Groce et al. (2011); and Trani and Loeb (2012).

¹⁴ Backup (2009), cited in Banks and Polack (2014).

2.3.8 Weakening Traditional Support System

Historically, Uganda has had a rich tradition whereby lifecycle risks and shocks experienced by individuals have been covered by their families and communities. However, traditional support mechanisms are increasingly under strain due to modernisation, urbanisation, changing family structures, persisting poverty and other cross-cutting issues such as HIV/AIDS-which has left a high number of orphans under their grandparents.

Government needs to enhance and fast-track investment in social protection to strengthen the foundation for Uganda's future human capital and sustained economic growth. As discussed in section 2.5, there is compelling local and international evidence of the transformation potential of social protection in reducing poverty, enhancing income security and, more importantly, supporting families to invest in the care, nourishment, health and education of their children. Indeed, for Uganda to maximise returns on its demographic dividend, it must invest today in building a healthy, skilled and adaptable workforce.

2.4 Status of Social Protection Programmes in Uganda

2.4.1 Overview of the National Policy Context

Over the last decade, the government of Uganda has demonstrated strong commitment to evolving a comprehensive national social protection system as a key part of its national development agenda. Uganda's Vision 2040 and both its First and Second National Development Plans outline plans to increase access to social protection (NPA, 2007; 2010 and 2015). These commitments are further articulated in the 2015 National Social Protection Policy (NSPP) and its 5 year Programme Plan of Implementation (PPI). The policy is a direct outcome of the Expanding Social Protection Programme (ESPP) established in 2010 within the Ministry of Gender, Labour and Social Development. Implemented with support from development partners, ESPP has been critical to enhancing Government's capacity in social protection. A key outcome of ESPP was the formulation of the NSSP and the piloting the Social Assistance Grant for Empowerment (SAGE) programme.

The policy consolidates a vision of social protection previously articulated in disparate legal and policy documents, including the broad objectives outlined in the Uganda Constitution and various laws addressing specific aspects of social protection including the National Social Security Fund Act, (Cap 220), The Pensions Act, (Cap. 286), Uganda Retirement Benefits Regulatory Authority Act, (2011)¹⁵. Box 2.5 below outlines the specific NSPP objectives indicating Government's progressive vision for a national system.

15 These are extensively covered in chapter two.

Box 2.5: Goal, objectives of the National Social Protection Policy

Goal: To reduce poverty and socio-economic inequalities for inclusive development by 2024.

Objectives:

1. To increase access to social security

- i) Expand the coverage and scope of contributory social security in both the formal and informal sectors;
- ii) Undertake reforms in the provision of contributory Social Security;
- iii) Establish and expand direct income support schemes for vulnerable groups;
- iv) Enhance access to health insurance services; and
- v) Enhance access to compensation by workers in both the private and public sectors.

2. To enhance care, protection and support for vulnerable people

- i) Promote community-based response mechanisms for supporting vulnerable people;
- ii) Expand the scope and coverage of care, support and protection services;
- iii) Promote public-private partnerships in the delivery of social care, support and protection services; and
- iv) Build the capacity of social care and support service providers.

3. To strengthen the institutional framework for social protection service delivery

- i) Establish coordination mechanism for social protection at various levels;
- ii) Establish an effective monitoring and evaluation system for social protection;
- iii) Strengthen the functionality of the civil registration system;
- iv) Develop Management Information Systems for different components of social protection;
- v) Strengthen the technical and logistical capacity for delivery of social protection services; and
- vi) Develop a long-term financing mechanism for social protection

2.4.2 Contributory Schemes and Publicly Funded Pensions

Due to the structure of Uganda's economy, access to contributory social security is limited; reaching only about 15 percent of workers in employment. Two of the largest schemes, the National Social Security Fund (NSSF) and Public Service Pension Scheme (PSPS) have only 830,000 and 388,853 active members respectively; although only a portion of these members will be in receipt of benefits (see table 2.1 below). The PSPS with a budget of UGX 471 billion in 2019/20, is non-contributory, hence imposing a huge strain on fiscal space. The NSSF is a provident fund and pays lump sum benefits, and even then, only in the event of old age, disability and survivorship. Lump sum payments expose beneficiaries to financial market risk and not provide long-term income security.

The Uganda Retirement Benefits Regulatory Authority (URBRA) was established in 2011 by an Act of Parliament to regulate the establishment, management and operation of voluntary retirement benefits schemes in Uganda. In line with its mandate, the URBRA has licenced two voluntary schemes, namely: Mazima Voluntary Individual Retirement Benefits Scheme (MVIRBS) and Kacita Uganda Provident Fund to offer contributory social security services to informal sector workers. However, international experience suggests that the ability of these voluntary schemes to close the wide coverage gap for low-income workers may be limited¹⁶. To date, MVIRBS has 898 contributors only (URBRA, 2018).

16

Health insurance coverage remains low reaching less than 5 percent of the population (UBOS, 2017) - a long way from the universal health insurance envisaged in Vision 2040. A National Health Insurance Scheme (NHIS) bill has been under preparation for a while now but is yet to be presented before Parliament. Other forms of social insurance, such as accident and injury insurance, are also small in coverage. Insurance against accident and injury at work is limited. As MoGLSD, 2015 observes:

“In spite of the fact that the law requires every employer to insure and keep themselves insured in respect of any liability which may arise under the Workers Compensation Act, only a few employers in the private sector have insurance cover. Government does not provide insurance cover for its employees.” MoGLSD, 2015, p. 16

2.4.3 Direct Income Support

2.4.3.1 Senior Citizens Grant

Following cabinet approval of the Expanding Social Protection Programme (ESPP) in 2010, the Ministry of Gender Labour and Social Development (MoGLSD) successfully piloted the Social Assistance Grants for Empowerment (SAGE) programme. Since 2011, the Senior Citizens Grants (SCG) component of the SAGE programme has been gradually expanded to reach 157,284 beneficiaries in 81 districts. Government funding to the programme has accordingly increased from UGX 9 billion in 2015/16 to UGX 62.88 billion in 2019/20- according to MoGLSD reports. Having established delivery systems and generated strong evidence of impact on household and communities, Government has decided to rollout the SCG to all districts in FY2019/20.

2.4.3.2 Northern Uganda Social Action Fund

Within the Office of the Prime Minister (OPM), Government is implementing Labour Intensive Public Works (LIPW) programmes under the Northern Uganda Social Action Fund (NUSAF3). Financed by a US\$130 million concessional loan from the World Bank, the programme covers Northern and Eastern Uganda targeting 600,000 vulnerable people in 56 districts. NUSAF includes a Disaster Risk Financing (DRF) facility designed to respond to the scale of recent exogenous shocks, especially drought and the arrival of high numbers of refugees. LIPW are a critical response to building resilience to covariate shocks designed to engage local communities in short-term employment, increase the productivity of the landscape and to improve livelihoods for the population. Indeed, the UBOS (2017b) has partially attributed the increase in household consumption in Northern Uganda to such interventions.

2.4.4 Social Care and Support Services

Although it constitutes the second pillar of the social protection system outlined in Uganda's policy, the social care and support services system has not been given great attention. Government led institutional care exists, particularly for children and people with disabilities, but most institutions are in need of rehabilitation, and provision falls very short of need in both

quality and quantity. The bulk of SCSS delivered by NGOs with a focus on advocacy on rights, community sensitisation, support, and care for vulnerable groups, legal representation, and income generating opportunities (Greenslade, 2018).

In 2018, the ministry developed a conceptual framework for delivery of Social Care and Support Services; and is currently developing a costed vision for the SCSS system in 2019/20.

2.4.5 Key Challenges affecting Social Protection Delivery

Despite broad policy commitments and progress, the Uganda's social protection system is still characterised by low coverage and low investment.

2.4.5.1 Limited coverage and scope of social security programmes

Social security coverage in Uganda is low, and only 1.6 million Ugandans are covered as shown in table 2.1 Currently, there is no social security scheme – contributory or otherwise—that both pays regular benefits and covers the minimum internationally recognised lifecycle risks including old age, disability, survivorship, health, parenthood (including maternity/paternity benefits and child/family benefits), or unemployment. What should, in principle, be the basis for the contributory tiers—so-called ‘formal social security’—is extremely limited, in terms of coverage, adequacy and scope.

Table 2.1: Social Security Coverage in Uganda, 2019

Scheme	Coverage (no. of people)
Contributory/ social insurance	
Public Service Pension Scheme	388,853
National Social Security Fund*	1,840,010
Parliamentary Pension Scheme	959
Voluntary Occupational Schemes	43,148
Direct Income Support	
Social Assistance Grant for Empowerment-Senior Citizens Grant	157,284
Northern Uganda Social Action Fund (NUSAF3)	136,571
Total	2,566,825
* Active NSSF members are 830, 000 (45%), June 2019	

Source: Compiled by author based on URBRA (2019); and MoGLSD, OPM data administrative data

2.4.5.2 Widespread Informality of the Economy

Informal economy workers play a major role in employment creation, production and income generation. Up to 87 percent of the urban working population¹⁷ are engaged in informal employment. UBOS (2017) estimated that 54.3 percent of the working population¹⁸ are self-employed with 6.9 percent as contributing family workers. A significant number of workers in the informal economy are highly vulnerable to poverty and have low and unstable income, and yet most do not benefit from social security. A key feature of informal employment is the absence of employment or apprenticeship contracts which commit employer to pay relevant taxes and social security contributions on behalf of the employees or which make the employment relationships subject to standard labour legislation.

2.4.5.3 Low Public Investment in Social Protection

In 2019, Government invested around 1.82 percent of GDP overall in social protection, including only 0.17 per cent on direct income support and only 0.09 per cent on the SCG specifically. The vast majority of spending is from the NSSF and the PSPS, which both are spending for the formal rather than informal sector. Compared with other sub-Saharan African countries, which invest an average of 1.1 percent of GDP in direct income support, Uganda's investment is still low. Table 2.2 shows spending by programme and by source of funding.

Table 2.2: Social security spending in Uganda, 2019/20

UGX billion	Contributions	Government	Donors/loan	Total	% GDP
Contributory/ social insurance					
Public Service Pension and gratuity	0	471	0	471	0.39%
Military pensions and gratuity	0	80	0	80	0.07%
National Social Security Fund (2018/19)	450		0	450	0.37%
Sub-total	450	551	0	1001	0.82%
Direct Income Support					
Senior Citizens Grant		63	50	113	0.09%
Northern Uganda Social Action Fund (NUSAF3)*			100	100	0.08%
Sub-total	0	63	150	213	0.17%
Total	900	1164	150	2,214	1.82%
% of spending	41%	53%	7%		121,771

*Labour Intensive Public Works component only

Source: Author based on MTEF 2019/20 and administrative data

¹⁷ UBOS (2015) -Urban Labour Force Survey , 2015

¹⁸ The employed population (14-64) is estimated at 9.1 million out of the 15.1 million working population.

2.4.6 Opportunities for enhancing progress towards an Inclusive National Social protection System

2.4.6.1 Support from Development Partners

Over the last decade, Development Partners have demonstrated strong commitment to Uganda's social protection efforts providing a significant share of financial resources and technical assistance towards social protection. Since 2010, the UK's Department for International Development and the Embassy of Ireland- Irish Aid have provided about £ 128 million towards (DfID) implementation of the Social Assistance Grant for Empowerment (SAGE) programme and broader policy and capacity building support through the Expanding Social Protection Programme. The World Bank has provided concessional credit to implement the Northern Uganda Social Action Fund (NUSAF). The third phase of the programme (NUSAF3) is financed by a US\$ 130 million loan. The World Food Programme has implemented a combination of cash and food for work in Karamoja and refugee hosting districts as well as technical support to systems strengthening. UNICEF has played a key role in providing mainly technical assistance towards policy advocacy.

This support is coordinated through the Development Partner Social Protection Working Group (DPSPWG) which includes other agencies such as Swedish International Development Cooperation Agency (SIDA), the European Union Delegation in Uganda, USAID and the UNHCR. The working group represents an opportunity for building a shared vision, synergy and aligning donor support towards Government plans.

2.4.6.2 Role of Civil Society in Social Protection Advocacy

Civil society organisations under the Uganda Social Protection Platform (USPP) have played a key role in building awareness and public support for social protection in Uganda. Through their wide grassroots networks, USPP member organisations play an important social accountability role through monitoring programme implementation, highlighting challenges and advocating for increased Government commitment to social protection.

Within Parliament, members of the Uganda Parliamentary Forum on Social Protection (UPFSP) have been vocal in mobilising cross-party support for increased funding and national roll-out of the SAGE programme. Such goodwill is critical to building stronger Government commitment and an accountable social protection system.

2.4.6.3 Reforms to the National Social Security Fund

In August 2019, the Ministry of Gender, Labour and Social Development presented the National Social Security Amendment Bill, 2019 to parliament. The bill seeks to: (i) extend mandatory coverage of the scheme to all workers in the formal sector while encouraging voluntary membership in the informal sector; (ii) expand the range of benefits available to members and, (iii) strengthen governance of the scheme. Notably, the bill does not address

the need to convert the National Social Security Fund (NSSF) which remains a provident fund into a social insurance scheme- a key objective within the NSPP. Nevertheless, the proposed amendments to the 1985 NSSF Act represent a good step towards addressing the coverage gap and adequacy of benefits.

2.4.6.4 Social Protection Single Registry

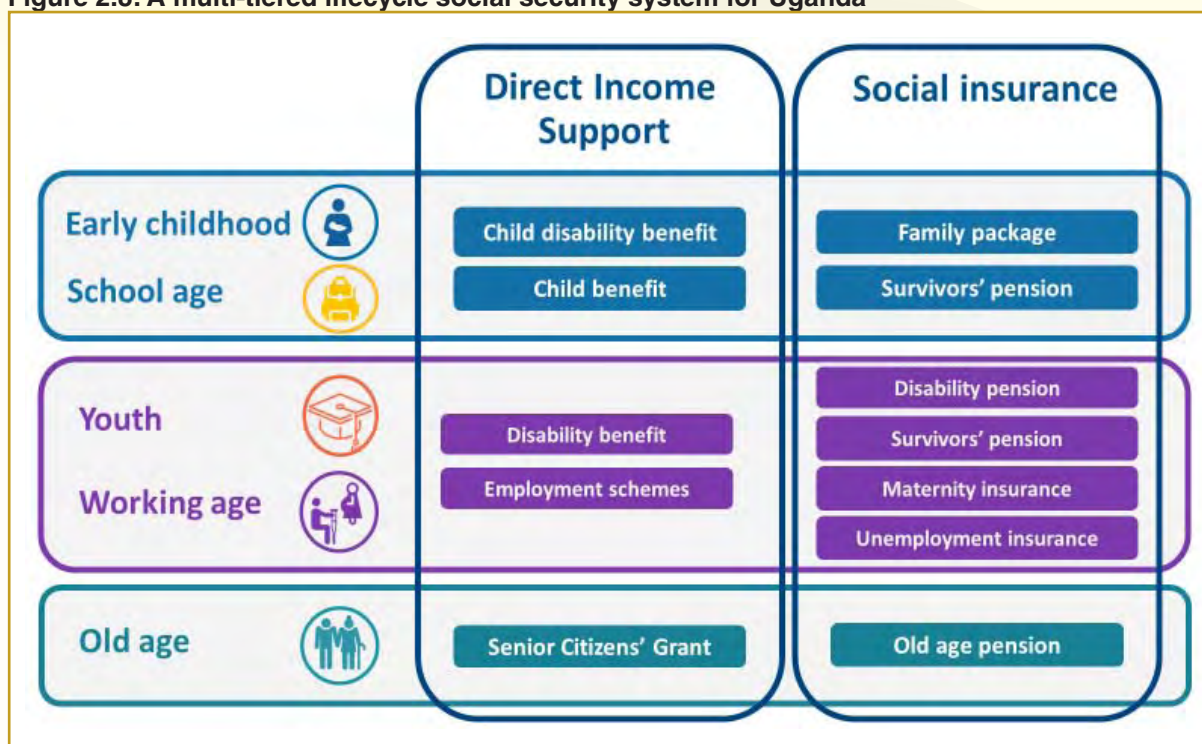
The MoGLSD is developing a Social Protection Single Registry designed to integrate all the sector's management information systems for stronger information sharing and coordination. The system will support transparency and accountability at all levels and support evidence-based decision-making, targeting and linking beneficiaries to complimentary services, as well as minimising duplication, error, fraud, and corruption. The Single Registry will be linked to the ID database managed by the National Identification Registration Authority (NIRA). The single registry, now in its final design phase, is expected to be fully operationalised in FY 2019/20. This will be critical to improving the sector M&E and reporting systems including for the National Development Plan.

2.4.6.5 Development of a long-term vision for Social Protection

Spearheaded by the MoGLSD, Government is currently engaged in high-level dialogue to agree a long-term vision and strategy to finance an inclusive national social protection as key part of the national development strategy for inclusive growth. The emerging vision makes concrete proposals for a multi-tiered system of comprising a combination of tax financed direct income support and mandatory social insurance programmes to address life cycle risks from early childhood and school age, youth, working age and old age (see figure 2.8). These proposals will be key to addressing the coverage gap particularly among workers in the informal economy.

This vision forms a critical foundation for development of robust programme plans and budgets in line with the Comprehensive National Development Planning Framework (CNDPF) including the 5-year Social Development Sector Plan and subsequent annual programme budgets.

Figure 2.8: A multi-tiered lifecycle social security system for Uganda



Source: MoGLSD, forthcoming

2.5 Impact of Social Protection on Human Capital Development and the Demographic Dividend.

Although social protection runs through the NDP II, it does not obviously occupy centre stage, despite Uganda's growing commitment to expanding social protection as articulated in the NSPP. The NDP II prioritises the following five key drivers of growth with the greatest multiplier effects:

- vi) Agriculture;
- vii) Tourism;
- viii) Minerals, Oil and Gas;
- ix) Infrastructure; and,
- x) Human Capital Development.

Whereas the first four priorities call for primarily capital-intensive, supply-side investments from the government, the fifth — human capital development — relies on significant investment in building and maintaining demand as the foundation of a growing economy. Supply-side investments, such as building roads to enable exports of agricultural products from rural areas or supporting the development of industries like mineral exploitation or tourism, are the

bread and butter of a nation's strategy to generate prosperity for all. But, just as supply-side interventions are insufficient in improving education and health outcomes — where building or staffing a school or clinic matters less, if people cannot afford to travel or pay for services — so it is with infrastructure. Without a healthy, educated, dynamic and mobile workforce and citizenry, infrastructure and other supply-side investments are likely to generate limited returns. And, vice versa: without roads or the jobs that come through structural transformation, investments in human capital development are likely to be wasted. Well-designed social protection acts as a catalyst for this vital synergy.



Child sensitive social protection grants

Social protection helps to lower the barriers to ensure that all individuals can partake of the benefits of economic transformation. In other words, by contributing to human capital development, social protection helps to maximise and magnify the returns to other investments. Because it provides income and food security through regular, adequate transfers as part of its core mandate, social protection enables the development of the whole individual — through better access to education, health, and labour markets — as a productive member of society, whether as a worker, producer or consumer. Education, in particular, improves the individual's capacity to innovate and adapt to new technology in a technology driven world. Social protection supports four critical dimensions of human capital, namely:


- **Promoting healthier citizenry** by improving food security, nutrition and access to health care;



- **Building a more educated and adaptable workforce** by raising school participation, reducing child labour, and boosting performance;
- **Contributing to a more dynamic economy** by enabling people to work more and in better jobs, to open businesses, to increase consumption, to be more resilient in the face of shocks and to have better access to financial services; and
- **Contributing to a more stable, cohesive and dignified society** by improving people’s dignity and wellbeing and fulfilling their fundamental right to social protection.

Table 2.3 depicts the process by which social protection impacts on these four broad dimensions of human capital development, thereby enhancing other investments (including agriculture, tourism, mining and energy development, infrastructure as well as supply-side investments in social services like health and education) and ultimately contributing to more inclusive economic growth. Sustained and inclusive growth frees up more resources for investing —through social protection— in healthy, skilled, dynamic and resilient citizenry and workforce, setting up a virtuous cycle.

Figure 2.9 summarise the impacts of an inclusive lifecycle social protection system at individual, household, community and national level.

Table 2.3: Summary of Social Protection Impacts

Early childhood	
	<ul style="list-style-type: none"> • Improvements in the diet and nutrition of pregnant mothers and young children • Increase in the access of pregnant mothers and those with young children to health services • Increase in young children’s access to pre-primary education • Improvements in diet and nutrition
School age	
	<ul style="list-style-type: none"> • Increased access to primary and secondary education including people with disabilities • Increased access to health services • Increased impact of investments in health and education sectors • Reduction in child labour
Youth	
	<ul style="list-style-type: none"> • Better able to care for their children • Access to training through well-designed public works • Increase in labour force participation including for young people with disabilities • Rise in empowerment of young women

Working age	
	<ul style="list-style-type: none"> • Increased ownership and diversity of productive assets • Greater resilience to idiosyncratic and major shocks • Move away from low wage employment to self-employment • Increase in labour market participation including people with disabilities • Rise in women's empowerment
Old age	
	<ul style="list-style-type: none"> • Those no longer able to work including disabled can meet household costs • Greater economic activity for those who would to and are able to work • Older people are able to care for children and other dependents • Older people have greater status and dignity Community

Source: MoGLSD

Figure 2.9: National and Community level impact of social protection



Source: MoGLSD, forthcoming

2.6 Conclusion

International evidence shows that a well-coordinated national social protection system is important demand-side investment in people and complements other national development strategies. It has the potential to set off a virtuous cycle - reducing poverty and inequality, enhancing human capital and productivity while fostering inclusive growth.

Uganda has demonstrated strong commitment and progress in formulation of key policies and development of institutional systems and capabilities- laying a strong foundation for delivering

the interventions for enhancing social protection. However, social protection investment is far below the level required to address the high levels of poverty and vulnerability; and developing Uganda's future human capital. In spite of the strong policy commitments, social protection does not yet occupy centre stage in Uganda's national development strategy; while coverage and spending on social protection remain low. If Uganda is to maximise its returns on its potential demographic dividend, increasing investment in social protection needs to be a key part of the national development strategy.

2.7 Policy Recommendations

The following policy recommendations are recommended for consolidating progress so far and addressing key challenges of Social Protection in Uganda.

1. Develop a clear vision and long-term financing strategy for social protection in order to enhance political will and funding for increasing investment in social protection, Government should clearly layout the costs and strategy for financing the proposals in the social protection vision (section 4.6.5) as part of the next 10-Year Perspective Plan and Third National Development Plan (NDP III) and the social development sector plan.
2. Coordinate social security reforms – It is equally important that the strategies for extending social security aims at building a comprehensive social security system for everyone, including formal and informal economy workers. Most countries that have achieved widespread social security coverage have done so through a multi-tiered approach that offers: (1) a guaranteed, adequate level of support for the vast majority of the population who are on low incomes and most of whom work in the informal economy, (2) mandatory, higher-level contributory social security benefits for those on higher incomes, and, (3) voluntary insurance for those who can afford additional protection. Such a system, if well designed, enables a smooth transition for people with lower incomes to begin to access a fully functioning contributory system as their incomes rise as part of an inclusive growth agenda.

In this context, reforms to convert the Public Service Pension Scheme into a contributory scheme and should be urgently pursued and coordinated with broader efforts at expanding coverage including the proposed National Health Insurance scheme and amendments to the NSSF Act. The payment of lump sum benefits by the NSSF is, in effect, a transfer of the financial market risk to the individual; particularly in the absence of a well-developed annuities market. Government should therefore consider the option of converting the NSSF into a defined benefit social insurance pension scheme as a strategy to minimise the risk to individual members and enhance the value and range of individual pension benefits. In the context of low incomes in Uganda, it might be a cheaper option to provide a broader and adequate range of benefits through a pooled arrangement; while providing incentives to attract more contributors to the scheme.

3. Evidence based Advocacy – Building on international and local evidence, the MoGLSD, development partners and civil society should step up advocacy; demonstrating with evidence how a national social protection system can set off a virtuous cycle: restoring income security, enabling investment in human capital development and fostering social cohesion for inclusive development. These effort require that Government should establish robust delivery systems for maximising efficiency and impact as well as monitoring and evaluation to generate and disseminate evidence.
4. Improving tax administration and strengthening the social contract – Although there are concerns within the policy discourse about the fiscal space, there is scope for increased financing for social protection. Uganda’s Tax/GDP ratio is still below the region’s average – in part, a reflection of inefficient tax administration. Indeed, the Government has finalised the development of a domestic revenue mobilization strategy ¹⁹ with a target of 18 percent of GDP over the medium term; and recognises that ***“it is critical to any future mobilisation efforts that Ugandans perceive a closer link between taxes paid and public services provided.”*** It may be argued that rebalancing public investments towards social services including in social protection system can augment revenue collection efforts by strengthening the weak social contract and enhance tax compliance.

Government should therefore ensure stronger coordination of tax and social policy to ensure initiatives to reduce poverty and inequality are efficient and effective; and taxation does not take away from vulnerable families what is given in social protection. Indeed, investments in social protection and human capital will foster a vibrant economy and increased revenue for social spending.

¹⁹ Ministry of Finance, Planning and Economic Development, (2019): *Background to the Budget, FY 2019/20*

2.7 Bibliography

Bastagli, Francesca & Hagen-Zanker, Jessica & Harman, Luke & Barca, Valentina & Sturge, Georgina & Schmidt, Tanja & Pellerano, Luca. (2016). Cash transfers: What does the evidence say? A rigorous review of programme impact and of the role of design and implementation features. 10.13140/RG.2.2.29336.39687..

Galasso E, Wagstaff A. (2018) The aggregate income losses from childhood stunting and the returns to a nutrition Intervention aimed at reducing stunting. Washington DC, USA: Policy Research Working Paper. The Research Support Team

Gelders, B., & Bailey-Athias, D. (2018). Quantitative Impact of Uganda's Senior Citizens' Grant. London

Gertler, P., Heckman, J., Pinto, R., Zanolini, A., Vermeersch, C., Walker, S., Chang, S., Grantham-Mcgregor, S. (2013). Jamaica - Can disadvantaged kids ever catch up with better-off peers? (English). From evidence to policy. Washington, D.C. World Bank Group.

Government of Uganda. (2014). National Development Plan I (2010/11-2014/15). <http://npa.ug/wp-content/themes/npatheme/documents/NDP2.pdf>

Government of Uganda. (2015a). National Development Plan II (2015/16-2019/20). <http://npa.ug/wp-content/uploads/NDPII-Final.pdf>.

Greenslade, M., & Muyinza, P. (2018). Uganda Social Protection Sub-Sector Report 2018. Kampala.

Grigoli, F. (2017). A new twist in the link between inequality and economic development. IMF.

ILO (2016). United Nations Development Group Social Protection Coordination Toolkit: coordinating the design and implementation of nationally defined social protection floors; – Geneva

ILO (2017) World Social Protection Report 2017–19: Universal social protection to achieve the Sustainable Development Goals, International Labour Office – Geneva

ILO (2018), Reversing Pension Privatizations. Rebuilding public pension systems in Eastern Europe and Latin America. https://www.ilo.org/secsoc/information-resources/publications-and-tools/books-and-reports/WCMS_648574/lang--en/index.htm

ILO / Townsend, P (2007). The right to social security and national development: Lessons from OECD experience for low-income countries. Issues in Social Protection, Discussion Paper 1, Geneva, International Labour Office, 2007

Lange, Glenn-Marie, Quentin Wodon, and Kevin Carey, eds. (2018). *The Changing Wealth of Nations 2018: Building a Sustainable Future*. Washington, DC: World Bank. doi:10.1596/978-1-4648-1046-6.

López, H. & Servén, L. (2005). *Too Poor to Grow*. Background paper prepared for Chapter 6, “Does Poverty Matter for Growth”, in Perry, G., Arias, O. López, J. Maloney, W. & Servén, L. (eds.), *Poverty Reduction and Growth: Virtuous and Vicious Circles*. World Bank, Washington, DC.

Matthew Greenslade (2017). *Issues in financing social protection expenditure in Uganda*, Ministry of Gender, Labour and Social Development . Kampala

MGLSD, (forthcoming). *Building and Protecting Human Infrastructure: A Vision for Social Security in Uganda*. Kampala

Ministry of Finance, Planning and Economic Development (MFPED), Government of Uganda. (2017). *Budget Framework Paper*. Kampala.

Ministry of Finance, Planning and Economic Development (MFPED), Government of Uganda. (2018). *Background to the Budget Fiscal Year 2018/19*. Kampala.

Ministry of Gender, Labour and Social Development (MGLSD), Government of Uganda. (2013); *Poverty, Inequality and Vulnerability in Uganda*. Kampala

Ministry of Gender, Labour and Social Development (MGLSD), Government of Uganda. (2015). *The National Social Protection Policy: Income security and dignified lives for all*. Kampala.

National Planning Authority (NPA), Government of Uganda (2007), *Uganda Vision 2040*. Kampala
National Planning Authority (NPA), Government of Uganda (2015), *Second National Development Plan (NDPII), 2015/16-2019/20*. Kampala

National Population Council (2018). *Uganda’ Demographic Dividend Roadmap*. Kampala

OECD (2019)-*Social Expenditure Update*. Accessed at <https://www.oecd.org/social/soc/OECD2019-Social-Expenditure-Update.pdf>

Oxford Policy Management (OPM). (2016a). *Evaluation of the Uganda Social Assistance Grants for Empowerment (SAGE) Programme, Impact after two years of programme operations 2012-2014 – Final report*. Oxford.

Richter L, Black M, Britto P, et al (2019) *Early childhood development: an imperative for action and measurement at scale*, *BMJ Global Health*; 4:e001302.

Uganda Bureau of Statistics (2015) -*Urban Labour Force Survey*. Kampala

Uganda Bureau of Statistics (UBOS). (2017). Statistical Abstract. Kampala.

Uganda Bureau of Statistics (UBOS). (2018a). Uganda National Household Survey 2016/17. Kampala.

Uganda Bureau of Statistics (UBOS). (2018b). Uganda Demographic and Health Survey 2016. Kampala.

Uganda Retirement Benefits Regulatory Authority (URBRA). (2019). Annual Retirement Benefits Sector Report, Kampala

UNICEF. (2018). Uganda: Social Policy Outlook. Kampala.

Walsh, J., Yu, J. (2010). Determinants of Foreign Direct Investment: A Sectoral and Institutional Approach, James P. Walsh and Jiangyan Yu. IMF Working paper.

World Bank (2018). The State of Social Safety Nets 2018. Washington, DC: World Bank. doi:10.1596/978-1-4648-1254-5

World Bank. (2015). Programme Appraisal Document: Third Northern Uganda Social Action Fund Project (NUSAF3). Washington DC.

World Bank. (2019). World Development Report 2019: The Changing Nature of Work. Washington DC.



Chapter

3

Legal and Policy Framework for Social Protection

3.1 Introduction

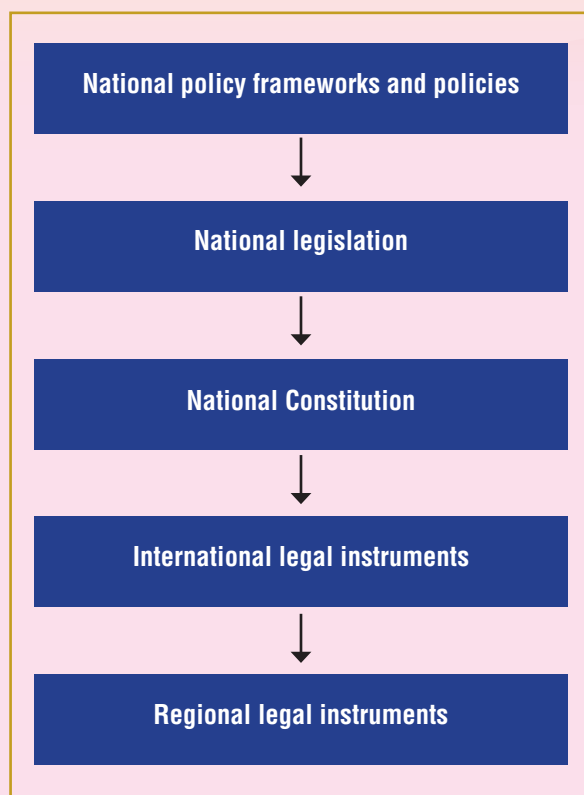
Social protection legislation is recognized globally as important for realization of the right to social protection. For most international legal instruments, the right that is clearly provided for is the right to social security but can implicitly be applied to the right to social protection.

Legislation and policy framework is critical as it provides the basis for social protection as a basic service and human right. Social protection is required globally and nationally to be provided as of right and not charity or welfare to all Ugandans.

A strong legal framework is a vehicle to uphold human rights principles in governance, administration and social protection service delivery to all Ugandans using different social protection instruments such as social assistance, social insurance and social care and support services.

This chapter discusses the legal and policy framework for social protection in Uganda. It covers the international, regional and national legal and policy framework which give the justification for provision of social protection to all Ugandans as indicated in figure 3.1 below.

Figure 3.1: The Legal and Policy framework for Social Protection in Uganda



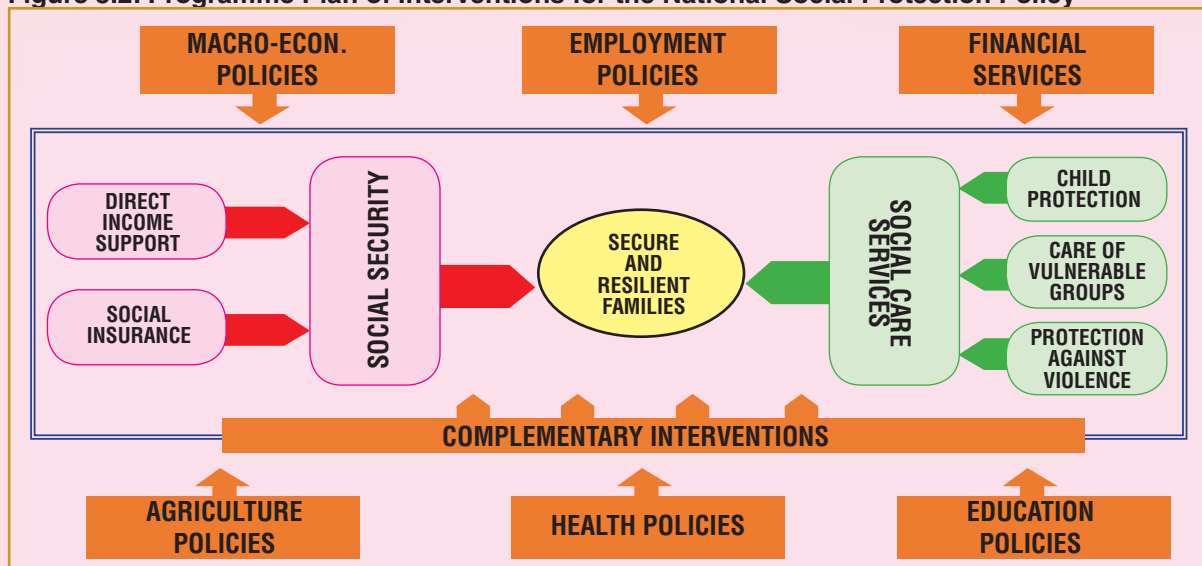
Whilst ILO R. 202 (2012) establishes that basic social security guarantees should be established by law and that national laws and regulations should specify the range, qualifying conditions and levels of the benefits giving effect to these guarantees,

it recognizes that there is no single way of constructing the elements of the legal framework providing for social protection: each country should determine the type, nature, level and progressive universal reach by categories of need and social risk, according to national circumstances.

Social protection as an intervention is premised on the fact that vulnerabilities still exist and therefore social protection is fundamentally important for Uganda's development because it provides a platform upon which individuals can build resilient, productive and sustainable livelihoods.

Social protection framework in Uganda in line with programme plan of Interventions for the National Social Protection Policy is indicated in figure 3.2 below.

Figure 3.2: Programme Plan of Interventions for the National Social Protection Policy



3.2 International Legal Framework

Uganda is a signatory to a number of international legal instruments and has ratified a number of legal instruments related to social protection. The right to social security is also enshrined in UN legal instruments setting out the rights of specific population groups, such as the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) 1979, the Convention on the Rights of the Child (CRC) 1989, the Convention on the Elimination of All Forms of Racial Discrimination, (1965), the International Convention on the Protection of the Rights of All Migrant Workers and their families. Universal Declaration of Human Rights (UDHR), General Assembly Resolution 217 A (III), 1948. International Covenant on Economic, Social and Cultural Rights, General Assembly Resolution 2200A (XXI), 1966. Articles 11(1) (e), 11 (2)(b) and 14(2). Articles 26, 27(1), 27(2) and 27(3). Article 5(e)(iv). International standards and human rights instruments and the Convention on the Rights of Persons with Disabilities (2006).

While the Universal Declaration of Human Rights (UDHR) constitutes an unchallenged statement of fundamental human rights, the International Covenant on Economic, Social and Cultural Rights (ICESCR) and other specific UN Conventions have the quality of treaties, which create binding obligations upon ratification. As for other rights enshrined in these instruments, States' obligation in the implementation of the right to social security is one of progressive realization, as different countries undertake upon ratification, to take steps towards the full realization of this right, to the maximum of their available resources.

3.2.1 The Universal Declaration of Human Rights, 1948.

Article 22 of the Universal Declaration of Human Rights provides that “Everyone, as a member of society, has the right to social security and is entitled to realization, through national effort and international co-operation and in accordance with the organization and resources of each State, of the economic, social and cultural rights indispensable for his dignity and the free development of his personality.” This declaration which is the foundation of human rights clearly provides for the rights to social security meaning that social protection including social security is a fundamental human right and therefore Government has an obligation to provide social protection to its citizens.

Article 25 is to the effect that: (1) Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, invalidity, widowhood, old age or other lack of livelihood in circumstances beyond his control. (2) Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.

These provide the right to not only social security but also health insurance and social care and support services as envisioned in the National Social Protection Policy. Through implementation of the national social protection policy Government is able to implement the provisions of the international legal instruments for the benefit of children, youth, older persons and Persons with Disabilities in other words reaching out to the projected 40.3 million Ugandans.

3.2.2 The International Covenant on Economic Social and Cultural Rights ratified in 1987 provides for unique economic, social and cultural rights of which Governments are expected to realise progressively but it is expected that Governments show the clear steps to respect, fulfill and promote these rights. Article 9 provides that; “The State Parties to the present Covenant recognize the right of everyone to social security, including social insurance”. In effect, by ratifying this Covenant Uganda has an obligation to provide social security to everyone.

In addition Article 10 provides that; The States Parties to the present Covenant recognize that: “The widest possible protection and assistance should be accorded to the family, which is the natural and fundamental group unit of society.....”.

From this provision, it is clear that Uganda has an obligation to provide protection in line with the National Social Protection Policy in terms of social care and support services and social security benefits for mothers. It should be noted that social security coverage is still low standing at 14 percent of the population covered under the Public Service Pension Scheme occupational schemes, NSSF covering both mandatory and voluntary contributions, informal sector schemes of Mazima and KACITA as well as the Senior Citizens Grant according to the Uganda Retirement Benefits Annual Performance Report 2018.

Furthermore, Article 11 provides that; The States Parties to the present Covenant recognize the right of everyone to an adequate standard of living for himself and his family, including adequate food, clothing and housing, and to the continuous improvement of living conditions. The State Parties will take appropriate steps to ensure the realization of this right, recognizing to this effect the essential importance of international co-operation based on free consent”.

This implies that Uganda as a state party is under an obligation to provide for adequate standard of living and as such social protection service delivery is critical to realizing this obligation for the benefit of all Ugandans. The convention recognizes the importance of international cooperation thereby encouraging development partner support in social protection service delivery.

Article 12 stipulates that; “The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health”. As such, Government is required to speed up the enactment of the National Health Insurance Bill in order to enable Ugandans access health services which are a critical component of social protection since poor health is one of the key drivers of poverty and vulnerability that social protection interventions seek to address. It should noted that health insurance is important especially for the poor and vulnerable persons who constitute the majority of the population given high poverty levels of 21.4% according to the Uganda National Household Survey report 2016/17.

3.2.3 The International Convention on Elimination of all forms of Discrimination Against Women (CEDAW) provides under –

Article 11 clause (e) for; “The right to social security, particularly in cases of retirement, unemployment, sickness, invalidity and old age and other incapacity to work, as well as the right to paid leave”; Therefore Government is under an obligation to provide for social security to women in different situations of vulnerability relating to work.

Article 14 clause (2) on rural women stipulates that; “State Parties shall take all appropriate measures to eliminate discrimination against women in rural areas in order to ensure, on a basis of equality of men and women that they participate in and benefit from rural development and, in particular, shall ensure to such women the right to benefit directly from social security programmes;

This Convention has been domesticated through various legislation such as the Employment Act, 2006 and Occupational Safety and Health Act 2006 among others. Government has been reporting to the Committee on Elimination of Discrimination Against Women on status of implementation as required by the Convention.

It is therefore clear that Government has a duty to provide opportunities for rural women who are largely informal sector workers to benefit from social security programmes. It is therefore necessary for Government to mobilize such groups of the population to

join social security schemes that exist and put in place legal and policy framework to facilitate attainment of this right.

3.2.4 ILO Convention 202 on Social Protection Floor Recommendation provides guidance to member states in building comprehensive social security systems and extending social security coverage by prioritizing the establishment of national floors of social protection accessible to all in need. It assists member states in covering unprotected, the poor and most vulnerable including workers in the informal economy and their families. It therefore aims at ensuring that all members of society enjoy at least a basic level of social security throughout their lives. The recommendation provides guidance to countries; in establishing and maintaining national social protection floors as fundamental element of national social security systems.

In order to ensure effective access to essential health care and basic income security throughout the life cycle, national social protection floors should comprise at least the following social security guarantees, as defined at the national level: access to essential health care, including maternity care; basic income security for children, providing access to nutrition, education, care and any other necessary goods and services; basic income security for persons in active age who are unable to earn sufficient income, in particular in cases of sickness, unemployment, maternity, disability and basic income security for older persons.

These rights are a foundation for Government support to all categories of the population especially children and women. However the Government of Uganda has not signed this ILO Convention which is a foundation for detailed social security benefits for all citizens.

3.2.5 Beijing Platform for Action 1995

In 1995, the UN convened the 4th World Conference on Women in Beijing, China. The Beijing Platform for Action is an agenda for gender equality and women's empowerment. It points out that women's concerns should be addressed by working in partnership with men to achieve gender equality.

3.2.6 Sustainable Development Goals(SDGs); are key international instruments to which Uganda strives to achieve and the ones relevant to social protection are; end poverty and hunger by 2030, combat inequalities within and among countries, build peaceful, just and inclusive societies, protect human rights and promote gender equality and the empowerment of women and girls and create conditions for sustainable, inclusive and sustained economic growth. SDG Target 1.3: implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and vulnerable. The SDG Indicator 1.3.1;Proportion of population covered by social protection systems and floors, sex, distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women with newborns, work injury victims and the poor and vulnerable. Social

protection is fundamental to achieving the SDGs, to promoting social justice and to realizing the human right to social security for all. The theme for the SDGs is leave no one behind. Social protection programmes if fully implemented will help Uganda achieve the targets of the SDGs especially for the 21.4% of the poor and the other vulnerable groups.

3.2.7 United Nations Convention on Rights of Persons with Disability 2006 article 28 urges member states to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all PWDs and respect for their inherent dignity. Prescribes non-discrimination and promotes equality of opportunity. It is a means to empowerment and inclusion. The Convention was domesticated through the Disability Act which is under amendment to ensure access to services including social protection for persons with disabilities who constitute a significant proportion of the population.

3.2.8 Convention on the Rights of the Child article 26 and 27- provides that; State Parties shall recognize for every child the right to benefit from social security, including social insurance, and shall take the necessary measures to achieve the full realization of this right in accordance with their national law. The benefits should, where appropriate, be granted, taking into account the resources and the circumstances of the child and persons having responsibility for the maintenance of the child, as well as any other consideration relevant to an application for benefits made by or on behalf of the child. Article 27 is to the effect that; State Parties recognize the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development. The Convention has been domesticated through the Children Act to provide for the over 55% of the population who are children. The Government has been reporting to the Committee on the Rights of the Child on progress of implementation of the Convention for the benefit of the children of Uganda.

3.3 Regional Legal Instruments

In addition to the international legal instruments, Uganda has signed and ratified various regional legal instruments at African Union, East African Community and Great Lakes region levels which gives Government an obligation to provide social protection, address gender and equity in legislation, policy and programming.

3.3.1 African Charter on Human and Peoples Rights provides for rights of all citizens including in employment. By implication Government is required to provide opportunities of employment and social protection services to all persons that require them as a basic service and human right.

3.3.2 The African Charter on the Rights and Welfare of the Child (ACRWC) stipulates the rights of the African Child and specifically Article 13 on the rights of Handicapped Children is to the effect that; "Every child who is mentally or physically disabled shall

have the right to special measures of protection in keeping with his physical and moral needs and under conditions which ensure his dignity, promote his self-reliance and active participation in the community. “

Therefore, Government as a party to this charter has an obligation to provide social care services to children with disabilities. While this charter provides for the rights of children with disabilities, the existing national framework to domesticate this charter does not adequately provide for this yet it is pertinent for realization of rights of children with disabilities. The Children Act put the obligation of registering children with disabilities on the local council but no support has been given to make the provision actionable. The National Child Policy is just under development to provide policy guidance to children issues comprehensively.

Article 15 provides for child labour, it clearly stipulates that; “Every child shall be protected from all forms of economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child’s physical, mental, spiritual, moral, or social development. State Parties to the present Charter take all appropriate legislative and administrative measures to ensure the full implementation of this Article which covers both the formal and informal sectors of employment and having regard to the relevant provisions of the International Labour Organization’s instruments relating to children.

These provisions have been domesticated through the Employment and Children; Acts as amended. This implies that effective social care and support service provision is needed to realize this right for the 55% of the population who are below 18 years.

3.3.3 The Protocol to the African Charter on Human and People’s rights on the rights of women in Africa

under Article 2 which prohibits Elimination of Discrimination Against Women and calls upon State Parties to combat all forms of discrimination against women through appropriate legislative, institutional and other measures. In this regard they shall:

- “a) include in their national constitutions and other legislative instruments, if not already done, the principle of equality between women and men and ensure its effective application;
- b) Enact and effectively implement appropriate legislative or regulatory measures, including those prohibiting and curbing all forms of discrimination particularly those harmful practices, which endanger the health and general well-being of women.”

Whereas the law including the Constitution is clear on non-discrimination. This is implemented through the existing institutions like Equal Opportunities Commission to handle complaints as well as assess sectors for gender and equity in their Budget Framework Papers and Ministerial Policy Statements. Despite the existence of the

laws, there are negative cultural practices that deny women opportunity to own land with only 36 percent of women owning registered land according to the MoGLSD report to CEDAW Committee. Therefore, as we implement social protection interventions, gender and equity should be at the forefront of those interventions in compliance with the provisions of the convention.

Article 13 requires state parties to “establish a system of protection and social insurance for women working in the informal sector and sensitize them to adhere to it”; This calls for mechanisms for sensitization of informal sector workers who are the majority of the population.

3.3.4 Africa Union Agenda 2063

The African Union Agenda 2063 harnesses Africa’s comparative advantages such as people, history and cultures, its natural resources, its position and repositioning in the world to effect equitable and people centered social, economic and technological transformation and eradication of poverty. Agenda 2063 is the African Union’s plan for transformation. It aims at effecting equitable and people centered social, economic and technological transformation. The agenda aspires to put children first and aims to empower women to play their rightful role in all spheres of life. It also focuses on full gender equality in all spheres of life, engage and empower youth. It is therefore clear that all categories of the population should be catered for in social protection in line with Africa Union Agenda 2063 thereby permitting positive use of the projected high population in Uganda of 40.3 million people.

3.3.5 The East African Common Market Protocol (2010) permits workers to move freely within the territories of the partner states for the purpose of employment and guarantees them the rights and benefits of social security as accorded to the workers of the host partner state. This protocol has not been fully implemented with some restriction made by some member states.

3.3.6 Uganda endorsed the Ouagadougou Declaration and Plan of Action on Employment and Poverty Alleviation in Africa (2004). The Plan calls for improvement and strengthening of the existing social protection schemes and extending it to workers and their families currently excluded. The National Social Protection Policy aspires to put into effect this plan of action. The priority area of extending social security to the informal sector is cognizant of the fact that it’s part of the population excluded. So far efforts through two schemes of Mazima and KACITA as well as NSSF voluntary savings scheme have enabled extension of social security to a few members while the majority are still not reached.

3.3.7 Livingstone Call to Action (2006) Uganda is also a signatory to the Livingstone Call to Action (2006), which obliges African States to put in place costed plans for the implementation of Direct Income Support (DIS) programmes. This has been implemented through the Senior Citizens Grant and currently a national rollout strategy

has been developed to cover all districts with the grant at the age of 80 years and above. This in itself whereas allows for national coverage leaves out the majority of older persons between 60 and 80 years.

3.3.8 The African Union Social Policy Framework (2008) calls on Member States to recognize that social protection is a state obligation, with provisions in national legislations. This policy recognizes the importance of national legislation on social protection to guide social protection interventions while giving citizens that require social protection the right to demand for it so as to access and benefit.

3.4 National Legal Framework

At national level, the international and regional obligations have been domesticated and where national legislation clearly provides for any form of social protection, citizens can demand for it as a basic service and as a human right.

3.4.1 The Constitution of the Republic of Uganda, 1995.

At the helm of national legislation is the Constitution of the Republic of Uganda, 1995. This is the foundation of all laws on social protection and any law that is contrary to it does not stand. Under the National Objectives and Directive Principles of State Policy, Objective VII provides that: “The State shall make reasonable provision for the welfare and maintenance of the aged”. Objective XI (i): “The State shall give the highest priority to the enactment of legislation establishing measures that protect and enhance the right of the people to equal opportunities in development”. Objective XIV (b): “All Ugandans shall enjoy rights and opportunities and access to education, health services, clean and safe water, work, decent shelter, adequate clothing, food security and pension and retirement benefits”.

Chapter four of the Constitution provides for the protection and promotion of fundamental human rights and freedoms. In particular, the Constitution enjoins the State to take affirmative action in favour of marginalized groups, protect the unique and natural maternal function of women, the rights of children, persons with disabilities, ethnic minorities and economic rights of every Ugandan. The Constitution further provides that a public officer shall upon retirement receive such pension as is commensurate with his or her rank, salary and length of service. The constitutional provisions thus take into account the right of all categories of the population to social protection. The provisions have been implemented through various legislation and policies as indicated below.

There are specific laws that provide for various aspects of social protection and they include:

3.4.2 The Pensions Act, (Cap. 286) which provides for granting and regulating of pensions, gratuities and other allowances in respect of the public service of officers under the Government of Uganda. These include; traditional civil servants, primary and secondary school teachers, police officers, prison officers, doctors and public

employees in the judiciary. The Act also covers civil servants in local authorities. To date 72,800 pensioners receive pensions. These are the older persons who worked with government and therefore eligible to pensions. These are not eligible to receive the Senior Citizens Grant. Government is in the process of reforming the Public Service Scheme to make it contributory so as to address sustainability and implement one of the National Social Protection Policy priority areas of focus.

3.4.3 The National Social Security Fund Act, (Cap. 222) recognizes the establishment of a National Social Security Fund (NSSF) and the need to provide for its membership, the payment of contributions to, and the payment of benefits out of, the fund and for other purposes. NSSF is a provident fund (pays out contributions in lump sum). The scheme was instituted with a core objective to protect employees against the uncertainties of social and economic life. The scheme is mandatory for employers that have five or more employees. The contribution rate of NSSF is 15% shared at 5% and 10% by the employee and employer respectively.

The fund has been encouraging and collecting voluntary payments from individuals as well as informal sector workers in order to expand coverage. The NSSF Amendment Bill 2019 is before Parliament for discussion and aims at allowing NSSF to collect funds from all employers irrespective of the number of employees. The voluntary scheme for informal sector workers is also part of the bill. However given the challenge of trust, the informal sector workers may not be convinced to make contributions leaving a majority of them without social security coverage. In addition the National Social Protection Policy envisaged amendment to allow for provision of pensions, this however is not part of the amendment bill. Challenges of some employers not remitting contributions still exist despite a clear legal provision to demand compliance from employers.

3.4.4 The Local Government Act, (Cap. 243) recognizes pensions as one of the benefits for Local Government staff under the terms and conditions of service of Local Government staff. The Local Government staff are part of the 72,800 pensioners currently receiving pension.

3.4.5 The Parliamentary Pensions Act, 2007 makes provision for a contributory pension scheme for Members of Parliament (MPs) and members of staff of Parliament. It also establishes a Parliamentary Pensions Fund for payment or granting of pensions or retirement benefits to MPs and members of staff of Parliament who constitute 426 people.

3.4.6 The Employment Act, 2006 entitles women to maternity leave and men to paternity leave in employment. Section 36 (1) of the Act states as follows: (a) female employee shall, as a consequence of pregnancy, have the right to a period of sixty working days' leave from work on full wages hereafter referred to as maternity leave of which four weeks shall follow the childbirth or miscarriage. It provides for rights of workers and employers' obligations, including the duty to give maternity and paternity leave, prohibits any kind of work that is dangerous or hazardous to a child's health.

The provision for maternity has been implemented very well in Government but not in private sector where a woman has to choose between going to deliver and look after her child or the job. In view of high unemployment the challenge is enormous for women.

3.4.7 The Workers' Compensation Act, (Cap. 225) entitles employees to automatic compensation for any personal injury from an accident arising out of and in the course of his employment, even if the injury results from the employee's negligence. It provides for compensation to workers for injuries suffered and scheduled diseases incurred in the course of their employment. It commits employers to provide compensation to workers in case of injuries at work or to and from work. The law provides for insurance by employers so as to help in paying when workers get injured, but this has not been implemented. For Government workers, workers compensation is always provided in arrears defeating the very purpose of compensation as some officers have passed on before they receive their compensation. It is therefore necessary to provide a fund to have money available to compensate staff when injured in the course of employment.

3.4.8 The Retirement Benefits Regulatory Authority Act, 2011 established the Uganda Retirement Benefits Regulatory Authority whose objective is to regulate the establishment, management and operation of retirement benefits schemes in Uganda in both the private and public sectors. So far the Uganda Retirement Benefits Regulatory Authority is licensing retirement benefit schemes and ensuring compliance with governance and preparing annual performance reports for the sector.

3.4.9 The Domestic Violence Act (2010) provides for the definition of domestic violence, domestic relationship and the basis for legal protection of victims or those threatened with domestic violence. This law is being implemented albeit at law levels to support victims of domestic violence. The regulations allow for establishment of shelters to provide safety for victims of domestic violence.

3.4.10 The Children Act (Cap 59) as amended gives a legal framework for the rights and duties of parents, protection of children's rights, and protection from harmful customary practices and harmful employment. It emphasizes the right of a child with a disability to have early diagnosis, treatment and rehabilitation, the legal powers to make care and supervision orders, juvenile justice provision including possibilities for diversion. The implementation of this law enabled gaps to be identified leading to the amendment of the law in 2016. So far implementation is ongoing for the majority of the population who are under 18 years though with inadequacies coupled by limited awareness of the provisions among the population.

3.4.11 The Succession Act (Cap 162) provides for succession matters for both testate and intestate succession in case of death of an adult male and female. The law is being implemented for benefit of all categories of the population though negative cultural practices deprive women of their rights under succession. The courts of law have

been proactive and declared some section of the Succession Act unconstitutional in Law and Advocacy for Women in Uganda verses Attorney General Constitutional Petitions Nos. 13/05 05/6 2007 UGCC. An Amendment to the Succession Act is being considered to address the gaps identified through implementation.

3.4.12 The Land Act (Cap 227) provides for restrictions on transfer of family land and states; “that no person shall sell, exchange, transfer, pledge, mortgage or lease any family land, enter into any contract for the sale, exchange, transfer, pledging, mortgage or lease of any family land, or give away any family land, inter vivos, or enter into any other transaction in respect of family land, except with the prior consent of his or her spouse”.

It should be noted that women have limited access to land due to a number of factors ranging from limited education, access to credit and negative cultural practice which undermine women yet they are the majority of the population. This in turn undermines development of the country.

3.4.13 The Persons with Disabilities Act, 2006; The Act provides a comprehensive legal protection for PWDs in accordance with Article 32 and 35 of the Constitutions, which aims to eliminate all forms of discrimination against PWDs as well as ensuring equal opportunities for them. It spells out clear provisions for enhancing social inclusion of persons with disabilities through specific budgetary allocation and outlines incentives for increasing employment opportunities for persons with disabilities. Through the Public Finance Management Act, disability is an equity issue and therefore all sectors are required to identify the issues and budget for them. Some improvement has been seen for access to services for people with disabilities.

3.4.14 The Minimum Wages Board and Wages Councils Act, (Cap 221) provides for the establishment of minimum wages advisory boards and wages councils, and for the regulation of the remuneration and conditions of employment of employees. This has been implemented through the board provision of advice to the Minister on the minimum wage per sector.

3.4.15 The Occupational Safety and Health Act No. 9 (2006) regulates the safety and health of workers at the workplace and requires employers to put in place measures to ensure safety of workers and provision of protective gear to avoid injuries or occupational disease. The law is implemented through inspections undertaken by the Ministry of Gender, Labour and Social Development. Analysis from Occupational Safety and Health Department 2010/2011 to 2017/18 indicates that 3,011 workplaces were registered and 1,411 were inspected (MoGLSD Statistical Abstract).

3.4.16 The Registration of Persons Act (2015), provides for registration of citizens and non-citizens in Uganda. This law is implemented through registration of persons for National Identity Cards (NID) which are important for national planning and budgeting. The NID is being used to identify beneficiaries of social protection programmes. This

brings in its own challenge as some of the older persons especially the frail and sick did not register for NID and therefore are left out of social protection programmes causing more inequity and inequality.

3.4.17 The Armed Forces Pension Act (Cap. 295) established on 3 September, 1939 acknowledges the need for social security through providing for the payment of pensions, gratuities and other allowances in respect of the death, disablement or sickness of serving members of the armed forces. This law is implemented for the benefit of the armed forces and their families.

3.4.18 The Equal Opportunities Commission (EOC) Act, 2007 establishes the Equal Opportunity Commission with mandate to adjudicate cases of discrimination, inequality in Government private sector or even cultural institutions. The Public Finance Management Act gives EOC mandate to assess sector for gender and equity compliance of their budget framework papers and Ministerial Policy Statements. This mandatorily requires all sector to address issues of inequality for men, women, persons with disabilities and those in hard to reach areas.

3.5 Policies

3.5.1 Uganda Vision 2040

The Uganda Vision 2040 underscores the importance of social protection to address risks and vulnerabilities. Government recognizes the need to provide assistance to people who are vulnerable either by age, social class, location, disability, gender, disaster or who do not earn any income. The Vision envisages a social protection system that includes a universal pension for older persons, public works schemes for vulnerable unemployed persons and social assistance to vulnerable children, persons with disabilities and the destitute. The Vision also identifies universal health insurance as one of the key strategies for alleviating the high cost on health care by households and enhancing access to affordable health services for all. The National Development Plan and National Social Protection policy put these aspirations into perspective while building a national social protection system for Uganda.



President Yoweri K. Museveni signing the visitors book after launching of the Vision 2040 and National Development Plan at Serena Hotel, Kampala

3.5.2 The National Development Plan 2015/2020

The National Development Plan (NDP) also highlights Social protection as one of the key strategies for transforming Uganda from a peasant society to a modern and prosperous Country. Inclusive growth implies adhering to the principals of equality and equity articulated in Vision 2040.

The NDP notes that over 6.7 million people remain poor and an additional 43 percent of the population is highly vulnerable to falling into poverty. It recognizes significant poverty disparities across regions, social groups as well as between rural and urban areas. The NDP highlights covariate risks such as unemployment, access to social security, poor working conditions, poverty and disasters. It acknowledges that risk and social vulnerabilities are increasing between demographic characteristics such as age, sex, disabilities. Implementation of the NDP has led to the approval of the National Social Protection Policy for the benefit of all Ugandans.



The Vice President, Edward Kiwanuka Sekandi, Launching the National Social Protection Policy at Serna Hotel, Kampala.

3.5.3 The National Social Protection Policy (2015) focuses on the social protection system that is built on two pillars, namely social security and social care and support services. The pillar on social security is in two forms, namely; contributory schemes targeting the working population in both formal and informal sectors (social insurance); and the non-contributory transfers targeting vulnerable children, youth, women, persons with disabilities and older persons (direct income transfers). The social care and support services pillar focuses on the aspects of care, support, protection and empowerment to the most vulnerable individuals who are unable to fully care and protect themselves. It provides for a vision of a society where all persons are secure and resilient to socio-economic risks and shocks. The policy has been implemented to reach the 197,404 older persons benefiting from Social Assistance Grants for Empowerment (SAGE), Labour Intensive Public Works Programmes under Northern Uganda Social Action Fund (NUSAF) reaching about 564,062 of whom 315,673 are female and 248,228 are males from Northern and Eastern Uganda according to NUSAF III Management Information System, August 2019.

3.5.4 Other related policies are summarized below:

- a) **The National Orphans and Other Vulnerable Children Policy (2004)** which provides for survival, development, participation and protection of vulnerable children and obliges Government to design appropriate instruments to achieve this; the National Child Policy is in draft form to replace this policy and provide for all children who account for 55% of the population.
- b) **The National Child Labour Policy (2006)** provides a framework for addressing child labour and actions that need to be taken to deal with child labour; so far interventions to address child labour have been implemented by Government and non- state actors.
- c) **The National Policy on Disability (2006)** seeks to promote equal opportunities, care and support for the protection of PWDs. It recognizes the fact that given the same chances and conditions, PWDs can perform to their full potential; interventions to support PWDs are implemented at national and district level.
- d) **The National Policy for Older Persons (2009)** provides for equal treatment, social inclusion and provision of livelihood support for older persons. It identifies provision of direct income support and social insurance as key social protection instruments for addressing the needs of older persons; the policy is implemented through the SAGE programme and other interventions targeting older persons.
- e) **The National Employment Policy (2010)** supports provision of social security for workers in the formal sector especially those who are able to contribute to social security schemes such as the NSSF, private pension or health schemes. It also specifies responsibilities of employers to provide contingencies for their workers such as paid maternity, paternity and sick leave;
- f) **The Uganda Gender Policy (2007)** promotes gender equality and women's empowerment in all spheres and provides guidance for engendering social protection, The policy implementation is undertaken through a number of interventions including the Uganda Women Entrepreneurship programme currently reaching 46,035 in FY 2017/18. The most funded enterprise through the Uganda Women Entrepreneurship programme was wholesale and retail trade (43.9%), followed by agriculture (36%). The least funded enterprises were ICT (0.1%) and Agro Forestry (0.01%). A total of 3,660 projects were funded with a total of Ushs. 30,845,294,088 (MoGLSD Statistical Abstract).
- g) **National Early Childhood Development (IECD) 2016** is a comprehensive approach for children from conception to eight years of age, their parents and care givers purposely to help the child grow and thrive physically, mentally, spiritually, morally and socially. The policy is being implemented to benefit children below 8 years though challenges exist in rural areas where Early Childhood Centres are lacking.
- h) **The National GBV Policy 2016**, provides for prevention and GBV response interventions through the MoGLSD GBV database, a total of 31,049 cases of

GBV were recorded over the period 2015 to 2017 and of these 23,4159 (75%) cases were females and only 7,634 (25%) were males reflecting that GBV is more inflicted on the females compared to the males. In FY 2017/18, majority of the GBV cases reported by the victims/survivors were denial of resources, opportunities and services (12,252 cases), followed by psychological abuse (7,432 cases) and physical assault (6,623 cases). Northern region reported most of the GBV cases (9,513) followed by Eastern region (9,105). The least number of cases registered was in Karamoja region (750).

- i) **The National Youth Policy (2016)** is premised on the need to address a range of challenges that the youth face in the development process as well as harness their potential to contribute to national development. The goal of the policy is to provide a framework for harnessing the full potential of the youth for improved productivity and equitable socio-economic and political development. The youth population (18-30 years) currently constitutes a significant proportion of the total population (23.2%). The youth population was estimated to have grown from approximately 3.7 million in 1991 to 7.7 million in 2014 and it is now projected to be 9.4 million, out of which 53.4% are females and 46.6% are males.

The National Development Plan 2015/16-2019/2020 points to a significantly higher proportion of the youth population working in the informal sector, i.e. 19 out of 20 employed youth. According to the NDP II, self-employment is the most important form of youth employment as it accounts for at least 57% of youth (52.4% male and 61.4% female) vis-à-vis the 24% engaged in wage employment.

3.6 Key Legal and Regulatory Framework Issues for Social Protection and how they Affect Efficient Delivery of SP Services

Uganda has not yet ratified the ILO Covenant 102 on Minimum Standards of Social Security (1952), which covers a wider scope of social security. Benefits covered include injury benefit; family benefit; unemployment benefit; maternity benefit; invalidity benefit; and survivors' benefit (ILO, 1952). Despite the fact that Uganda has not yet ratified this covenant, some of the above benefits have been domesticated into the legislative framework that recognizes social security provisions. The package that is offered is thus inadequate to meet the social security needs of the population especially the informal sector workers the majority of whom are women and young girls.

The National Health Insurance Bill to provide for national health insurance scheme to cover all Uganda including provision for the indigent has just been presented to Parliament, in absence of health insurance legislation, health insurance coverage remains low at less than 2% of the population. Yet health care expenditure of over 55% is born by household as out of pocket expenditure according to the Ministry of Health, Ministerial Policy Statement 2018. This calls for speedy enactment of the law to ensure that all persons are covered especially the poor and vulnerable.

The NSSF is a provident fund and as such, the money paid out as benefits to a member are paid in lump sum and therefore in case of any eventuality or risk to the money, the social security objectives may not be realized as opposed to pension which offers monthly payments to older persons.



Hon. Ruth Nankabirwa, The Government Chief Whip launching the Social Protection Gender and Equity Strategy

The NSSF amendments in the offering are aimed at increasing access to more money from the contributions but not necessarily increasing access to social security especially the informal sector workers who are majority of the population. These are to be reached through voluntary contributions and yet exit is mandatory, therefore the motivation for informal sector workers to contribute may not be very high.

The Retirement sector Liberalization Bill, has been heavily resisted by workers organisations due to uncertainty of the security of retirement benefits in a liberalized social security sector. The Uganda Retirement Benefits Regulatory Authority, has not yet reached out to mobilise workers to form and join retirement benefits schemes, hence limited coverage of social security among informal sector workers.

The licensing of two schemes among informal sector workers that is Mazima and KACITA provides opportunity to informal sector workers to join and make contributions to retirement

benefits schemes so as to realize social security results. However membership is still low due to uncertainty of safety of contributions.

Absence of legislation to support social assistance intervention which is covered under direct income support component of the social security pillar makes it hard for people to file complaints when some eligible beneficiaries do not get their benefits. The funds are thus provided as recurrent budget with less legal protection.

Social care and support services has a number of policies and legislation however as a component it has received less financial support given the fact that those policies are in place but with little funding for action plans where they exist hence inadequate implementation. In some instances there are no policies for example the Children policy is just under development to replace the National Policy On Orphans and other Vulnerable Children which left out a big number of children.

According to Markus and others IDS working paper 102, the role of policy and strategy documents can be seen to harmonise and catalyze bottom-up and top-down interests in building social protection systems, rather than to instigate the process of systems-building itself. A core aspect of the human rights approach is that social protection programmes must be enshrined and defined in national legal frameworks, and supported by a national strategy and plan of action. The most successful experiences of social protection systems are those grounded in legal instruments that create an entitlement to social protection benefits, ensure the permanence of these initiatives, and give rights holders the legal ability to invoke their rights. In the absence of a well-established legal framework, programmes are more vulnerable to political manipulation, and the long-term involvement of State authorities in all stages of the programme cannot be guaranteed.

According to the ILO Social Protection report, 2017 the lack of coordination between different authorities that are commissioned with the implementation of the various social protection programmes not only leads to inefficiencies and higher costs, but also reduces transparency; and thus, complicates beneficiaries' access to programmes. Coordination is especially important where state-run programmes include the involvement of donors.

3.7 Adequacy or Inadequacy of Social Protection Services

According to Carmen, Mark and John Jean Barya, "A central constraint to expanding social insurance products to informal sector workers in Uganda is the incapacity of formal institutions to identify and reach out to them, and the high costs that this endeavor will entail, in addition informal sector workers appear to particularly worry of formal or Government institutions that may request further contributions from them. Informal schemes offer potential to look out to them in a more effective and inexpensive way."

According to UDHS 2016/17 Half of women (50%) and men (49%) in Uganda who are currently employed or worked in the 12 months before the survey work in skilled agriculture, forestry,

and fishery: Seventeen percent (17%) of women are engaged in sales and services, and 15% work in elementary occupations. Among men, 13% work in elementary occupations or as craft and trade workers. Twenty-one percent (21%) of employed women in Uganda are not paid for the work they do. Women engaged in agricultural work are much more likely (33%) than women not working in agriculture (9%) to not be paid for their work. Six in 10 (62%) women who worked in the past year are self-employed. With these statistics coverage of social security for majority of the Ugandans remains a challenge.

According to the Uganda Retirement Benefits Annual Performance Report, 2018, 1.9 million people are covered by formal social security schemes representing 14% of the labour force. NSSF has a total membership of 1.5 million and a total asset base of Ushs.4.4 trillion (around US\$1.3 billion). The other 45 registered schemes have a total of about 400,000 members and an asset base of Ushs.700 billion (Around US\$ 207.67 million).

Efforts to effectively protect children from violence, abuse, exploitation and neglect continue to be undermined by the weak implementation and enforcement of existing policies and laws, poverty, limited capacity of a proactive and responsive statutory workforce and the weak family structures (MoGLSD and UNICEF, 2015).

Efforts from other countries to transform provident funds into pensions have had challenges for example in Kenya as such reforms have been opposed by various stakeholders on grounds that they entail higher costs.(Carmen 2014)

Consequently the existing legal and policy framework requires clear enforcement, implementation, and compliance and in other situations enactment in order to address the gaps identified. Staff capacities are necessary for effective implementation yet these are limited especially for social care and support services according to Ministry of Gender Report.

3.8 Impact of Demographic Factors on Viability of Legal and Regulatory Framework for Social Protection.

According to the Uganda population and Housing Census 2014, the population of children up to 18 years is 53% of the population, the population of youth 18 to 30 years is 23% while the dependence ratio is 103. Given the high dependence ratio, social protection interventions will require strong legal and policy framework to cover aspects of coordination, financing, capacity building and linkage to social services. According to the report by the National Population Council 2018, "Given the high level of unemployment among the youth, reported at 64 percent, the youth continue to be supported by their parents hence constraining their potential to save even further. Although the SAGE programme data is not nationally representative, the results show that in the programme areas, social assistance can enable older persons to pay for some of their medical bills as well as that of their household members, given that most households do not have medical insurance, the provision of transfers such as SAGE could help older persons meet out of pocket expenditure. This is seen in line with Health accounts that indicate over 50 percent of health care expenditure been born by the households.

The household education expenditure profile sheds light on the adequacy of human capital investment at each age. This is particularly important for children and youth as they prepare for labor market/productive part of their lifecycle. It is clear that there is disproportionate burden on households incurred on health and education therefore constraining them from saving and wealth accumulation. It is also found that there is disproportionate burden of spending on education and health by poorer households. This would therefore call for better targeting of Government programmes.”

Given high numbers of children and youth provision of social care and support services linked to social assistance given the number of children living under child poverty will provide opportunity to such people to access social services. Provision of social protection services will help support and contribute to human capital development. To achieve this there is need to address the following issues:

- a) The MGLSD should develop legislation to guide direct income support with clear entitlements, rights benefits and delivery structures and mechanisms. The need to have legislation is supported by the fact that statutory provisions on social protection contribute to better predictability and transparency of the benefits (Basset et al. 2012).
- b) Provide clear legislation to have support social security coverage for the informal sector through provision of appropriate products for informal sector workers so as to facilitate increased access.
- c) Enact specific law on social transfer to give right to claim for the beneficiaries.
- d) Fast track the enactment of the National Health Insurance Bill to guide the delivery of health insurance.
- e) Fast track the enactment for the Pension Reform Bill so as to provide for clear mechanisms for delivery of pensions to pensioners.
- f) The NSSF Amendment Bill should take into account the protection of workers savings and increased coverage of the informal sector through legal provisions to allow for voluntary contributions.
- g) Enforce compliance to mandatory contributions by employers so as to ensure members contributions are remitted.
- h) The promotion of compliance with social security rules can therefore best be achieved by establishing an appropriate legal framework where penalties and other enforcing measures are clearly defined.
- i) Develop clear social care and support services system to provide protection and access to social services by children both boys and girls, youth, women, older persons, people with disabilities and other vulnerable groups.

3.9 Conclusion

Social protection, or social security, is a human right and is defined as the set of policies and programmes designed to reduce and prevent poverty and vulnerability throughout the life cycle. Social protection includes child and family benefits, maternity protection, unemployment support, employment injury benefits, sickness benefits, health protection, old-age benefits, disability benefits and survivors' benefits. Social protection systems address all these policy areas by a mix of contributory schemes (social insurance) and non-contributory tax-financed benefits, including social assistance.

In Uganda social protection legislation is still inadequate to provide for all these rights and where legislation exists, enforcement and compliance has not yielded the results expected to offer the necessary protection to individuals and their families. Social security remains an unmet need for the majority of the Ugandans.

3.10 Policy Recommendations.

Given the gaps that exist in policy and legislation, the following policy recommendations are made;

1. Extend coverage of the Senior Citizens Grant to reach out to older persons across the country in order to minimize the discriminatory delivery of the grant where the majority of the older persons are left out. The current coverage of 197,000 beneficiaries out of 1.6 million older persons leaves majority out.
2. Expand coverage of social security to the informal sector with development of products that respond to the needs of the informal sector workers.
3. Strengthen the provisions for workers compensation by providing a fund for workers compensation as opposed to the current arrangements where claims from injuries of workers are always in arrears with some dying before they receive their compensation.
4. Strengthen governance arrangements for social security benefits in particular the retirement benefits schemes to instill confidence among the contributors.
5. Create awareness on existing legal provisions and opportunities available for social security.
6. Develop clear systems for strengthening social care and support service delivery.
7. Build capacity of implementers to provide social protection service delivery at central and local government level.
8. Provide resources for expansion of social protection service delivery while ensuring gender and equity principles.

References

1. IDS and Centre for Social Protection: The Influence of Policy and Legal Frameworks on the Development of National Social Protection Systems ;Markus Kaltenborn, Abdul-Gafaru Abdulai, Keetie Roelen and Sarah Hague, IDS Working Paper Volume 2017 No 501 CSP Working Paper Number 016
2. ILO 2017, World Social Protection Report 2017-19
3. Ministry of Gender, Labour and Social Development 2014: Expanding Social Protection to Informal Sector Workers in Uganda, Carmen de Paz, Mark Wheeler, Jean John Barya.
4. Ministry of Gender, Labour and Social Development and UNICEF 2016, Social Protection Investment Case.
5. Ministry of Gender, Labour and Social Development social protection sector review, 2017.
6. National Population Council 2018: Harnessing Uganda's Demographic Dividend: Evidence From National Transfer Accounts July 31, 2018
7. Oxford Policy Management (2016): Evaluation of the Uganda Social Assistance Grants for Empowerment (SAGE) Programme: Final Report UBOS (2013).
8. The National Planning Authority: Uganda vision 2040
9. The National Planning Authority: National Development Plan 11 2015/2020
10. UBOS 2016 National Population and Housing Census 2014
11. UBOS 2016,Uganda Demographic Health Survey 2016/17
12. UBOS 2018, Uganda National Household Survey 2016/17
13. UNDG 2016, Social Protection Coordination Toolkit
14. World Bank Group 2019, World Development Report ; The Changing Nature of Work

Other publications

1. The Universal Declaration of Human Rights, 1948
2. UN (1985), The Convention on Elimination of all Forms of Discrimination Against Women, 1985
3. UN (1990), Convention on the Rights of the Child, 1990
4. UN (1966), International Covenant on Economic Social and Cultural Rights, 1966
5. UN (2006), Convention on Rights of People with Disabilities, 2006
6. UN (African Charter on Rights and Welfare of the Child
7. GoU (1995), The Constitution of the Republic of Uganda, 1995
8. Pensions Act Cap 286
9. National Social Security Fund Act Cap222
10. Uganda Retirement Benefits Regulatory Authority Act 2011
11. Children Act Cap 59 as amended
12. National Social Protection Policy 2015
13. National Youth Policy 2016, GoU (2016)
14. National Early Childhood Policy 2016
15. Uganda Gender Policy 2007



4.1 Introduction

Social protection, as defined by the United Nations Research Institute for Social Development, (UNRISD) is concerned with preventing, managing, and overcoming situations that adversely affect people's wellbeing. Social protection consists of policies and programs designed to reduce poverty and vulnerability by promoting efficient labor markets, diminishing people's exposure to risks, and enhancing their capacity to manage economic and social risks, such as unemployment, exclusion, and gender-based violence, lack of property, sickness, disability and old age.

The Uganda National Social Protection Policy (2015) defines Social protection as public and private interventions that are geared to address risks and vulnerabilities that expose individuals to income insecurity and social deprivation, leading to undignified lives. Social Protection is an important intervention for supporting the population to maintain a minimum acceptable level of consumption and live dignified lives. It strengthens the capacity of the vulnerable persons and their families to meet basic needs to build resilience, access opportunities and improve life chances.

Social protection is a visible, tangible way for the Government to directly reach the poor and vulnerable citizens and demonstrate the commitment to upholding the rights and dignity of the population. It plays a central role in building a cohesive society by reinforcing the state-citizen contract which contributes to political stability. The Government of Uganda recognizes that social protection is a critical pre-requisite for achieving national development goals. Governments all over the World recognize Social Protection as a crucial component of

national development strategies for achieving inclusive, pro-poor and equitable growth.

Whereas improvement in the wellbeing of many of Uganda's citizens is noted, poverty and vulnerability continue to affect large sections of society with serious implications on Uganda's long term growth and prosperity. Growing levels of inequality are noted at the regional level, gender differentials and access and affordability of basic services. Inequality, as measured by the Gini coefficient of 0.43, is still high potentially undermining the achievements in growth and poverty reduction. Social protection is a major development intervention that directly reduces poverty, supports excluded citizens to access services, provides a foundation on which to build productive livelihoods as well as enables citizens to live a life of security and dignity. It aims at empowering all citizens to participate in and benefit from the social and economic transformation in the country.

Old age: The formal SP interventions in Uganda include the Public Service Pensions Scheme (PSPS), the National Social Security Fund (NSSF) and Parliamentary Pensions Scheme. Social Assistance Grants for Empowerment

Children: Other social protection initiatives are embedded in various government programmes such as the Orphans and other Vulnerable Children Programme, Community-Based Rehabilitation Programme for persons with disabilities, School Feeding Programme and Social Assistance Grants for Empowerment, among others. Much as these SP initiatives exist, they are limited in scope and coverage, and are not contextualized to meet especially social protection needs for the adolescent girl in Uganda.

In the Ugandan context, the social protection system is comprised of two pillars, namely: social security; and social care and support services. Social security refers to protective and preventive interventions to mitigate factors that lead to income shocks and affect consumption. Social Care and Support Services are a range of services that provide care, support, protection, and empowerment to vulnerable individuals who are unable to fully care for themselves.

4.2 Context of Social Protection for Adolescent Girls in Uganda

Risks and vulnerabilities associated with age, gender, disability, unemployment, ill-health, poverty, environmental, and natural disasters impact negatively on the well-being of different demographic groups. When girls in Uganda enter adolescence, due to their biological sexual reproductive roles, they are initiated into adulthood in various ways. Some are cultural/traditional beliefs and practices that discriminate against women and explicitly exclude women from participating in and benefiting from the development process, thus exacerbating the different forms of vulnerabilities. In addition to this, certain external forces like geographical location, status in society deny the enjoyment of rights as well as access to opportunities and resources by the young people.

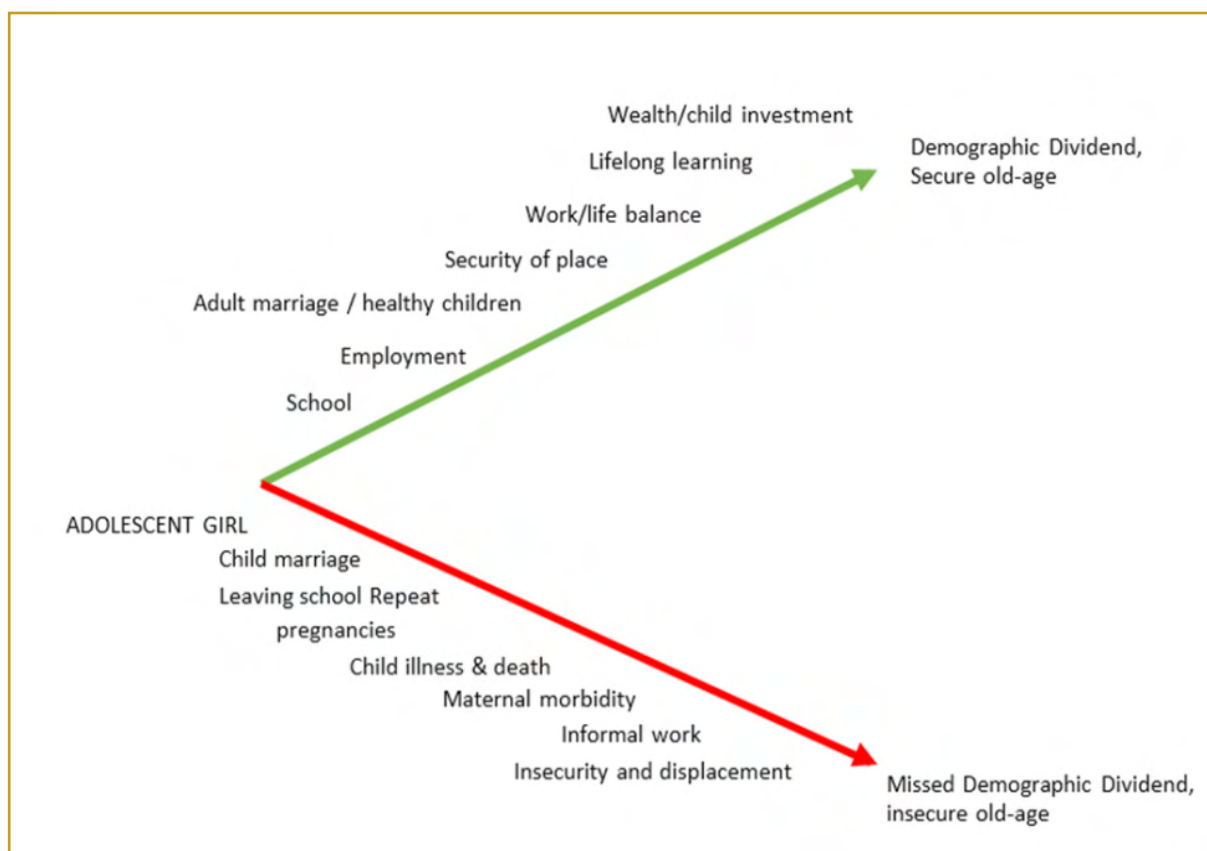
Despite the evolution of social protection structures in Uganda and the existing policy framework, many adolescent girls are still left behind. Like most Ugandans, the 10-19 year-old girl lives in a rural area, in a situation of poverty, the situation is worse in the Ugandan patriarchal setup mostly in female-headed households where the vulnerability causes are

deeply rooted in the social norms and cultural practices.

Adolescence is a critical stage of human development during which children experience rapid social, physical, psychological, and emotional changes on the path from childhood to adulthood. The decisions that are made during this period of life affect not only the individual well-being of young people but also the well-being of the entire society. When household and community environments are positive, children/girls thrive during adolescence, move to adulthood with ease, and bring great benefits to the community. A girl between 10 and 19 years has the potential to enjoy limitless possibilities and begin making choices that influence her health, her education and, later, her work life.

Capable of rapidly absorbing wisdom and knowledge from those around her, she is poised to one day become an inspiring leader, a productive worker, an innovator, a caring parent or any of the other roles that power a thriving, dynamic society. How we invest in and support this adolescent girl today will help girls live their dream and determine what our world will look like in 2030 or the Uganda of 2040. If the girl child takes the right demographic path from the age of 10 years, with support from family, community and nation, and the full realization of her rights, the adolescent girl can thrive and help bring about the future we all want, as shown in figure 4.1.

Figure 4.1: A Value Proposition for the Demographic Dividend



Source: UNFPA

Harnessing the DD requires investment in key areas including health, education and skilling, job creation, economic reforms, and good governance. If any segment of the population is left behind due to varying inequalities and inequities, their ability to harness their full potential in life and contribute to economic development is curtailed.

The first dividend occurs during the demographic transition process, when the working-age population increases as a share of the total population, and the percentage of both young and old dependents decreases.

The second demographic dividend results from an increase in adult longevity, which causes individuals to save more in preparation for old age. This increase in savings can thus contribute to capital accumulation and economic growth. Access to formal social protection remains extremely limited for older persons. Therefore preparing the populations to harness the 1st and 2nd DD and not to be dependent on government is important.

In Uganda today, it is estimated that 10.3 million are aged 10-19 years comprising 25.5 percent of the total population. Of these, 49.4 are girls. This population is estimated to grow to 13 million in 2030 and 15.7 million in 2040 (UBOS projections), thus an increase in numbers of adolescents by 52.5 percent between 2019 and 2040. Action by all stakeholders is more required at this critical time of adolescence especially for young girls. If not properly addressed with age-appropriate SRH information complemented with services when required, the consequences are more severe to the individual girl, her community and the nation.

Girl child vulnerability is driven by multiple factors such as gender-based violence, the traditional role/status of girls or gender dynamics within the community or household, cultural harmful practices; food and tenure insecurity, youth unemployment, degradation of natural resource systems, climate change and variability; political, social and economic marginalization and conflict, poor or non-existent justice as well as the psychosocial effects of an individual's ability to cope. This has greatly contributed to increasing inequalities and inequities that are prevalent in all regions of the country and increasing the number of those left behind at an early age. All the factors compounded against vulnerable adolescent girls, often rob them of the right to make their own life decisions and the future they aspire for. To effectively target such root causes, girls given their level of invisibility and hardship, need to be at the center of interventions, because they are best positioned to identify vulnerability factors, and because they have the knowledge to ensure that interventions are contextually appropriate and sustainable.

4.3 Factors that drive Inequality and Inequity among young people (girls)

4.3.1 Enrollment, Retention and Transition in Education

In Uganda, according to the National Census (2014) 10 % of children (6-12 years) and 4.1 % (13-18 years) have never been to school, especially girls; however, 2.5 % of 6-12 years, and 22% of 13-18 years have already dropped out of school. More girls (41.8 %), age 15-19 years are out of school compared to 27.4 % of boys as shown in table 4.1. Yet, studies show

that each year of education delivers an additional 11.7 % uplift in wages in later life for girls, compared with 9.6 % for boys. In Uganda, when a girl drops out of school, she is subjected to early marriage or forced into sexual relations and teenage pregnancy; she is more vulnerable to contracting HIV and her opportunities to thrive later in life are curtailed. More to this, the girl child's development rights are hampered by discrimination/gender stereotyping in schools as manifested by Drop-out from school due to poverty, teenage pregnancy, and disability; sex-role stereotyping/ sexist concepts in school curricula, textbooks, and instructional materials among others.

Table 4.1: Transition and Completion rates 2015/16 to 2017/18

Financial Years	2015/16	2016/17
Survival rate to grade 5 (Percentages)	59.9	61.6%
Boys	58.6	59.9%
Girls	61.1	63.3%
Survival rate to grade 7(Percentages)	30.1	32.0%
Boys	30.1	31.7%
Girls	30.0	32.3%
Completion rates (Percentages)		
Total	61.6 %	61.5%
Male	59.8%	59.7%
Female	63.3%	63.4%
Secondary school enrolment (Percentages)		
Boys	25%	29.0%
Girls	23%	25.2%
Total	25%	27%

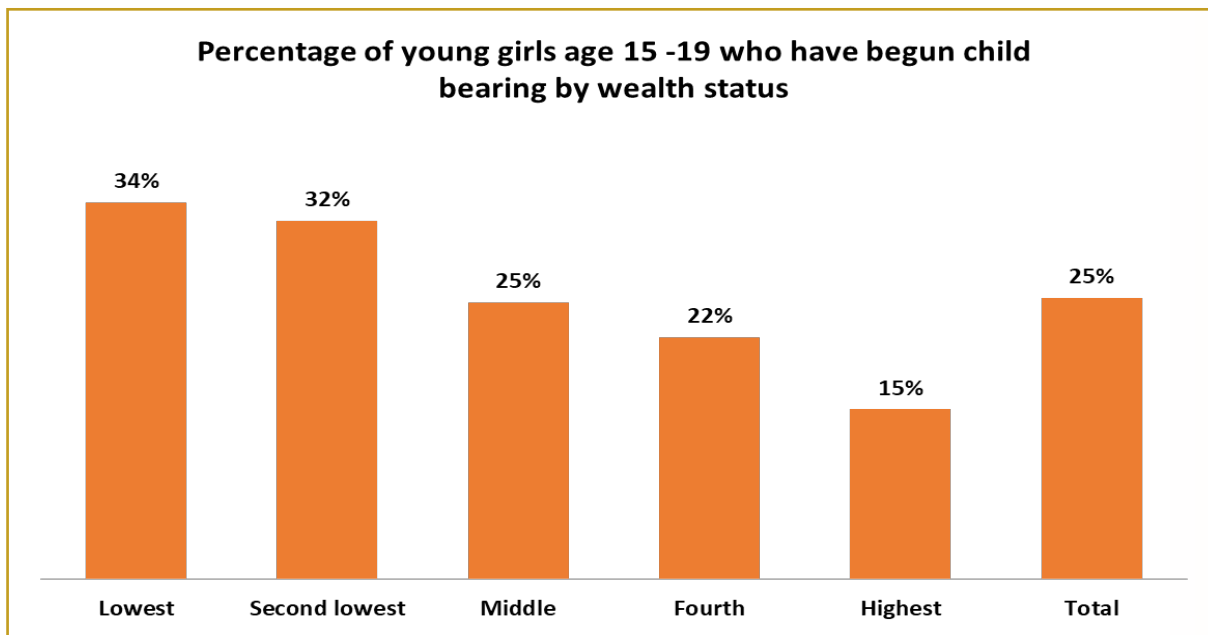
Source: MoES ASPRs

4.3.2 Teenage Pregnancy

Teenage pregnancy and child marriage is a significant burden in Uganda. Despite national policies, legislation and interventions for improved wellbeing and rights of girls, the current teenage pregnancy rate in Uganda remain one of the highest in sub-Saharan Africa. The proportion of teenagers who have begun childbearing has progressively declined from 43% in 1995 to 31% in 2001, to 25% in 2006 and 24% in 2011. However, the most recent data from 2016 indicated a slight increase with an estimated teenage pregnancy rate at 25% as shown in figure 4.2. Teenage pregnancy is higher in rural (27 %) compared to urban (19 %), yet still, girls from poor households (34 percent) are more likely to get pregnant at an early age compared to those from wealthy households (22 percent). Teenage pregnancy contributes

up to 22.7 % of school drop out for girls. One out of every four adolescent girls in Uganda becomes pregnant before the age of 19 years. Yet, studies show that for each additional year a young woman spends in school, the age at which she will have her first child is delayed. In sub-Saharan Africa, women with no education have 6.7 births, on average; the figure falls to 5.8 for those with primary education and more than halves, to 3.9, for those with secondary education. Teenage pregnancy exposes teen mothers to increased risk of ill health, adverse pregnancy outcomes and is constrained in continuing their education. Re-entry of young mothers into education, however, helps to mitigate long term adverse outcomes.

Figure 4.2: Percentage of young girls aged 15-19 years who have borne children by wealth status



Source: UDHS 2016

Complications related to childbirth and pregnancy is the leading cause of death worldwide for girls ages 15 to 19. A girl between the age of 15 and 19 is twice as likely to die during pregnancy or childbirth as a woman in her 20's. If she is under 15, the risks are 5 times higher. It is also evident that children born to teenage mothers have a higher risk of dying since adolescent mothers are not prepared and old enough to take proper childcare. Adolescent mothers contribute up to 28 percent of maternal mortality in Uganda.

A Teenage mother carrying her baby in Uganda



Source: UNICEF Uganda

Access to sexual reproductive health information and services remains a big challenge among adolescents. Use of contraception among the currently married young people 15 to 19 years was only 20.7 percent and an unmet need for family planning of 30.4 percent. Yet still, knowledge about the fertility period is only 13.8 percent.

4.3.3 Child Marriage

Child marriage is the most significant driver of teenage pregnancy in Uganda. About 90 percent of adolescent pregnancies occur to girls who are married before 18 years and who have little or no say in decisions about when or whether to become pregnant. According to 2016 UDHS, 40.4 percent of women between the ages of 20 and 49 years reported having been married before their 18th birthday and 12 percent before they are 15 years. Health issues associated with this is that the children in Uganda face various risks at different stages of childhood. They are faced with malnutrition which results in physical, cognitive and psychosocial underdevelopment, disease and disabilities with significant implications in later life. They are also faced with orphanhood, child labor, high school dropout rates, abuse, and neglect. According to the UDHS 2016, about 24.3 percent of children under 5 years were stunted, 7.4 percent were severely stunted, 1.9 percent were wasted while 0.5 percent were severely wasted.

Teenage mothers at a Health Facility in Uganda



Source: UNICEF, Kampala

4.3.4 Violence against Children

Evidence from the National VAC Survey (2015) shows that violence against children and sexual and gender-based violence is widespread in Uganda. Three-quarters (75%) of

Ugandan children experienced any form of violence in childhood, such as physical, sexual or emotional including female genital mutilation/cutting. More than one in three females (35 percent) and one in six males (16.5 per cent) experienced sexual violence. Greater number of girls are involved in prostitution or other forms of commercial sexual exploitation, sexual abuse, especially incestuous rape. Defilement of the girls is the highest reported sexual offense in the last 8 police crime annual reports as shown in table 4.2 below. These are exaggerated by the bias of law enforcers and judiciary in handling cases where victims are women and children.

Table 4.2: Reported Defilement crimes 2013 to 2017

Category	2013	2014	2015	2016	2017
Defilement cases	19,508	18,507	17,812	17,395	14,985
Serious crimes investigated	9,598	12,077	17,812	17,395	14,985
Crimes prosecuted	4,118	7,062	5,397	7,222	4,651

Source: UBOS 2018 Statistical Abstract

4.3.5 Alcohol and Substance Abuse

Alcohol and substance abuse is on the increase in Uganda, especially among adolescents. The percentage of adolescents who have drunk alcohol stands at 14%. The percentage of adolescents who drink alcohol is higher in urban with relative to rural settings, irrespective of sex and age. Alcohol and substance abuse undermines one's capacity to make the right judgment, especially concerning sexual reproductive health issues.

4.3.6 SHR/HIV/AIDS

One of the major strategic actions of the National Priority Action Plan (NPAP) is to scale-up comprehensive sexual and reproductive health (SRH/HIV) programmes targeting adolescents (both in and out of school) and young people. Adolescent girls and young girls continue to be at high risk of HIV infection. With the 1,300,000 people living with HIV/AIDS in Uganda and approximately 52,000 new infections in 2016, the adolescent girls and young women are disproportionately affected. Evidence shows that most new HIV infections are occurring among young people 17-24 years and especially among young girls. There were 4,500 new HIV infections among adults aged 15 years and older and of these, 22% were adolescents and young women aged 15-24 years (UNAIDS, 2017). UNICEF conducted the ALL-IN assessment for adolescents to identify gaps in adolescent programming and the results revealed that female adolescents had higher HIV infection while male adolescents had poor utilization of services. The report also indicated that psychosocial support services were key for adolescent programming however many health workers and health facilities lack the capacity to offer these services.

4.3.7 Economic Inclusion

The proportion of young people (15-29 yrs.) not in education, employment (including self-employment) or training (NEET) in Uganda as per 2018 data stands at 40.7 percent (29.0% male and 50.5 female) for adolescent girls and young women, two-times the percentages for adolescent boys and young men and 27.2 percent in Urban and 46.9 percent rural. When young people are in a situation NEET, they become vulnerable and more susceptible to crime and victims of sexual exploitation and gender-based violence. On the other hand, working children forego schooling and other development needs. Its reported impact shows more girls are being hired as domestic helpers, thus living away from home; with high exposure to physical/ psychological abuse/ interrupted schooling and more subject to lack of access to adequate leisure/ rest.

Teenage mother practicing hair dressing at UYDL Training Centre, Makindye Division, Kampala.



Source: UDYL, Kampala

4.3.8 Scope for meaningful and positive engagement in society

There have been a few formal initiatives where adolescents were able to have their voices heard, but these have been limited in scope and their impact is not yet well documented.

4.3.9 Negative portrayal in mass media

In Uganda girls are stereotyped/ negative portrayal as sex objects/ victims in advertisements/ tri-media; with massive proliferation of pornographic materials that promote/reinforce sexual abuse and sensational coverage of rape cases/other crimes against girls ; and showing of TV/ movie trailers reflecting violence that can adversely affect young people's minds

While the issues outlined above affect adolescent girls across the country, not all adolescent girls are equally affected. The Adolescent Girls' multilevel Vulnerability index (AGI), commissioned by the Government of Uganda and UNICEF, captures adolescent vulnerability at the individual, household and community level. It represents the situation of adolescent girls, providing an understanding concerning vulnerabilities at different levels and to reflect disparities within the country. Overall, girls face the most extreme vulnerabilities in Karamoja, West Nile and Central regions – however, significant challenges remain across the country.

4.4 Policy Implementation Environment

Uganda has signed and ratified international instruments that compel the country to domesticate provisions for the protection of the adolescent girl, and put in place legal, policy and programmatic frameworks to uplift the status of adolescent girls. International instruments such as; convention on the rights of the child (CRC, 1989), convention on the elimination of All Forms of discrimination against women (CEDAW, 1979), optional CRC Protocol on Sale of Children, Child Prostitution and Child Pornography; Transforming our World: the 2030 Agenda for Sustainable Development (2014); National laws; the 1995 Constitution of the Republic of Uganda, the Penal Code Act (2007), Prevention of Trafficking in Persons (PTIP) Act (2010), Domestic Violence Act (2010), Anti- Female Genital Mutilation Act (2010), Equal Opportunity Act (2010), Public Finance Management Act (PFMA) of 2015, Children's Act (Amended) (2016), employment Act (2006), Employment Act (2006)/Employment Framework (2011), liquor Act (1960), and Persons with Disabilities Act (2006);

4.5 National Policies and Planning Frameworks

Vision 2040, the second National Development Plan (NDP II) 2015/16-2019/20, the National Health Sector Strategic Plan 2011-2015 (HSSP III), National Strategy for Girls Education (NSGE)(2015)., Gender in Education Policy (GEP) (2017),the National Strategy to end Child Marriage and Teenage Pregnancy (2015),Universal Primary Education (UPE) (1997) and Universal Secondary Education (USE) (2007), the National Adolescent Health Policy (2005), National Youth Policy (2016), the National Policy on Young People and HIV/AIDS School Health Policy, child Participation Policy (2017), Presidential Fast Track Initiative on HIV/AIDS

(2017), National OVC Strategy (2004) / Child Policy (under review), National Strategy on Eliminating Violence against Children in School (2015-20), National Guidelines on Prevention and Management of HIV/AIDS and Unintended Pregnancy in School Settings (2015), Gender-Based Violence Policy (2017) and National Sexuality Education Framework (2018).

The Government of Uganda formulated a National Social Protection Policy (NSPP) to provide a framework for transforming the population of Uganda into a society where all individuals are socially secure and resilient to socio-economic risks and shocks. The ultimate focus of the Policy is to reduce poverty and inequalities for inclusive development. Put in place affirmative action to redress gender imbalances, social exclusion and regional disparities in key socio-economic indicators. Many social protection programmes are gender insensitive and are grossly inadequate to cover all the vulnerable groups that require social protection. As a result, the implementation of social protection interventions must consider factors that exacerbate vulnerability such as inequality and inequity. This calls for action by all stakeholders to implement gender-responsive and equitable social protection interventions in Uganda.

Despite the country's comprehensive laws to promote the welfare of women and children, these are deficient in effectively addressing problems of domestic violence and trafficking of women and girls, they are yet to be adequately enforced. Procedures need to be improved to ensure the safety of the girl child. Further, very young adolescent girls (10-18) are largely left out of the "youth" conversation, statistical evidence provided in several surveys and policies are not designed to intervene early and prevent negative outcomes before their onset. Adolescent girls do not feature as a distinct priority population in Ugandan policy, with adolescent issues falling under the mandates of both youth- and child-serving initiatives and the country has yet to see a critical mass of public and private stakeholders congregate into young adolescent policy forums. The duty bearers need to undergo holistic training/orientation to increase the safety and protection of girls as well as prioritizing them in policy reforms and programming.

4.6 What needs to be addressed across Sectors to improve Adolescent Girls Situation?

Importance of Social Protection Social protection provides a secure platform upon which individuals can build productive and sustainable livelihoods, directly reduces poverty and vulnerability, as well as supporting excluded citizens in accessing other services. Social protection helps individuals to avoid risky coping strategies such as sexual exploitation, child and forced marriages and adopting negative health-seeking behaviors or withdrawing children from school. It also reduces the burden on children to contribute to the family income by participating in child labor. Social protection enables children to attend school, acquire skills and break the inter-generational transmission of poverty. Social protection interventions in Uganda complement the efforts of the poor and vulnerable to cope with socioeconomic risks and shocks, as shown below.

a) Structural Issues (Legal, Budgetary, Policy and Financing)

- Overall there is still limited knowledge/understanding of adolescence as a stage in the life cycle which can inform policy and guidelines in various sectors. Legal and policy instruments are not adapted to adolescence as a distinct stage in the life cycle. There are insufficient disaggregated data available for the adolescent age bracket of 10 to 14 and more especially regarding sexual reproductive health issues to enable planning, implementation and evaluation of interventions targeting adolescent development and wellbeing.
- There is insufficient investment in adolescent health, education, protection, and participation services, causing them to be inaccessible to many adolescents.

b) Service Delivery:

- Services are not fully adapted to the specific needs of adolescents, making them less likely to be sought and less effective in addressing the needs of adolescents and achieving the desired results. Besides, services are not always safe for example, violence and sexual violence in schools are prevalent.
- Service providers (teachers, health service providers, justice sector, etc.) have negative attitudes towards adolescents and inadequate understanding of how to best support them and work with them.
- There are various laws and policies in Uganda that support adolescent development, health, and wellbeing, but they are not implemented on the ground for lack of capacity, knowledge, and ownership at district level authority and facility level.

c) Community Participation/Engagement:

- Parents and local communities/authorities have limited knowledge or understanding of how to best support children through the adolescent phase of life and how to handle their SRH needs while others have a negative attitude towards adolescents.
- With high poverty levels prevalent in rural areas, families are unable to afford services for adolescents.

4.7 Conclusion

Inequality and inequity issues and concerns affect all people at every stage of growth and development. People and especially adolescent girls are exposed to various risks and vulnerabilities at every stage of life which if not addressed may limit their capacity to harness their full potential. Therefore the urgent need to contribute to the resilience of the 10 to 19-year old girls to withstand individual, household and community/societal shocks, more especially SRH related, is to a secure population that contributes to the economic development of Uganda.

4.8 Policy Recommendations

Social protection for adolescent girls is a growing problem in Uganda with no distinct policy framework to address the need. The existing social protection systems are weak compared to sister countries and law re-enforcement has not proved stronger. There is a need as a country to;

1. Strengthen Legal and policy instruments across sectors touching specific needs and rights of girls in the adolescent stage of life.
2. Invest in National data systems to ensure gender-disaggregated data specific to adolescents are available and used for policy and programming reforms at national and sub-nationals.
3. Investment in adolescent girls' friendly services in all sectors at national and sub-national.
4. Create a safe learning environment at the household, community, in and out of schools especially for adolescent girls across the country.
5. Invest in shelters/ alternative homes for children faced by abuse.
6. Fast track the rollout and implementation of the Natural Sexuality Education Framework to impart adolescent girls with life skills and reproductive health knowledge, whether in school or out of school. And this calls for more investment and regulation of safe space clubs that have proven effective for such purposes.
7. Invest in supporting programming for cultural and religious institutional leaders to denounce negative cultural norms and practices relating to SRH/GBV, HIV and AIDS, and family planning.

References:

al, A. S. (2013). *Adolescent girls Vulnerability index: guiding strategic investment in Uganda*. Newyork: Population Council.

Health, M. o. (2016). *Adolescent health risk Behaviors survey 2016 in Uganda*. Uganda .

MoGLSD. (2019). *The Uganda Gender Policy* .

Sports, M. o. (2017). *Linkage between Teenage Pregnancy and School Drop-out in Uganda*.

UBOS. (2016). *Uganda Demographic and Health Survey (UDHS)*. Kampala.

UBOS. (2018). *Statistical Abstract* .

UNFPA. (2016). *State of the World Population Report (SWOP)* .

UNICEF. (2017). *National Multi-Sectoral Coordination Framework For Adolescent Girls 2017/2018 -2021/22* .

UNICEF. (2017). *The Adolescent Girls Vulnerability Index: Guiding Strategic Investment In Uganda* .





5.1 Introduction

Social protection not only tackles the most critical development challenges but also improves the inclusive, sustainable and pro-poor economic growth (UNICEF, 2016). Subsequently, the Government of Uganda recognizes the need to guarantee social protection to its population and to provide assistance to people who are vulnerable either by age, social class, location, disability, gender, disaster or who do not earn any income in order to promote equity (MoGLSD, 2015). In the Ugandan context, the social protection system is comprised of two pillars, namely: social security and social care and support services.

Social security is one of the key pillars of social protection – refers to protective and preventive interventions to mitigate factors that lead to income shocks and affect consumption (MoGLSD, 2015). Uganda has a multi-tier social security system model with contributory social insurance, non-contributory direct income support and voluntary private pension schemes. Direct income support is non-contributory regular, predictable cash and in-kind transfers that provide relief from deprivation to the most vulnerable individuals and households in society. While social insurance are contributory arrangements to mitigate livelihood risks and shocks such as retirement, loss of employment, work-related disability and ill health (ibid).

The second pillar of social protection is social care and support services; this is aimed at providing a wide range of services for poor and vulnerable groups, such as orphanages and rehabilitation centres for persons with disabilities (UNICEF, 2016). Since this chapter is on social security systems in Uganda, it will mainly focus on social insurance and direct income support schemes.

5.2 Key Social Security Schemes in Uganda

Uganda has put in place the requisite policy and legal framework aimed at streamlining the social security sector in Uganda. Uganda's Vision 2040 proposes a universal pension and support to 'orphaned children, the disabled and the destitute'. The Second National Development Plan (NDP II), 2015/16 to 2019/20, seeks to 'increase the number of vulnerable people accessing social protection interventions from about 1 million in 2013 to about 3 million by 2020 (NPA, 2015). It also prioritizes 'expanding access to contributory social security for workers in the informal sector and gradual roll-out of a non-contributory social pension scheme for older persons. This subsection discusses the major social security schemes and the extent of coverage so far.

The two most prominent schemes are the Public Service Pensions Scheme (PSPS) for public sector employees and National Social Security Fund (NSSF) that covers employees employed by private firms with more than five employees. Other pension schemes cover armed forces and parliamentarians. In addition, there are also voluntary schemes offered by some employers to provide additional pension savings for their workers. They include the Makerere University Retirement Benefits Scheme, Bank of Uganda Retirement Benefits scheme among others. Different sub-sectors within the informal sector have also established diverse forms of savings schemes, which support members in times of financial crisis. This sub section briefly reviews some of the aforementioned schemes.

5.2.1 The Public Service Pension Scheme

The Public Service Pension Scheme (PSPS) is a non-contributory scheme, defined as pay-as-you-go retirement benefit scheme financed directly by tax revenues from the consolidated fund. Through the Ministry of Public Service, benefits are paid to the public service employees and cover traditional civil servants, including the police and prison services, Local Government employees and teachers (Office of the President, 2013). The scheme has a generous full pension based on gross salary with an accrual factor of 2.4% multiplied by the number of years in service capped at 89% of final salary. It also promises a commuted pension equivalent to one-third of the full pension to new retirees. The pensions are indexed to wages. With regard to survivors' pension, the payable pension is 100% of the pension entitlement of the deceased public officer. The guaranteed period for the survivors' pension is 15 years. The scheme also provides an array of other gratuities such as contract, death, short-term and marriage gratuities (Nyakundi, 2009).

5.2.2 National Social Security Fund

The National Social Security Fund (NSSF) is the largest social security scheme and currently has over 1.78 million registered members, of whom 574,628 members are active (NSSF, 2018). This scheme is a provident fund (pays out contributions in lump sum) mandated by the Government through the National Social Security Fund Act (Cap. 222) to provide social

security services to the private sector employees in Uganda. The scheme was instituted with a core objective to protect employees against the uncertainties of social and economic life. Over the recent past, NSSF has been paying a competitive interest to the members without compromising the safety of member savings. The fund is a contributory scheme fully funded by contributions from employees and employers, both contributing a total equivalent to 15% of the employee's monthly wages, with the employee contributing 5% and the employer 10% (NSSF, 2018).

The NSSF Managing Director, Mr. Richard Byarugaba and MTN Chief Executive Officer, Mr. Wim Vanhelleputte partnering on Social Security Contribution Payments through MTN Mobile Money



Source: NSSF, Kampala

5.2.3 Direct Income support scheme for vulnerable groups

The Direct income schemes are composed of unconditional non-contributory cash transfers such as the Social Assistance Grant for Empowerment (SAGE). SAGE seeks to reduce chronic poverty and inequality and promote inclusion through embedding a national social protection system, including social assistance for the poorest and most vulnerable, as a core element of Uganda's national policy, planning and budgeting process (UNICEF, 2016). The other social cash transfers include Public Works Programmes such as the Northern Uganda Social Action

Fund (NUSAF), Karamoja Livelihoods Improvement Program (KALIP) to mention but a few.

Direct income support has recently been expanded to include certain livelihoods programmes within MoGLSD - the Youth Livelihoods Programme (YLP) and the Uganda Women's Entrepreneurship Programme (UWEP) to become 'direct income support and livelihoods' (Greenslade and Muyinza, 2018). The YLP targets youth aged 18-30 years and is aimed at addressing the unemployment challenge through promotion of self-employment. UWEP addresses the historical marginalization of women, gender inequity and the need for their empowerment.

Women Groups Social Protection and Cash Transfers in rural Uganda



Source: UNICEF, Kampala

5.2.4 Workers Compensation

The Workers' Compensation Act (Cap. 225) provides compensation to workers employed both by the Government and the private sector who suffer injury or contract occupational diseases in the course of their employment. The injuries covered are only those, which result in permanent incapacity or incapacitate the worker for at least three consecutive days from earning full wages at the work at which he or she was employed. In spite of the fact that the law requires every employer to insure and keep themselves insured in respect of any liability which may arise under the Workers' Compensation Act, only a few employers in the private

sector have insurance cover (MoGLSD, 2015).

Despite the existence of this law, its implementation remains weak—both in the public and the private sectors. There is a problem of bureaucracy in processing and paying compensations to employees or to their family members in case of death. In the private sector, few employers have attempted to insure their workers. Most employees in the private sector either do not report work place accidents as required by law or delay settling claims because their workers are not insured. The failure or delay in paying compensation for work injuries makes workers and their dependants more vulnerable and increases their risk of falling into poverty (MoGLSD, 2013).

5.2.5 Supplementary Voluntary Individual Schemes

These are voluntary non-employer schemes established to cover workers in the informal sector or self-employed persons on a voluntary basis. Uganda Retirement Benefits Regulatory Authority (URBRA) licensed Mazima Voluntary Individual Retirement Benefits Scheme (MVIRBS) and Kampala City Traders Association (KACITA) Provident Fund to pilot extension of coverage to self-employed workers. Membership to MVIRBS is open to anybody with emphasis on low-income earners. On the other hand, enrolment into Kampala City Traders Association (KACITA) Provident Fund is restricted to members of the Association. Additionally, the NSSF also introduced a Voluntary Membership Plan. The Plan targets employers and workers that are not compelled to save by mandatory provisions of the NSSF Act, granting them an opportunity to voluntarily save for their retirement.

5.2.6 Health Insurance

Uganda does not have a National Health Insurance Scheme (NHIS). However, the government, through the Ministry of Health, has developed a National Health Insurance Bill that will soon be discussed in parliament. The objectives of the NHIS are:

- a) To develop health insurance as a mechanism for financing health care in Uganda;
- b) To facilitate the provision of efficient, equitable, accessible, affordable and quality health care to all residents of Uganda; and
- c) To ensure quality of healthcare services, equity, appropriate utilization of services and patient satisfaction in the provision of health care.

Despite the absence of a NHIS, there are a number of private institutions that provide health-care insurance services in Uganda. They include Air Ambulance Reserve (AAR) Health Services, International Air Ambulance (IAA), American Insurance Group (AIG) insurance company among others. Like the other formal social security systems, most health services offered by the private institutions are for the contributors who can afford to pay for them, which eventually exclude the poor persons that cannot afford them.

5.3 Scope of Social Security Coverage

Despite Uganda's growing population and the consequent increase in the working age population, coverage of the pension sector remains dismal. As per the 2016/17 Uganda National Household Survey (UNHS, 2018), Uganda's working age population stood at 19.4 million of which about 15 million were working in either formal or informal sector, and thus eligible to pension savings. However, social security coverage ratio was about 14 percent (covered/total working age population); implying that 86% of the working age population was uncovered (Table 5.1). Lack of access to social security by such a large population is a major obstacle to economic and social development. This is so because limited or lack of social security coverage is associated with high and persistent levels of poverty and economic insecurity, growing inequality levels, inadequate investments in human capital and weak aggregate demand in a time of recession and slow economic growth.

Table 5.1: Industry Coverage

Types of Social Security	Number
A. Social Assistance Grant for Empowerment	
Senior Citizens Grants as at March 2018	190,466
B. National Mandatory Schemes	
National Social Security Fund at Dec, 2017 (Registered members)	1,788,876
Voluntary members	6,148
Active members	574,628
Public Service Pension Scheme as at Oct, 2017	383,536
Armed Forces Pension Scheme	N/A
Parliamentary Pension Scheme as at Jun, 2017	904
C. Supplementary Voluntary Occupational Schemes	
Voluntary Segregated occupational schemes as at Dec 2017	32,031
D. Umbrella Schemes as at Dec, 2017	
Umbrella Schemes as at Dec, 2017	7,295
E. Supplementary Voluntary Individual schemes	
Supplementary Voluntary Individual schemes as at Dec, 2017	1,128
F. Labour force statistics and demographics	
Working age population	19.4 million
Working population	15 million
Life expectancy at birth (years)	63
Dependency ratio	97
Coverage ratio (workers covered/total working population)	14%

Source: URBRA Pension Report 2017; Labour statistics are from UNHS 2016/17 report, UBoS

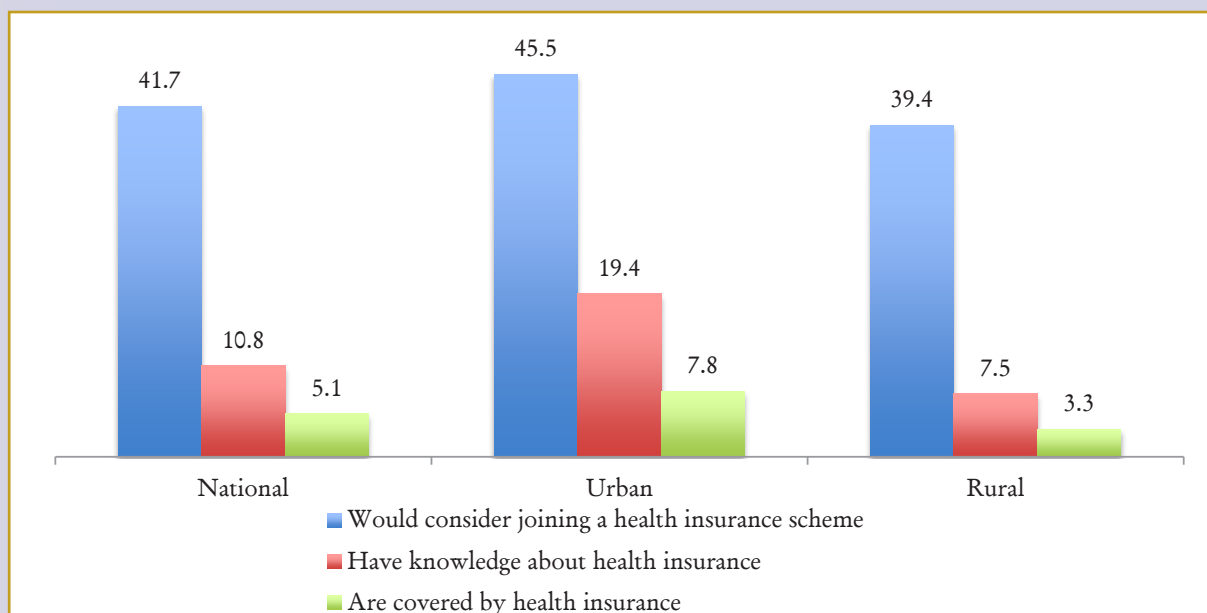
Whereas the recent estimates from the 2016/17 UNHS indicated that the percentage of adults who were 65 and older represented only 3.2 % of the population, projections suggest that by 2050, this age group will grow to 5% of Uganda’s projected population. With life expectancy at birth having improved from 47 years to about 63 years between the 2002 and 2014 censuses, and life expectancy at retirement improving from less than 10 years to around 17 years, limited pension savings during the working life of majority of the young population creates a higher social security problem to Government (Munyambonera et al., 2018).

5.3.1 Health Insurance

Despite the fact that Ugandans are experiencing a very high out of pocket expenditure on health, equivalent to 41 % of the total expenditure on health (MoH, 2016), health insurance coverage remains quite low. Private commercial health insurance schemes cover between one and two percent of the Ugandan population (MoGLSD, 2015). Characteristically, they neither cover chronic illness, persons aged below 3 months nor persons over 70 years. They mostly target the formal private sector that is easy to enrol. Annual health benefits are often capped to contain costs and make profit (social security policy).

The 2016/17 UNHS collected data from all persons aged 15 years and above on whether they have heard about health insurance, are covered by health insurance or would consider joining health insurance to pay for their healthcare expenses. Figure 5.1 shows that 11 percent of the population is aware of health insurance service while only 5 percent were covered under health insurance. Furthermore, of those that are aware of the service, only 42 percent indicated that they would consider joining a health insurance scheme. The uptake and potential demand for the health insurance services was higher in urban areas (8% and 46% respectively) compared to their rural counterparts 3% and 39% respectively (UBoS, 2018).

Figure 5.1: Persons aware of health insurance, those covered and those interested in joining (%)



Source: UBoS 2018

5.4 Social Security Coverage by Demographic and Socio-Economic Characteristics

Using UNHS 2016/17, this section highlights the extent of social security coverage among the employed persons in the working age group (14-64 years).

5.4.1 Coverage by age

The findings of social security coverage indicate that coverage among the young age categories is still relatively low 0.2% among those aged 14-17 years and 6.6 % among the youth 18-30 years as shown in table 5.2. The age categories of 31-50 years and 51-60 years reported the highest coverage of 16.9% and 18.2% respectively. The observed low coverage among the young people could be attributed to the fact that they are less likely to be employed full time and less likely to be in formal employment—a sector that is highly associated with relatively higher coverage.

5.4.2 Coverage by residence

Concerning social security coverage by place of residence, table 5.2 depicts that coverage rates are much lower in rural areas. About 16.3 % of employed persons living in urban areas are covered while in rural areas only 6.3 percent of employees are covered. The observed low coverage in the rural areas could be attributed to high engagement in subsistence agriculture, low sensitization on the importance of pension and very low earnings. In addition, labour markets are better organized in cities and Government agencies have more enforcement power in urban areas (Rofman & Oliveri, 2012).

5.4.3 Sector of Employment

With regard to coverage by economic sector, the findings reveal that those employed in the service sector (16.5 percent) had the highest social security coverage, followed by those employed in industry (4.8 percent), while coverage was lowest in the agriculture sector (1.7 percent). The observed low coverage among agricultural sector employees provides further evidence of the difficulties experienced by traditional pension systems in covering rural areas and sectors characterized by high informality.

A detailed analysis of the social security coverage by sub-sector of employment reveals that the financial and insurance sub-sectors led with 58.4 percent, followed by public administration with 46.3 percent and activities of extraterritorial; organizations and bodies at 45.4 percent. The other subsectors with relatively high social security coverage rates are professional, scientific and technical services (33.4%), administrative and support service activities (33.2%), and human health and social activities (32.2), information and communication (29.1%). The findings further indicate that the agriculture, forestry and fishing sub-sector registered the lowest coverage rate of only 1.7 percent and yet this subsection about 65 percent of the labourforce. The very high rates of pension exclusion in this sector implies that innovative

measures and reforms should be urgently implemented to improve coverage of the sector that absorbs the majority of the country's labour force.

Table 5.2: Social security coverage by selected indicators

Age group	Indicator
14-17	0.2
18-30	6.6
31-50	16.9
51-60	18.2
61 -64	5.8
Residence	
Rural	6.3
Urban	16.3
Economic sector	
Primary	1.7
Production	4.8
Services	16.5
Sector of Employment	
Agriculture, forestry and fishing	1.7
Mining and quarrying	0.2
Manufacturing	9.2
Electricity, gas, steam and air conditioning supply	25.7
Water supply; sewerage, waste management and remediation activities	12.3
Construction	2.2
Wholesale and retail trade; repair of motor vehicles and motorcycles	1.5
Transportation and storage	6.0
Accommodation and food service activities	5.0
Information and communication	29.1
Financial and insurance activities	58.4
Professional, scientific and technical activities	33.4
Administrative and support service activities	33.2
Public administration and defense; compulsory social security	46.3
Education	23.3
Human health and social work activities	32.2
Arts, entertainment and recreation	12.8
Other service activities	4.1
Activities of households as employers	0.1
Activities of extraterritorial organizations and bodies	45.4
Total	10.8

Source: Author's computations based on UNHS 2016/17

Finally, regarding the employer type, a higher proportion of those employed in the private sector are excluded; those employed in the public sector (34.5%) were more likely to be covered by social security compared to those in the private sector (5.8%) (Munyambonera et al, 2018). Since private sector employees are covered under the NSSF, the findings provide evidence for gaps in the NSSF Act of 1985 to be closed to increase coverage for all private sector employees and improve NSSF's efficiency in ensuring that all private employers are compliant in remitting employees' social security contributions.

5.5 Challenges in Uganda's formal Social Security Systems

A good social security scheme should be inclusive and provide adequate, affordable, sustainable, and robust benefits (Holzmann & Hinz, 2005). Based on these principles of well-managed social security systems, this section highlights the challenges of Uganda's formal security systems as far as coverage, adequacy, sustainability and efficiency are concerned.

5.5.1 Coverage: A good social security system should ensure that a significant proportion of workers are included. However Uganda's social security schemes are faced with the challenge of low coverage – that is the population being covered by social security. This is, in part, attributed to the fact that formal social security is mainly premised on formal employment status, where individuals typically have earnings. Therefore, since formal employment status is mainly reserved for persons in public or semi-public institutions and official firms in the economic and industrial sectors, the bulk of the population is always completely excluded from formal social security. In Uganda, the majority of the population works in the informal sector or in the agricultural sector (mainly as subsistence farmers) thus are less likely to benefit from formal social security programmes. In addition, wages in Uganda, like in any other developing country, are extremely low. This makes it difficult for workers to contribute to any social insurance scheme as the contributions take away income meant for meeting immediate needs. This has, consequently, made workers reluctant to participate in social insurance schemes.

In addition, the formal social security schemes offer a limited range of products; most of the schemes do not cover health, education and insurance or invalidity benefits. For example, the pension schemes have no mid-term or work-life benefits. Therefore, one must wait till old age to qualify unless one is retrenched or opts for voluntary early retirement (Barya, 2011). In addition, formal social security schemes, such as social insurance, are mainly oriented towards meeting future needs. It, therefore, ignores the immediate needs of the poor.

5.5.2 Adequacy: Adequacy relates to ensuring that the pension savings are sufficient to meet the receivers' basic needs. For instance the current transfer of Ushs. 25,000 under the Senior Citizens Grant (SCG) scheme may not be adequate to meet all the basic needs. In addition, financial investments in social security systems remain low in Uganda; it is less than one percent of GDP. As shown in table 5.3, a higher proportion

of spending was from the National Social Security Fund (NSSF) and the Public Service Pension Scheme (PSPS), which both are spending for the formal rather than informal sector. The Government's financial resources are largely channeled towards the public service pension schemes with limited investments in the social assistance schemes that are primarily donor financed.

Table 5.3: Social security spending in Uganda (Ushs. Billion) 2017/18

Type of Support	Contributions	Government	Donors	Total	% GDP
Direct Income support					
Senior citizens grant	0	33	59	92	0.09
Northern Uganda Social Action Fund (NUSAF 3)-Public works programme	0	0	29	29	0.03
Contributory Programme					
National Social Security Fund (NSSF)	278	0	0	278	0.27
Retirement Pension					
Public service Scheme (PSPS)	0	271	0	271	0.27
Total	278	304	88	670	0.66
Percent of Total Spending	41.5	45.4	13.1		

Source: ESP (2019, forthcoming)

5.5.3 Efficiency and Sustainability

This aspect pertains to the capacity to deliver the promised level of benefits and to the affordability of the funding of associated schemes, whether the benefits are provided by Governmental, private sector or individual finances. A pension system is sustainable only when it has the capacity to pay current and future benefits over a long horizon without shifting substantial burdens to future generations and without having to cut benefits, increase contributions or change qualifying conditions.

The non-contributory pension scheme that is Government funded and contributes the highest proportion to social security spending is increasingly becoming a fiscal burden on the national budget. For instance, as the public pension is concerned, arrears have rapidly increased during the last five years. This implies that most of those who have qualified for their pension are not receiving it. This negates the whole purpose of having a pension, which is to mitigate the risks of old, age and being out of employment. Moreover, most of the direct income social security interventions are donor funded which also brings into question their sustainability in the absence of donors.

In Financial Year 2014/15, Government partially decentralized Pension Management with the Planning (budgeting) and processing of files done by MDAs and LGs. However, pension and gratuity was decentralized in with arrears amounting to Ushs.199 Bn which were disaggregated by votes and transferred to MoFPED. By end of 2017, only Ushs.7.4 Bn (3.7%) of Ushs.199 Bn had been paid to 1,238 pensioners from 26 votes.

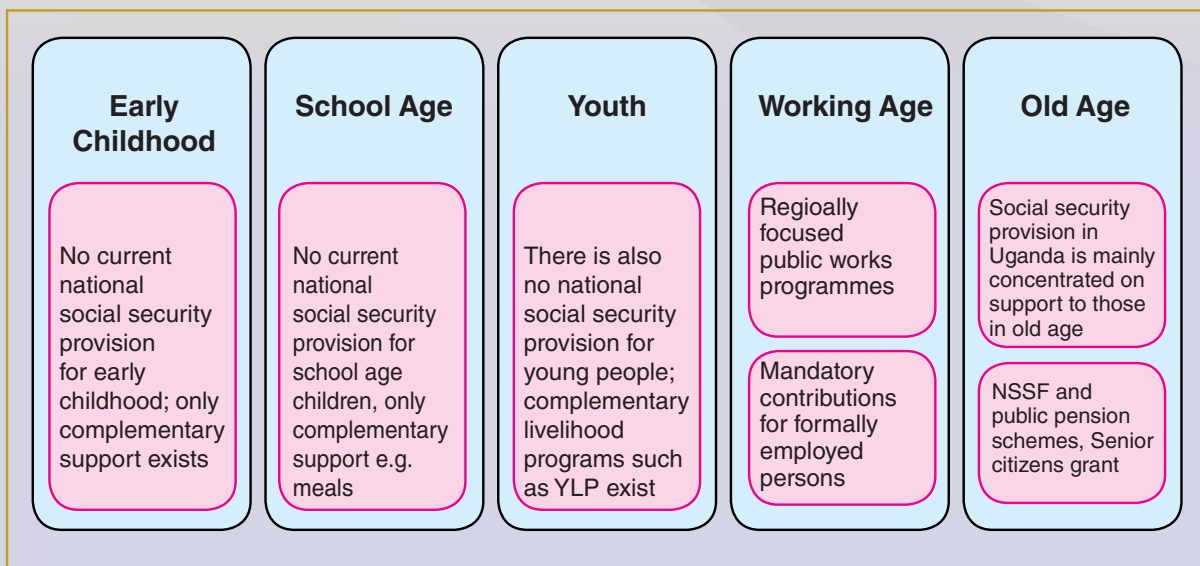
Source: Key findings of OAG Report 2017

Given the increasing burden of pension arrears, it is needed that the public service pension scheme is reformed. The scheme should be converted to a contributory scheme and its management and payment mechanisms should not be under the remit of Ministry of Public Service (MoPS) to make it sustainable. Also, NSSF needs to undertake some reforms; NSSF is a provident fund that pays a lumpsum upon retirement rather than a guaranteed monthly pension. The danger of lump sum payment arises if a beneficiary invests in a business venture with low returns or spends the benefits on basic or personal needs.

5.6 Adequacy of current Social Security Schemes in addressing risk and vulnerability across the life cycle

This section highlights the risks and vulnerabilities across the life cycle and the extent to which the current social security mechanisms address these risks and vulnerabilities. A good number of Ugandans face risks across their lives that threaten their wellbeing and standard of living. These risks start at birth and early childhood and continue through school age through youth and working age and into old age and growing frailty as shown in Appendix 2. For instance children are faced with malnutrition, which results into physical, cognitive and psychosocial underdevelopment, disease and disabilities with significant implications in later life. They are also faced with orphan-hood, child labour, high school dropout rates, abuse and neglect. The youth are faced with challenges of unemployment and inadequate skills while the elderly are less productive with limited savings and other sources of livelihoods. If not addressed, the identified life cycle risks and vulnerabilities make one's graduation to an acceptable state of well-being highly unlikely and may affect the achievement of the Demographic Dividend (DD). The DD is the accelerated growth that arises from a significant increase in the ratio of working age population relative to dependents arising from a rapid decline in fertility and mortality. Figure 5.2 below shows the current social security provision at different life cycle stages.

Figure 5.2: Social security provision by life cycle stage



Source: Author's configuration based on synthesis from literature

Figure 5.2 clearly shows that social insurance is concentrated on those in old age. This includes the contributory National Social Security Fund (NSSF) and the non-contributory Public Service Pension Scheme (PSPS) and the Senior Citizens Grant. It puts lesser emphasis on promoting the development of children, thus hampering their personal development and preparation for the labor market, and on supporting people of working age, in particular youth. This is particularly problematic given the much larger size of the young cohorts relative to the elderly. Improvements in social assistance should therefore aim at a more balanced approach between the different stages of the life cycle.

To enhance the achievement of DD, social security interventions should help develop a healthy and productive labour force for Uganda. This can be done through supporting those in early childhood and school age to build their human capital as well as providing employment for youth and increasing the productivity of those of working age and those still working in old age. Well planned and focused social security is central to transforming Uganda into a successful middle-income market economy and will generate a demographic dividend from the high proportion of young children and people in the Ugandan population, two thirds of whom are under 25 years of age.

5.7 The impact of demographic factors on viability of Social Security Services

When planning development policies and initiatives, a crucial element to consider is the medium- and long-run change in a country's demographic profile, as a basis to assess the most relevant targeting groups and as a means of predicting future outcomes and costs. A noteworthy feature of Uganda's demographic structure is the particularly high composition of young people in the population. As estimated by UNHS 2016/17, the rate of the population below the age of 18 in Uganda was 54.7% (UBoS, 2018).

Children aged less than 13 years constituted 46 percent of Uganda's population while the age-group 14-64 years accounted for 51 percent of the population. Regardless of residence, the age-group 14-64 years constituted the largest percentage of the population. The dependency ratio for Uganda in 2016/17 was 97, implying that there were more people in the working age group (14-64 years) than the dependent age-groups. However, this is only a proxy since some people in the non-dependent age groups may also be dependent.

A higher proportion of the working age population than the dependents provides the country with an opportunity to harness the demographic dividend. The demographic dividend is the economic growth potential that can result from shifts in a population's age structure, mainly where the share of the working age population 14-64 years is larger than the share of the population 13 years or younger or 65 years and above. However to achieve the DD, the changes in the age structure should be accompanied by simultaneous strategic investments in education and skills development, public health, economic reforms that enhance job creation and enhanced governance and accountability measures (UNFPA et al, 2016). In order to respond to the current demographic change that Uganda is experiencing, an effective social protection response should take into account the integration and the transition between the different life stages so as to ensure cumulative benefits within each cohort and across generations.

5.8 Conclusions

Although Uganda has a social security system, framed by the 2015 National Social Protection Policy (NSPP) and other Government commitments, coverage remains low and the system is generally underdeveloped. Social security provision in Uganda is mainly concentrated on support to those in old age and there is limited coverage across other life cycle stages. Despite recent efforts to extend coverage, contributory pension provision to people working in the informal economy is very low. In addition, rural residents, those in private sector are less likely to be covered. In terms of investments, the level of investment in social security in Uganda remains dismal and accounts for less than 1 percent of GDP. The Public Service

Pension Scheme accounts for a high proportion in the social spending realm yet it is non – contributory and tax financed. Spending on direct income support in lower compared to the social insurance component. Worse still, it is heavily funded through donor support raising concerns of sustainability.

5.9 Policy Recommendations

1. Given the limited scope of social security coverage in Uganda, there is need to urgently undertake innovative reforms aimed at bringing more people into the social security net. Mass sensitization of persons in the informal sector and rural areas about the need for social security will be paramount.
2. Provide the social protection with a life-cycle perspective to allow programmes to accompany the population through transition phases that are both major times of vulnerability and crucial for personal development. There is also a need to introduce or enhance social security for special groups such as children, the elderly, women, persons with disabilities among others.
3. Fast track the current draft National Health Insurance Scheme bill and pass it into law. A National Health Insurance Scheme is likely to reduce catastrophic expenditure that has been one of the drivers of households into poverty.
4. In view of current high youth unemployment and the large cohorts that will enter the labor market in the decades to come, there is a need to re-orient some social protection interventions towards supporting the development of children and youth, a key factor in reaping the benefits of the demographic transition.
5. Factors such as Uganda's increasing population, ageing labour force, life expectancy of 63, and the low tax effort are likely to threaten the fiscal sustainability of the tax-financed public pension especially in the long run. To circumvent this, there is need to convert the public service pension scheme from non-contributory to contributory whereby both Government and public servants can contribute.

References:

Barya, John-Jean (2011). Social security and social protection in the East African Community

Greenslade, M and Muyinza, M (2018). Uganda's Social Protection Sector Report (2018)

Government of Uganda (GoU), (2015). National Development Plan (2014/15-2019/20), Kampala –Uganda

Government of Uganda (GoU), Economic Policy Research Institute (EPRI), and UNICEF (2016). Social protection investment case November 2016.

Expanding Social Protection (ESP) (2019 forthcoming). Building and Protecting Human Infrastructure: A Vision for Social Protection in Uganda

Holzmann, R and Hinz, R. (2005). Old Age Income Support in the 21st Century: The World Bank's Perspective on Pension Systems and Reform

Ministry of Gender, Labour and Social Development (2015). Social Protection Policy 2015.
Ministry of Health (MoH) (2016) National Health Annual Report of 2014/15

Munyambonera, E; Katunze, M; Munu, M; Serunjogi, B. Expanding the pension sector in Uganda. EPRC Series No.143
National Social Security Fund (NSSF) (2018). Annual Report 2017

Nyakundi, D. (2009). A description of pension system in Uganda: Need for reform. Retirements Benefits Authority Kenya

Rofman, R. and Oliveri, M.L., (2012). "Pension Coverage in Latin America". World Bank, Washington, D.C.

United Nations Population Fund (UNFPA), Republic of Malawi, African Institute for Development Policy (AFIDEP) (2016). Good Governance and Accountability to harness the Demographic Dividend in Malawi

Uganda Bureau of Statistics (UBoS) (2018). 2016/17 Uganda National Household Survey 2016/16 Report. Kampala: Uganda Bureau of Statistics).

Uganda Retirement Benefits Regulatory Authority (URBRA) (2017). Annual Report . Kampala



Chapter

6

Social Care Services in Uganda

6.1 Introduction

One of Uganda's national development urgent priorities is harnessing the demographic dividend (NPCI, 2018; UNFPA, 2018). Access to social care services by vulnerable populations in the country is critical for harnessing the demographic dividend. This chapter focuses on social care services in Uganda. It categorises the vulnerable populations that should benefit from social care services; the review of the status of social care services in Uganda including: the existing social care services. It also examines how social care services in Uganda relate to other formal services like care for vulnerable groups, child protection, protection against violence and home care services and the key social care services issues. It also The impact of demographic factors on viability of social care services in Uganda. It also focusses on the adequacy and inadequacy of social care services in ensuring income security and addressing vulnerability among the unemployed, excluded, sick, persons with disability and the aged, The chapter also explores measures necessary to improve the social care services to ensure a sustained social protection service in Uganda to enable the harnessing of the demographic dividend.

The Ministry of Gender, Labour and Social Development^{20, 21} (2015; 2016) defines Social Care and Support Service to include: care, support, protection and empowerment provided to vulnerable persons who are unable to fully care for and protect themselves. These services include personal care, rehabilitation, psychosocial support, respite care, protection services, provision of information and referral (Ibid, 2016, p. xvii). Elsewhere, The Social Care Association of Ireland²² (n.d)) considers social care to encompass planning and providing professional care to vulnerable individuals and groups of all ages who experience marginalisation, disadvantage or special needs as well as protecting and advocating for such individuals and groups; guiding, challenging and supporting those entrusted to their care towards achieving their fullest potential. Social care thus involves “providing practical support with a view of helping individuals maintain their independence, increasing their quality of life and helping them lead fuller more enjoyable lives”²³.

6.2 Policy and Planning Frameworks on Social Care in Uganda

Social care has a clear place in a number of policy and planning frameworks in Uganda. At policy level, the National Social Protection Policy 2015 advances social care as one of the social protection interventions implemented by the Government. Accordingly, social care and support services is one of the two pillars upon which the country’s social protection system is built (MoGLSD and Bilson et al., 2013).

The National Development Plan (NDP) II and the Social Development Sector Plan 2015/16 – 2019/20 both prioritize promoting access to social care and support services to orphans and other vulnerable children (OVC), persons with disability (PWDs) and older persons as one of the intervention strategies for enhancing the resilience and productive capacity of the vulnerable persons for inclusive growth (NPA, 2015 and 2016, MoGLSD, 2016).

The MoGLSD²⁴ (2016) identifies expanding holistic social care and support services to vulnerable individuals and households as one of the focus areas of the Social Development Sector for the period 2015/16 – 2019/20.

6.3 Categories of Persons in need of Social Care and Support Services in Uganda

Based on the definition, scope, focus and purpose of social care and support, vulnerable populations that ought to be targeted with social care and support interventions include among others: an estimated 50,000 children and adolescents in residential care (Walakira et al, 2015); persons in detention estimated at 48,894 at the end of 2017 (UBOS, 2018); children

20 MoGLSD (2015). *National Social Protection Policy 2015* (see section 4.1 on page 25).

21 MoGLSD (2016). *Social Development Sector Plan (SDSP) 2015/16 -2019/20*. Available at: [http://www.mglsd.go.ug/Plans/Social Development Sector Plan.pdf](http://www.mglsd.go.ug/Plans/Social%20Development%20Sector%20Plan.pdf)

22 Available at: <https://socialcareireland.ie/what-is-social-care-work/>

23 Available at: <http://www.nisw.org.uk/socialcare/>

24 MoGLSD (2016). *Social Development Sector Plan (SDSP) 2015/16 -2019/20*. Available at: <http://www.mglsd.go.ug/Plans/SOCIAL%20DEVELOPMENT%20SECTOR%20PLAN.pdf>

of incarcerated parents; child victims of physical violence (affecting 44.2% girls aged 13 to 17 years and 58.6% boys aged 13 to 17 years), sexual violence (affecting 25.4% girls aged 13 to 17 years and 11.2% boys aged 13 to 17 years) and emotional violence (affecting 22.2% girls aged 13 to 17 years and 22.8% boys aged 13 to 17 years) (MoGLSD, 2018); people with disabilities (estimated at 17% among adults aged 18 and above; 7% among children aged 5-17 years; and 4% among children aged 2-4) (UBOS, 2018b); children in street situations estimated above 15,000 (RUDP, 2017); the homeless; people with alcohol/drug dependency characterized as heavy episodic drinkers (33.5% male and 7.8% female) (WHO, 2018); older persons estimated at 3.7% (UBOS, 2018); persons affected by HIV and AIDS; and any other individuals and groups that experience marginalisation, disadvantage or special need.

6.4 Existing Social Care Services in Uganda

6.4.1 Care and Support to Gender-Based Violence Victims/Survivors

The UNFPA-UNICEF Joint Programme on “Female Genital Mutilation/Cutting [FGM/C]: Accelerating Change” is one of the indispensable programmes that have contributed to the provision of care and support services to gender-based violence survivors in Uganda. Implemented in 15 African countries (including Djibouti, Egypt, Ethiopia, Guinea, Guinea Bissau, Kenya, Senegal, Sudan, Burkina Faso, Gambia, Uganda, Somalia, Eritrea, Mali and Mauritania), the Joint Programme was developed in 2007 to protect girls and women by accelerating abandonment of FGM/C and providing care for its consequences²⁵. The programme has so far implemented two phases (Phase I, 2008-2013; and Phase II, 2014-2017). It is anchored towards achieving Target 5.3 which calls for the elimination of all harmful practices by 2030, under the Sustainable Development Goal 5. In Uganda, the implementation of the Joint Programme in Amudat, Nakapiripirit, Bukwo Kapchorwa, Kween and Moroto districts has been through the MoGLSD in collaboration with UNICEF and UNFPA, with various key Government and Civil Society implementing partners on board.

The Joint Programme in 2016 supported 1,202 girls and women with services related to FGM/C, including clinical management and care integrated services, legal services, protection and integration (UNFPA-UNICEF, 2017).

In 2010, the UN Joint Programme on Gender Equality (JPGE) was launched in 10 districts of Uganda with support from DFID. With a focus on improving access to legal, health and psychosocial services to SGBV survivors, UNFPA working with MoGLSD and CSOs supported the establishment of five GBV shelters. These provide health, legal and psychosocial services, including temporary safety to reduce stigma, protect survivors from further harm while at the same time foster their access to justice, medical treatment and healing (UNFPA, 2018). The MoGLSD with support from UNFPA produced operational guidelines for the shelters to help scale up the effort. The evaluation of JPGE revealed that these shelters were serving over 3,700 clients in 2014. The JPGE also saw the establishment of the prototype GBV helpline in four key districts and within a period of a year, 3,575 calls had been received; and over two-thirds of those referred for services were satisfied with the services..

²⁵ <https://www.unfpa.org/publications/unfpa-unicef-joint-programme-female-genital-mutilationcutting-accelerating-change>

ActionAid Uganda (AAU) runs a three-year project, Support Uganda's Response to Gender Equality (SURGE) supported by UKaid and it has GBV shelters in Kampala, Mubende, Gulu, Amuru, Nebbi, Lira, Katakwi, Kumi, Pallisa and Kween. These shelters provide services to the survivors which, include basic needs, psychosocial support and legal services; mediation and legal advice education. AAU also provides economic empowering intervention where clients are given prior training before the economic support. This is aimed at addressing poverty, one of the major causes of vulnerability to violence for women and children.

6.4.2 The Childcare Reform

Uganda's childcare reform focuses on reducing unnecessary separation of children from their families through economic strengthening interventions, parenting skills training, individualized case management, and psychosocial support. It also aims at transforming childcare institutions from providers of long term institutional care to transitional care facilities; and placing children currently outside of family care in nurturing families. A number of project-based interventions run primarily by non-state actors have been implemented in light of care and protection of children deprived of family care. Some of these include: Deinstitutionalization of Orphans and Vulnerable Children Project in Uganda (DOVCU), keeping children in Healthy and Protective families (KCHPF) and the Catholic Care for Children in Uganda (CCCU) programme.

DOVCU was a 36-month childcare reform project supported by John Snow International (JSI) and United States Agency for International Development (USAID) implemented in 12 districts namely Gulu, Lira; Kasese, Kabarole, Kabale; Mbale, Kamuli, Jinja, Iganga; Luwero, Kampala, and Wakiso. The project aimed at reaching about 43,000 vulnerable children living in households facing high risk of separation and reintegrating about 2,000 children that were living in institutional care or in the streets. According to USAID (2018), the project has registered the following impacts: reduction in the number of households classified at destitute level from 1,252 (56%) at baseline, to 670 (30%) by endline; improved awareness among parents about their duties as parents and how to approach their children; supported reunification of a total of 1,743 children to families from different CCIs, food security and nutrition which was attributed to the financial support package extended to vulnerable households and an improvement in households' ability to send children to school.

USAID's Keeping Children in Healthy and Protective Families (KCHPF) also invested in building evidence base for effective orphans and vulnerable children (OVC) programming. It was initiated by Catholic Relief Services (CRS) and mainly an applied research project that focused on strengthening family care among households at high risk of children separating or where children can be reintegrated for residential care. The project is being implemented in Bukomansibi, Kalungu, Kyotera, Lwengo, Masaka, Mpigi, Mukono, Rakai and Sembabule districts.

The Catholic Care for Children in Uganda (CCCU) programme²⁶ was established in 2015 and it focused on building capacity for religious institutions to provide the highest quality care possible for children living outside of family care through scholarships in social work

²⁶ Available at: <https://aruamsriu.org/catholic-care-for-children-in-uganda/>

and social administration, training in child protection and building commitment towards the alternative care framework.. CCCU is supporting 46 catholic childcare institutions to transitions to community/family-based care of children.

Sustainable Outcomes for Children and Youth (SOCY) is another project that is providing social care and support services. It is a five year PEPFAR/USAID funded project implemented in 19 districts in Central and Western Uganda by a Consortium of Organizations led by Catholic Relief Services (CRS). The project targets more than 600,000 Ugandan children, youth and caregivers in 101,500 households particularly affected by HIV to access core services²⁷ including health, nutrition, education and psychosocial wellbeing of OVC; preventing and responding to child abuse, exploitation and neglect.

Economic empowerment interventions given take the forms of: cash transfers for the critically vulnerable households; supporting asset building in form of savings and internal lending communities (SILC); engaging targeted households in child-centered financial education; facilitating market linkages; parenting training for caregivers; communication counseling for couples; and social and financial skills training for youth..

By 2018, SOCY had registered the following achievements²⁸:

- **114,448 OVC and their caregivers accessed care and support services.**
- **7,281 at-risk individuals supported to access HIV Testing Services.**
- **10,987 OVC households were enabled to become active in savings and internal lending community (SILC) activities.**
- **16,983 adolescent girls and young women received a package of core services—parenting, social-economic assets building, and HIV testing services—through the DREAMS programme.**
- **12,730 youth received economic strengthening and life skills capacity building support.**
- **8,825 caregivers participated in Sinovuyo trainings.**
- **12 out of 19 districts had functional government OVC coordination structures.**

Better Outcomes for Children and Youth (BOCY) is a sister project to SOCY. It is also 5 year PEPFAR/USAID funded project implemented in Eastern and Northern Uganda and it provides critical HIV and social protection services to 15,000 families and 90,000 children across 20 districts in eastern and northern Uganda. It is being implemented through a consortium arrangement led by Bantwana World Education Initiative, BOCY implements an integrated community approach with a focus on health, education, child protection, parenting, and youth and livelihoods; and strengthening clinic- community referrals systems²⁹. BOCY in particular: builds family resiliency through household economic strengthening, parenting skills, and an integrated HIV and violence prevention and response package that addresses the differentiated needs of in- and out-of-school children and youth³⁰. Social care and support services are also being provided by child care institutions (CCIs) (*Bilson et al., 2013; Ddumba-Nyanzi and Li, 2018*). An estimated 40,000 to 50,000 children live in CCIs in Uganda (MoGLSD, 2012; Walakira et al, 2015). Though discounted for depriving children of family care and their effects on the children's development, some CCIs are enabling vulnerable

²⁷ Available at: <https://www.devex.com/projects/grants/usaid-better-outcomes-for-children-youth-in-central-western-uganda/4608>

²⁸ https://www.crs.org/sites/default/files/socy_one_page_final_online_0.pdf

²⁹ <https://bantwana.org/project/better-outcomes-uganda/>

³⁰ <https://bantwana.org/project/better-outcomes-uganda/>

children access to education, clothing, and basic healthcare.

6.4.3 Rehabilitation of Juvenile Offenders

Kampiringisa National Rehabilitation Center is the only Government rehabilitation facility for children in conflict with the law. It also doubles as a transitional care facility for children in need of care and protection. Since 2002, MoGLSD initiated a programme geared towards decongesting the streets of Kampala (FHRI, 2009). As a transitional care facility for street children, children withdrawn from the street are expected to stay at the facility for three months as preparations are made for resettlement with their families (Ibid).

Other than the national rehabilitation center, various CSOs are running drop-in care centers and rehabilitation centers for children withdrawn from the street. Children in street situations are estimated above 10,000 (UNICEF & MoGLSD 2015). In these drop-in centers, children are provided with safe shelter, a bed facility, basic medical care, meals, bathing and washing facilities, catch up education, life skills and business skills training for the older children, daily one on one counselling, health and hygiene talks, among other things. CSOs working with these children sensitize them on the dangers of being on the street, engage and support them to appreciate family life, regain the trust in adults and accept to go back home. Some of the CSOs offering such social care and support services include: Retrak Uganda, Child Restoration Outreach; Uganda Youth Development Link (UYDL), Dwelling Places, Give Me a Chance, Children at Risk Action Network, Trace Uganda. These organisations are implementing different projects with a common focus, smoothly withdrawing children from the streets, rehabilitating them and resettling them with loving families-biological, kinship or foster families.

6.4.4 Social Care and Support for People with Alcohol/Drug Dependency

In Uganda, particularly young people face a challenge of alcohol/drug dependency. This challenge is largely seen as a reflection of lack of needed life skills (Luwangula, et al, 2019). Alcohol use among young people in Uganda is unprecedentedly high (Swahn, Palmier, and Kasirye, 2013) estimated at 15% and 10% among youth of age category of 15-16 years and 13-14 years respectively (Walakira et al, 2016). The WHO (2018) estimates the proportion of people with alcohol/drug dependency characterized as heavy episodic drinkers in Uganda at 33.5% (male) and 7.8% (female).

Though there is barely nation-wide data on number of drug users receiving care, there exist agency based data (largely qualitative) on this subject. Various civil society organisations are making efforts in providing social care and support services for this population. The Uganda Harm Reduction Network (UHRN) for instance provides a national platform for health and policy programmes that promote good practices and advocate for the development of a supportive environment for the implementation and expansion of harm reduction programmes for People Who Use Drugs (sex workers, youth and injecting drug users)³¹. UHRN accesses drug users especially injecting drugs users as a key population with HIV, TB and HEPs prevention interventions.

³¹ <https://idpc.net/profile/uhrn>

Uganda Youth Development Link (UYDEL) is another civil society sector player involved in prevention of alcohol, drug and substance abuse in slum areas and schools through community outreaches, seminars, drama and film shows, counseling, psychosocial support, sports and recreation and vocational livelihood skills training.

The Alcoholic Support Club of Mbuya Reach Out³² addresses poor adherence to HIV medications arising from alcoholism and substance abuse. The club's counselors receive mentorship from Butabika Hospital's Alcohol and Substance Abuse unit.

Some organizations are running drop-in centers for children on the streets that use and/or addicted to drugs. SALVE International³³ and Ring of Hope Jinja are some of such organizations. SALVE International since 2017 operates a Drug Rehabilitation Centre (DRC) for children coping with their difficult life on the streets of Jinja through drug abuse. The centre offers a safe and peaceful place for the children and young people to undergo an individualized rehabilitation process. As part of the rehabilitation programme, children and young people receive detox support, individual and group counselling, educational classes, health care, and good nutrition. Rehabilitation programmes rebuilds the children's lost confidence, self-esteem, support them gain communication skills and ability to handle different social situations through life skills training.

6.4.5 HIV Care and Support

The Government of Uganda has embraced HIV care and support as a national priority within the overall HIV prevention and response strategy. Over the period 2015/16-2019/20, the Government of Uganda under the social support and protection thematic area of the National HIV and AIDS Strategic Plan has prioritized: scaling up efforts to eliminate stigma and discrimination of PLHIV and other vulnerable groups; mainstream the needs of people living with HIV (PLHIV), OVC and other vulnerable groups into other development programmes; developing and implementing a life cycle sensitive comprehensive package of social support and protection interventions for PLHIV and other vulnerable groups; and engendering all social support and protection programmes to address the unique needs, gender norms, legal and other structural challenges that make women, girls, men and boys vulnerable to HIV and AIDS. All Hospitals, Health Center IVs, IIIs, and IIs as well as mission (private-not-for profit) and private-for profit health facilities in the country provide HIV care and support services. Psychosocial support underlies the HIV care and support services delivered to individuals and families affected by HIV and AIDS. CSOs and partners are playing a significant complementary and gap filling role both in terms of funding and direct service provision.

³² <https://www.reachoutmbuya.org/alcoholics-support-club/>

³³ <https://www.salveinternational.org/salve-explained/drug-rehabilitation/>

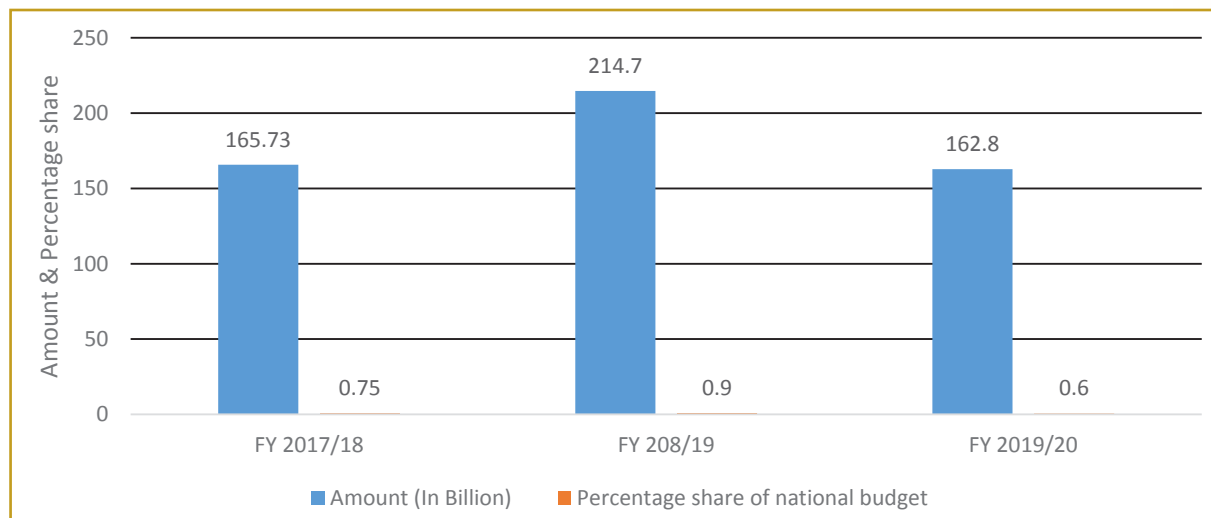
6.5 Key Social Care Services Issues for Social protection in Uganda

A number of social care issues affect the efficient delivery of social care services in the country. These are presented in the following sub-sections.

6.5.1 Under Funding:

The Social Development Sector is critically underfunded (NDP II, 2015, Ministerial Policy Statement FY 2017/18, 2017 and MoFPED, 2018). Figure 6.1 presents the budget allocation of Social Development Sector for the period FY 2017/18 to FY 2019/20.

Figure 6.1: Budget Allocation to the Social Development Sector



Source: Ministerial Policy Statement FY2017/18 for Sector 10 Social Development (2017); MoFPED

With the current level of resource marginalization of the sector, it is a tall order for the sector to perform the role of empowering communities to harness their potential as well as enabling and creating the vital conducive environment for other sectors to commendably deliver services to all other sections of the population (MoFPED, 2018). This directly affects the delivery of social care services. The underfunding of the sector for example, has undermined the MoGLSD's capacity to adequately and effectively conduct and follow up on assessments and inspections of child care institutions (Ddumba-Nyanzi and Li, 2018) as well as comfortably sustaining the shelter model for survivors of GBV (UNFPA, 2018).

In particular, the formal system of Alternative Care of Children in Uganda is run primarily by non-state actors, many of whom run residential care facilities (RCFs) that are not registered (Ddumba-Nyanzi & Li, 2018; Riley, 2012; Walakira, Ddumba-Nyanzi, and Bukeya, 2015). Projects targeted at preventing unnecessary separation of families and strengthening family reintegration and reunification procedures with a focus on parenting skills training, economic strengthening, individualized case management, and psychosocial support have predominantly been implemented by the civil society with donor funding (Ddumba-Nyanzi & Li, 2018).

On a positive note, this has given the civil society tangible operational space. However, as long as the MoGLSD largely takes on the role of defining the strategic direction of the social care sector and setting care standards while actual financing and delivery of social care and support services is relegated to the civil society, the moral authority of the ministry in checking any excesses by the latter hangs in a balance. A case in point, whilst the MoGLSD has put in place comprehensive standards to guide service delivery by state or non-state actors involved in provision of alternative care of children. There has been documented reluctance by the non-state actors to adhere to these standards to the latter (Ddumba-Nyanzi & Li, 2018).

6.5.2 Greater Reliance on Traditional Social Networks and CSOs

Social care and support services are more traceable within the traditional social networks and the CSOs than in the formal public sector (EPRC and UNICEF, 2016; *Bilson et al, 2013*). Even as the Government and civil society organizations (CSOs) have increasingly positioned themselves as key players in providing social care services, such as the resettlement of abandoned and street children, institutional support to PWDs, older persons and OVC, support for survivors of gender-based violence and protection of children in conflict with the law (Ibid 2016; 2013). Many Ugandans primarily relies on traditional social networks like the family and the community for social care and support services. Without discounting the contribution of families and communities, their respective capacity to deliver social care and support services have continued to wither with the growing commodification of social relations, individualistic tendencies and wide-scale economic hardship, HIV and AIDS, conflicts, rural-urban migration and poverty (MoGLSD, 2015). This affects the delivery of social care services at that level.

6.5.3 Poor Coordination, Limited Scope and Coverage:

This is partly due to gross underfunding of the social development sector amidst a high number of vulnerable groups³⁴ (MoGLSD, 2015) and multiple actors (NDP II, 2015, Para 653). This leaves many vulnerable groups in need of and eligible for social care and support services not served. CSOs complementing Government efforts usually concentrate on small geographical areas and tend to operate in isolation, hence making coordination, supervision, monitoring and evaluation of their activities very difficult for both Central and Local Governments (MoGLSD, 2015). Ultimately, this leads to duplication of efforts, wastage of resources and minimal impact on the population (Ibid).

6.5.4 Human Resource Issues

Social care and support services are handled by the Community Based Services Department in the Local Governments. However, this department grapples with inadequate personnel for effective delivery of social care and support services (MoFPED, 2018; MoGLSD³⁵, 2015). Rehabilitation centres and remand homes are for instance understaffed. The social service

34 *Social Protection Policy 2015*

35 *Social Protection Policy 2015*

workforce³⁶ is globally recognized as critical in meeting the needs of vulnerable populations (Global Social Service Workforce Alliance, 2016). Beyond numbers, the quality of the social service workforce raises a key concern for the delivery of social care and support services. Given that in Uganda, the social care work profession/field of practice is unregulated, some of the personnel that deliver social care services are not necessarily trained to do so. As long as the practitioners is untrained, they fall short of key competences including: interpersonal relationships, empathy, self-awareness and critical reflection; respect for the dignity of clients; social justice; empowering clients to achieve their full potential; life span development, parenting, attachment and loss, interpersonal communication and behaviour management. Ddumba-Nyanzi and Li (2018) underline the necessity to define the qualification and profiles of relevant staff that should provide social care and support services including the standard caseload thresholds for the social workforce. This however, is still non-existent (Ibid). The absence of minimum competences required of social care workers as well as standard caseload thresholds bears implications for the effective delivery of quality social care services in Uganda.

6.5.5 Lack of an Integrated and Comprehensive Management Information System

Lack of an integrated and comprehensive management information system (MIS) for social care and support services in Uganda (MoGLSD, 2015): This constrains proper planning and resource mobilization for social care services. Whereas the MoGLSD has the OVC MIS, GBV MIS, these do not adequately take care of all social care and support services. The absence of an integrated MIS implies gaps in dependable data for planning (NDP II, 2015). On a positive note, the MoGLSD is in the process of developing a Single Registry that will address this gap.

6.5.6 Key Issues related to GBV Prevention and Response:

UNFPA (2018) in her evaluation of UNFPA Support to Uganda to the prevention, response to and elimination of gender-based violence and harmful practices over a period 2012-2017 identified the lack of coordination; irregular distribution of the GBV prevention and response services; and the weaknesses of the justice system(s) as undermining Uganda's readiness for addressing GBV. Other critical issues raised include: gaps in implementation of the strong normative framework on gender equality (including regulations, guidelines, protocols and district level laws and ordinances); non-sustainability of the shelter model and Government's failure to commit adequate financial resources to continue their operation; and absence of a one-stop approach to GBV response. There are also concerns regarding awareness about and knowledge of some of the important frameworks on addressing GBV. One of these is the National Guideline for the Provision of Psychosocial Support for Gender Based Violence victims/survivors³⁷.

36 *The Global Social Service Workforce Alliance (2016a, p. 2) defines the social service workforce (SSW) as comprising "the variety of workers that contribute to the care, support, promotion of rights and empowerment of vulnerable populations served by the social service system".*

37 https://uganda.unfpa.org/sites/default/files/pub-pdf/15_03_%202018_PSYCHOSOCIAL%20SUPPORT%20BOOK_0.pdf

6.5.7 Key issues related to social care and support to alcohol and drug users

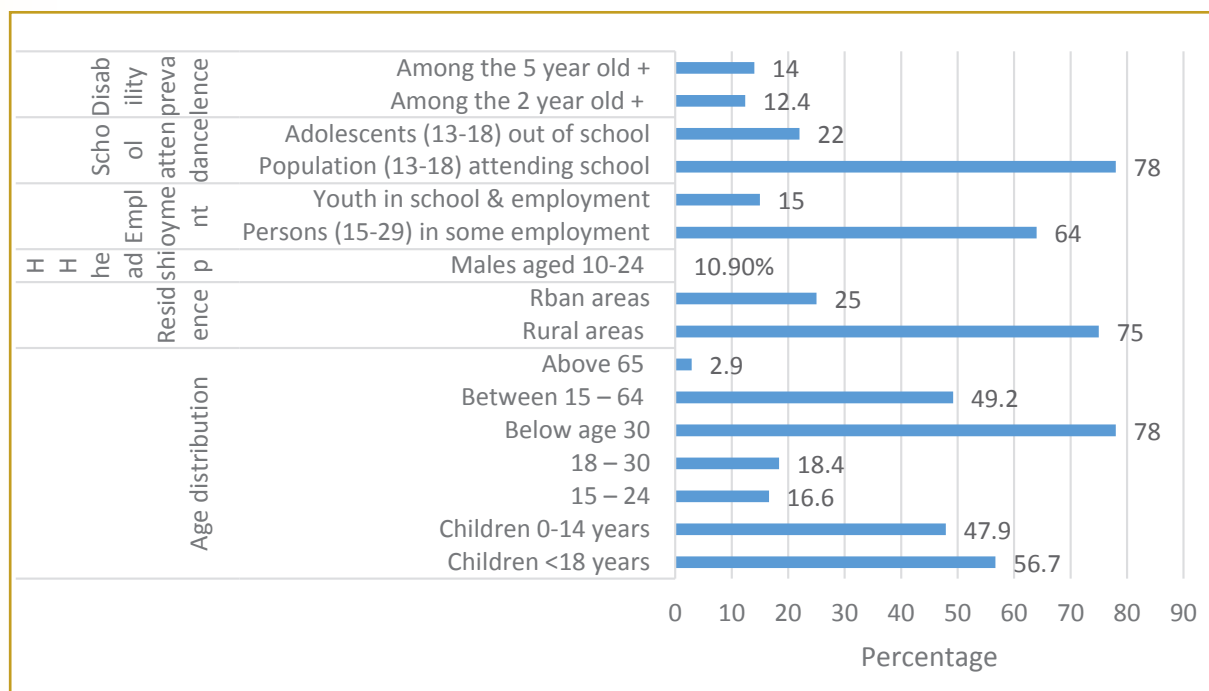
Many of the civil society agencies engaging this group prioritize policy and advocacy (found to be cheaper and less technical) than direct provision of social care services. As another concern, WHO (2010) expressed concern that Uganda has for long operated without special legislative provisions on: a) treatment and rehabilitation for people with substance use disorders, and b) compulsory treatment for people with substance use disorders. Butabika hospital, the Government rehabilitation facility is misinterpreted to be for the mentally ill yet alcohol and drug users do not consider themselves as fitting such a profile of clients.

Generally, there is limited knowledge about social care and support among community members but also some providers/practitioners. This on one hand undermines community capacity to demand for social care and support services and on the other, prioritization of social care services is undermined among practitioners with limited understanding and appreciation of the social care and support sub sector.

6.5.8 Impact of Demographic Factors on Viability of Social Care Services in Uganda

According to UBOS (2016), Uganda has a high population growth rate of 3.0%; and a dependency ratio is 103. Figure 6.2 presents a range of the country's demographics including age distribution, residence status, household headship, employment status, school attendance and disability prevalence;

Figure 6.2: Demographic Characteristics



Source: UBOS (2016)

UNFPA Uganda³⁸ (n.d) indicates that 38.5% of young people aged 10-19 live in the two poorest wealth quintiles; and 19.6% of young people aged 10-19 live in households where the head of household has no education while 8.8 million young people aged 15-24 are not engaged in education, employment or under any training.

Differences in age composition of the population of Uganda differently affect the need for and demand for social care and support services. In Uganda, the demographic factors have been a basis for targeted interventions. For instance, the Youth Livelihood Programme (YLP) is specially targeted at addressing youth unemployment. According to MoFPED (2018), by the end of September, 2017 a total of 11,839 youth projects benefiting 148,286 youth (45% female) had been funded. The Uganda Women Entrepreneurship Programme (UWEP) addresses the historical marginalization of women, gender inequity and the need for their empowerment while the Expanding Social Protection (ESP) that encompasses Social Assistance Grant for Empowerment (SAGE) addresses the exclusion of older persons in equitable and inclusive development. By the end of year 2017, Government had contributed over Ushs. 46.0 billion benefiting 153,704 older persons in 47 districts (MoFPED, 2018). Persons with disability have also been prioritized under the YLP, UWEP, and disability grants at district local governments. Interventions by the civil society complement these and other Government social care and support programmes.

Access to the different social care and support services has been associated with reduction in poverty and vulnerability levels. A case in point, an Evaluation of the Uganda SAGE Programme by the Oxford Policy Management (2017) revealed that: the programme had impacted positively on consumption poverty levels, poverty discount; increased expenditure on food, improved diet; reduced reliance on others, hence increase in dignity; and an increase in subjective well-being; positive impact on livestock ownership; improved ability to borrow a large amount of money in an emergency; improvement in health expenditure; improved relations between family members since Senior Citizens' Grant were better able to contribute to family welfare; and social cohesion through positive impacts on inter- and intra-household relations.

Notably, whilst demographic factors have offered a basis for the design of social protection interventions with implications for social care and support, these factors overwhelm the capacity of social care and support services. The high level of need and vulnerability implies that in some cases, social care services impact less on reduction of poverty and vulnerability among the unemployed, exclusion, sickness, disability and old age.

38 https://uganda.unfpa.org/sites/default/files/pub-pdf/YoungPeople_FactSheet%20%2811%29_0.pdf

6.6 Conclusion

Uganda's social protection system is built upon social security and social care and support services as the two pillars. While the former is in relative terms more developed and more formal, the latter is yet to secure such a description. The social care and support pillar of Uganda's social protection system staggers between formal and non-formal with implications for the populations that ought to be targeted with these services. The status of social care and support services characterized by limited visibility of the public sector, dominance of the civil society sector, and continued assignment of the family and community the social care role in Uganda partly tells a story about the priority it is accorded nationally.

6.7 Policy Recommendations

Based on key issues presented in the chapter, the following recommendations are proposed for consideration:

6. There is need to appreciate and recognize in practice the mandate of the social development sector and thus allocate it adequate resources needed to deliver social care and support services. A computation of the cost of inaction in regard to delivery of social care can support efforts to make an investment case for social care. Boosting government funding to the social development sector is critical for the MoGLSD to step up its role beyond defining the strategic direction of the social care sector and setting care standards to actual financing and delivery of social care and support services.
7. There is need to develop a minimum competences framework that defines the minimum qualifications (knowledge, skills, attitude and values) required of social care service workforce.
8. Efforts to create a social welfare council with the mandate to regulate practice of social care can go a long way to professionalize social care practice in Uganda. Currently, the absence of this council and thus the non-regulation of social care practice implies that social care clients are condemned to the mercy of whoever defines him or herself as a social care worker.
9. There is also need for an integrated and comprehensive management information system (MIS) for social care and support services in Uganda so as to provide a basis for advocacy, making an investment case, and improving coordination of social care and support services.
10. Poor coordination of social care and support services emerges as a recurrent theme, there is need to foster linkages among the key sectors and actors while at the same time strengthening and holding them accountable for their respective roles.
11. Given that the family and communities still play an indispensable role in providing social care and support services notwithstanding their withering capacity, family and community strengthening interventions are needed so as to harness their potential.

12. In sectors that are not traditionally considered to be social care sectors, there is need to prioritize social care professional cadres. A case in point is Uganda Prisons Service. Children of incarcerated parents remain largely invisible in access to welfare services (Robertson, 2011; FHRI and PRI, 2015). This is partly because Uganda Prisons service is approached primarily as a security matter than a welfare concern for the children of incarcerated parents. Hence, many prisons lack social care professionals such as social workers, health workers, professional counsellors, early childhood specialists, among others.
13. The Government should prioritize provision of social care services. The public sector should be more visible as a sector player.

References:

Bilson, A., Nyeko, J., Baskott, J., and Rayment, C. (2013). Developing Social Care and Support Services in Uganda. A Literature Review of International Experience in Implementing Social Care and Support Services: Considerations for the Ugandan Context. Oxford Policy Management

Catholic Relief Services (n.d). SUSTAINABLE OUTCOMES FOR CHILDREN AND YOUTH IN CENTRAL AND WESTERN UGANDA. Available at: https://www.crs.org/sites/default/files/socy_one_page_final_online_0.pdf

Contact for Families with Disabled Children (2019). What is social care? Available at <https://contact.org.uk/advice-and-support/social-care/what-is-social-care/>

Ddumba-Nyanzi, I. & Li, M. (2018). Assessing Alternative Care for Children in Uganda. Measure Evaluation. Available at: https://bettercarenetwork.org/sites/default/files/Assessing%20Alternative%20Care%20for%20Children%20in%20Uganda_FINAL_tr-18-250.pdf

Foundation for Human Rights Initiative (2009). Juvenile Justice in Uganda. Report for the Period January – July 2009. Available at: <file:///C:/Users/Ronald/Downloads/Juvenile%20Justice%20in%20Uganda%20January%20-%20July%202009.pdf>

Foundation for Human Rights Initiative and Penal Reform International (2015). A shared sentence: Children of imprisoned parents in Uganda. A report on the implementation of General Comment No.1 (Article 30 of the African Charter on the Rights and Welfare of the Child)

Luwangula, R., Walakira, E. J., Larok, R., Matovu, F., Agaba, A. B., Kasalirwe, F. (2019). Empowering Vulnerable Youth in Uganda: Learning from AVSI life skills program and selected actors. Unpublished

Ministerial Policy Statement FY2017/18 for Sector 10 Social Development (2017). Available at: <http://csbag.org/wp-content/uploads/2017/04/Ministerial-Policy-Statement-FY2017-18-on-social-development-sector.pdf>

Ministry of Finance, Planning and Economic Development (2018b). Social Development Sector Budget Framework Paper FY 2018/19 – FY 2022/23. Available at: <https://budget.go.ug/sites/default/files/Sector%20Budget%20Docs/10%20Social%20Development.pdf>

Ministry of Finance, Planning and Economic Development. (2018a) National Budget Framework Paper FY 2019/20 – FY 2023/24. Available at: <https://budget.go.ug/sites/default/files/National%20Budget%20docs/National%20Budget%20Framework%20Paper%20FY%202019-20.pdf>

Ministry of Gender, Labour and Social Development (2015). Social Protection Policy 2015

Ministry of Gender, Labour and Social Development. (2018). Uganda Violence Against Children Survey: Findings from a National Survey. Available at: <https://www.unicef.org/uganda/media/2156/file/Violence%20Against%20Children%20Survey%202018.pdf>

MoGLSD (2016). Social Development Sector Plan (SDSP) 2015/16 -2019/20. Available at: <http://www.mglsd.go.ug/Plans/SOCIAL%20DEVELOPMENT%20SECTOR%20PLAN.pdf>

MoGLSD (2018). Uganda Violence Against Children Survey: Findings From a National Survey. Available at: <https://www.unicef.org/uganda/media/2156/file/Violence%20Against%20Children%20Survey%202018.pdf>

National Institute of Social Work in the UK (2010). Social Care. Available at: <http://www.nisw.org.uk/socialcare/>

National Population Council (2017). State of Uganda Population Report 2017. Available at: <http://npcsec.go.ug/wp-content/uploads/2013/06/SUPRE-REPORT-2017.pdf>

Oxford Policy Management (2017). Evaluation of the Uganda Social Assistance Grants for Empowerment (SAGE) Programme. Oxford: Oxford Policy Management. Available at: https://www.ipc-undp.org/pub/eng/OP354_Evaluation_of_the_Uganda_Social_Assistance_Grants_for_Empowerment_SAGE_Programme.pdf

Republic of Uganda (2015). SECOND NATIONAL DEVELOPMENT PLAN (NDPII) 2015/16 – 2019/20. Available at: <http://npa.go.ug/wp-content/uploads/NDPII-Final.pdf>

Republic of Uganda, Economic Policy Research Institute, and UNICEF (2016). Social protection investment case November 2016. Available at: <https://reliefweb.int/sites/reliefweb.int/files/resources/UgandaSPBCReport2016-FINAL-LORES.pdf>

Robertson, O. (2011). Introduction. In Children of incarcerated parents. Defence for Children International (DCI) Special Newsletter. September 2011.

Social Care Association of Ireland (n.d). Available at: <https://socialcareireland.ie/what-is-social-care-work/>

Swahn, M. H., Palmier, J. B., and Kasirye, R. (2013). Alcohol Exposures, Alcohol Marketing, and Their Associations with Problem Drinking and Drunkenness among Youth Living in the Slums of Kampala, Uganda. *BMC Public Health*, 13. Pp. 1-9. Hindawi Publishing Corporation

The Uganda National Population Council (2018). *Harnessing Uganda's Demographic Dividend: Evidence From National Transfer Accounts*. Available at: <https://uganda.unfpa.org/sites/default/files/pub-pdf/harnessing-a-demographic-A4%20Book-email.pdf>

Uganda Bureau of Statistics (2018a). *Statistical Abstract*. Available at: https://www.ubos.org/wp-content/uploads/publications/05_2019STATISTICAL_ABSTRACT_2018.pdf

Uganda Bureau of Statistics (2018b). *Uganda Functional Difficulties Survey 2017*. Kampala, Uganda. Available at: https://www.ubos.org/wp-content/uploads/publications/07_2019Uganda_Functional_Difficulties_Survey_2017.pdf

Uganda Bureau of Statistics (2016). *National Population and Housing Census 2014– Main Report*. Kampala, Uganda.

Uganda Harm Reduction Network (UHRN) (2017). *Annual Report*. Available at: [http://fileservr.idpc.net/library/UHRN%20Annual%20Report%202017%20\(3\).pdf](http://fileservr.idpc.net/library/UHRN%20Annual%20Report%202017%20(3).pdf)

UNFPA (2014). *UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting: Accelerating Change: Summary Report of Phase I 2008 – 2013*. Available at: <https://www.unfpa.org/publications/unfpa-unicef-joint-programme-female-genital-mutilationcutting-accelerating-change>

UNFPA (2018). *Evaluation of UNFPA Support to the Prevention, Response to and Elimination of Gender-Based Violence and Harmful Practices 2012-2017: Uganda Case Study*. Available at: https://www.unfpa.org/sites/default/files/admin-resource/Uganda_Case_Study.pdf

UNFPA Uganda (n.d). *Uganda's Youthful Population: Quick facts*. Available at: https://uganda.unfpa.org/sites/default/files/pub-pdf/YoungPeople_FactSheet%20%2811%29_0.pdf

UNICEF and Ministry of Gender, Labour and Social Development (2015). *Situation analysis of children in Uganda*. Available at: <https://www.unicef.org/uganda/media/1791/file/Situation%20analysis%20of%20children%20in%20Uganda%20.pdf>

United Nations (2019). *UN Guidelines on Alternative Care of Children*. Available at: https://www.unicef.org/protection/alternative_care_Guidelines-English.pdf (2009).

USAID (2018). *End-line performance evaluation: Deinstitutionalization of Orphans and Vulnerable Children in Uganda (DOVCU)*. https://pdf.usaid.gov/pdf_docs/PA00T9NV.pdf

Walakira, E.J., D. Muhangi, S. Munyuwiny, F. Matovu, E. Awich, I. Ddumba Nyanzi, J. Kayiwa, J. Akellot, P. Mubiri, J. Majugo, A. Mutebi, M. Ruiz-Rodriguez, (2016). *The State of the Ugandan*

Child – An Analytical Overview. Kampala/Washington DC: USAID/QED
Walakira, E.J., Dumba-Nyanzi I, Bukenya B. (2015). Child Care Institutions in Selected Districts in Uganda and the Situation of Children in Care: A Baseline Survey Report for the Strong Beginnings Project. Kampala: Terres des Hommes Netherlands. Available at: <https://bettercarenetwork.org/sites/default/files/Child%20Care%20Institutions%20in%20Selected%20Districts%20in%20Uganda%20and%20the%20Situation%20of%20Children%20in%20Care.pdf>

WHO (2010). ATLAS of Substance Use Disorders Resources for the Prevention and Treatment of Substance Use Disorders (SUD) Country Profile: UGANDA. Available at: https://www.who.int/substance_abuse/publications/atlas_report/profiles/uganda.pdf?ua=1

WHO. (2018). Uganda - Alcohol Consumption: Levels and Patterns. Available at: https://www.who.int/substance_abuse/publications/global_alcohol_report/profiles/uga.pdf?ua=1



7.1 Background

For a poverty-free, equitable, just and sustainable future, social protection emerges as a paramount feature and critical contributor to the SDGs (David, 2017). Social protection has been variedly conceptualized. According to the World Bank, ‘Social protection is a collection of measures to improve or protect human capital, ranging from labour market interventions, publicly mandated unemployment or old-age insurance to targeted income support. Social protection interventions assist individuals, households, and communities to better manage the income risks that leave people vulnerable’ (Devereux and Rachel Sabates-Wheeler, 2004). Meanwhile, ILO defines it as, “the provision of benefits to households and individuals through public or collective arrangements to protect against low or declining living standards”. More broadly conceptualized, social protection is viewed as a set of formal and informal initiatives that “provides: social assistance to extremely poor individuals and households; social services to groups who need special care or would otherwise be denied access to basic services; social insurance to protect people against the risks and consequences of livelihood shocks; and social equity to protect people against social risks such as discrimination or abuse. The ultimate objective of social protection is to reduce the vulnerability of the poor” (Devereux, 2002, p. page3).

7.2 Types of Social Protection in Uganda

Social protection is seen either as a mean to build the resilience of the extreme poor, as a catalyst for increasing economic growth, or as a basic human right (Bolling & Wittmarschen, 2015). Three categories of vulnerable people, and three forms of social protection and four sources of vulnerability emerges in the Ugandan context. They include the following: chronically poor individuals such as severely disabled, terminally ill, ethnic minorities, urban unemployed, and pastoralists who may require social assistance and social services such as disability benefit, single-parent allowances, food aid, food-for-work, social pensions to earn a living due to their inability to work and make ends meet. This social protection arrangement caters for the poor or those at significant risk of becoming poor. Through the social assistance and social services provisions; basic services such as education and health care are made accessible to the poor.

The attainment of SDGs is intricately linked to effective provision of social protection services. As regards the first three SDGs, like most African countries, Uganda still has a long way to go to achieve SDG1 (ending poverty in all its forms), SDG2 (end hunger, achieve food security and improved nutrition and promote sustainable agriculture), and SDG3 (Ensure healthy lives and promote wellbeing for all at all ages). All these are crucial for the attainment of sustainable development. As an indicator of the complexity of addressing poverty and the slow speed of progress; statistically, two Ugandans reportedly become poor for every three that escape poverty (World Bank, 2016).

Economically vulnerable such as widows and the elderly, internally displaced persons, those whose livelihoods depends on seasonal and rain-fed agriculture, cash crop farmers, orphans, as well as those who derive livelihoods from informal sector work require social insurance and safety nets to prevent them from either falling into poverty or to enable them escape poverty. Generally, these interventions include formal pensions, unemployment benefits, health insurance, accident insurance, and maternity benefits among others. Not many of these schemes are however well developed in poor countries such as Uganda. The economically vulnerable may need support to help manage livelihood and economic shocks (Devereux, 2002). In most Ugandan communities, there is a high likelihood of a widow being stripped of her property by her own late husband's immediate kins and relatives. In Uganda, older persons are much less productive and also less able to have savings and other sources of livelihoods, and thus more dependent on other family members (MoGLSD, 2013). Yet the capacity for family members to support older family members and direct dependent such as children is also constrained with the high levels of poverty and youth unemployment in Uganda.

7.3 Social Protection Interventions in Uganda

The Government of Uganda implements various social protection interventions, which include:

7.3.1 The Public Service Pension Scheme

The Public Service Pension Scheme is non-contributory pay as you go retirement benefit scheme with direct financing from the Consolidated Fund, specifically from tax revenues. A lump sum amount is given on retirement and the individual collects monthly pensions based on the last pensionable salary prior to retirement in the civil service. Only those who retire at the recommended age are entitled to pension benefits.

7.3.2 The National Social Security Fund

The National Social Security Fund (NSSF) is the biggest scheme offering social security and protection to workers within the formal sector (initially). It has over 1.4 million registered members, with 500,000 active members. The major benefits of the scheme are: age benefit; survivor's benefit; invalidity benefits; withdrawal benefits; and emigration benefit. Over the years, the NSSF has been accused of not giving adequate platform for members of the informal sector to save for retirement. It had also limited itself to organizations with more than five employees. However, it faces limitations to only the formal sector covering employees who only work in firms with a minimum of five workers/employees. Several reforms have however been enacted over the last few years, giving provisions for voluntary contribution on the part of individuals and extending to smaller organizations of less than five people. These provisions have made it easier for people in the informal sector to save with the NSSF. More reforms have also been proposed to enable NSSF beneficiaries access their savings before the age of 55, although these are yet to be passed by parliament. It is plausible that more people may be attracted to save with NSSF if they consider it easier to access their savings much earlier than at full retirement.

7.3.3 The Social Assistance Grants for Empowerment

The Social Assistance Grants for Empowerment (SAGE) was implemented as a pilot in 15 out of 112 districts. It targets senior citizens through the Senior Citizens Grant and the vulnerable people through the Vulnerability Family Grant who receive a uniform predetermined amount monthly. Processes are underway to scale up the SAGE programme to 40 new districts, with funding from development partners and Government of Uganda. The major financiers of SAGE and the expanding social protection programme (ESP) has been the Department for International Development (DfID) of the British Government (DFID) and the Irish Development Cooperation under SAGE, beneficiaries (elderly people above 60 years) receive a monthly payment of UGX. 25,000/= paid through MTN mobile money. Due to its highly favorable evaluation and the many elderly in need of support; support was extended for 290 billion for the programme covering the period 2015 to 2020, with retained funding for the 15 in-project districts as well (Mubiru, 2016). It is expected that in the medium to long term Government

will take over the full financing of the SAGE programme and roll out to the entire country, supported by the national budget framework.

7.3.4 Public Works Programmes

This is another mechanisms/arrangement through which social protection support is meted out to community members. This has been evident in both Government development projects and NGO/development agency interventions. Most are organized around creating or developing community assets such as community roads, wells, health center infrastructure and other facilities. Beneficiaries are paid either in cash or in kind with items such a food or food vouchers, farm implements. World Vision, Oxfam and other international organizations together with their local partners have utilized this approach in the many refugee settlement. For Government, the Northern Uganda Social Action Fund (NUSAF), a World Bank supported programme; Karamoja Livelihoods Recovery Programme (KLRP), Community Driven Development (CDD) and Agricultural Livelihoods Recovery Programme are some of the public works components being implemented in Northern Uganda and Karamoja sub-regions with the objectives of creating community assets, provision of food items to households affected by famine and transfer of cash to poor households with labour capacity. The major limitation of the public works programme is its fragmented and disjointed nature, which many times leave complaints in the community about social exclusion and selective biases. When well-managed, it is a credible strategy to build community assets and also address social and economic vulnerability.

7.3.5 Health Insurance

In Uganda health insurance coverage is still quite minimal, with the private sector the main providers of this support to its workers and their dependents. Health insurance in Uganda is a new thing and many employers especially in the private sector are yet to fully embrace it as one way of enhancing workers' social protection. The costs of private health insurance is also very high, coupled with limited knowledge about the benefits of health insurance which fuels negative attitude about such schemes. Government through the Ministry of Health is at the moment in the process of finalizing national health insurance scheme which is expected to be operational by 2020/2021 and cover the entire population, with salaried workers bearing cost of subsidizing those not employed.

7.3.6 Informal and Traditional Social Protection

Traditional social protection initiatives which derives their mandate from kinship, neighborliness and other such socio-cultural associations have been on the decline, occasioned in part by changing global, technological and social changes (Ochen 2014; Murithi, 2008; Bainomugisha, 2010). It should be recognized however that several of these institutions and structures remain and still play an important role in several communities, with important implications for building and developing community based social protection systems. These institutions not only support vulnerable people but provide the important cushion against social and economic misfortunes that may be suffered by members of the community. Examples include family

kinship relations, clan structures, burial groups, and the VSLA that have received support from NGOs. So, while the uniquely traditional institutions may have declined in some contexts; in others they have taken new forms of informality yet with strong rules of engagements and participation. These institutions/arrangements are valuable and beneficial social protection mechanisms as they define personal and collective identity from a cultural perspective with provision of immediate, more effective, culturally familiar support. The strong social sanction and social accountability based on expectations, trust and obligations also makes enforcement and compliance an easier issue. This form of financing however still play an important part in reducing vulnerability at community levels.

7.3.7 Voluntary Retirement Benefits Schemes

Several organizations both public and private have created employee owned benefit scheme, on provident funds basis. As of 2019, up to 63 scheme were registered by the Uganda Retirement Benefits Regulatory Authority (URBRA). Examples include Makerere University, Bank of Uganda, Parliament of Uganda, Airtel Uganda Staff Provident Fund Scheme, Barclays Uganda, Kinyara Sugar Works, Bank of Africa, Century Bottling Company and Crown Beverages limited among others. These are often managed independently of the mother institution, with the fund managers given responsibility to invest the funds to get the best return for the members. Within the informal sector, several groups and trades have also come up with a saving scheme of one way or another to try and meet interests and needs of members. These schemes however tend to be limited in coverage and services offered to the members (MoGLSD, 2015). Makerere University Retirement Benefit Scheme (MURBS) was established under the trustee incorporation act and established in April 2010, when staff withdrew from saving with National Insurance Corporation. By June 2019, the scheme's membership was 3,793 employees with members funds value amounting to UGX 179 billion as at 29th June 2019³⁹.

7.4 Financing of Social Protection in Uganda

Several mechanisms exist for financing social protection, comprising both short term and longer-term mechanisms. The major mechanisms for financing social protection in Uganda are discussed in the proceeding section. From the proceeding, financing of social protection is not a preserve of Government but many other actors play an important role. This include both internal and external stakeholders.

7.4.1 Government of Uganda through Budget Appropriation

Government of Uganda currently finances social protection services. It should be noted however that many of these are within the general financing of social services (see table 7.1). Direct allocation to social protection remains small although growing. The Government of Uganda committed Ushs. 149 billion to SAGE for the period 2015/2016 to 2020/2021, with UGX 9 billion allocated for the financial year 2015/16, Ushs. 17.59 billion in 2016/2017; Ushs.29.15 billion in 2017/2018; UGX 40.34 billion in 2018/2019 and UGX 52.92 billion in

³⁹ MURBS Annual audited accounts for the year ended June 2019.

2019/2020 (see table 7.2). By February 2019, Government had disbursed over Ushs. 244 billion to some 191,000 older persons in 61 districts. This increased commitment to financing social protection, albeit to only senior citizens as a start, underscores the Government's recognition of the role of social protection for inclusive development (Mubiru, 2016, p. page5).

It should be noted however that the current financing of the SAGE is not sustainable, as development partners notably Irish Aid and DfID (also called UKAID) provides the greater resource outlay. Moreover, not all older persons in targeted districts have been covered, and neither are all districts covered. Considering the current state of deficit budget financing, sustainability of the SAGE programme is mainly hinged on donor continuity and interest on the project. All this implies that growing the tax base and developing alternative sources of Government revenue such as mineral exploration and exploitation (including oil) presents more sustainable ways of maintaining a social assistance pay to the elderly. Moreover, the widening of the Government revenue base is also instrumental to developing more transformative social protection programme and other sustainable ways of Government income.

In countries like South Africa, Government only relies on domestic revenue to finance social protection programme, which enable the state to target a broader scope so that more people can be reached. Current good practices in social protection financing suggest that a broader targeting implies a more transformative social protection and provides opportunities for more people to be covered. A more structured approach would be for Government to allocate part of the money collected from taxation to cater for social protection interventions as a portion of the national budget. However, aside from the revenues, Governments support social protection through macroeconomic policies, social service expenditure, tax policy and other regulations which either free up funds or make them available for wider social protection functions.

While Government rely on donor aid and development partners to finance its social protection obligation; long term social protection financing should be borne by the citizens, through taxation and other such revenue mobilization procedures. Although neoliberal policies have over the years advocated for less Government intrusion into service delivery (Brookings Institutions, 2019; Jorg & Guilliano Martinello, 2019); recent events including downturn in economy have occasioned a rethink of the role of the state in the economy. Moreover, state or public financing of social protection enables Government to initiate and finance such programmes within its own development plans, within the ambit of Government priority and strategic intentions. This enhances the capacity of independent decision making on the part of the Government, compared to donor financed social protection programmes which are conditionality based. Government's financing of pension schemes ensure that the stability of the labor industry is guaranteed as old people leave jobs for the younger generations and retire assured of their monthly pension. It also stabilizes the economy as the money received is used and kept in circulation.

The capacity of Government to meet its social protection obligations is however constrained by certain factors, including fiscal and institutional constraints. In some cases, therefore

allocation of Government resources for the financing purposes tend to be delayed thus leading to operational deficiencies. In other cases, Government capacity to respond to emergency social protection needs is affected by limited resource envelope, and competing Government priorities. For the last few years Government has put much focus on revamping the country's physical infrastructures as an engine of growth for better prosperity. Social protection falls within the Ministry of Gender Labour and Social Development, which has over the years received lesser Government allocation. This means that at times, resources will only be made available in emergencies, thus making it difficult to finance transformative social protection initiatives. With a limited budget being a common scenario in the third world countries, including Uganda, Government can only partly finance social protection initiatives programme thus requiring intervention from donors for the remaining budgetary needs.

According to Barrientos (2004) the State can make provisions for social protection through an appropriate macroeconomic policy, targeted public expenditure, tax policy, and specific regulation. It is noted that macroeconomic policies that enable consistent, sustainable and equitable growth and fiscal stability play a crucial role in reducing vulnerability and making available resources needed for social protection. Social protection is an important part of public expenditure, as it strengthens social safeguards and safety nets which ensure a minimum and decent levels of social welfare and standards of living for those at risk of extreme poverty and vulnerability (Barrientos, 2004). Public expenditure should however be directed more at transformative social protection which aims at building the capacity of the vulnerable people to sustainably meet their needs.

The literature on social protection intervention is diverse. This range from studies on cash transfer to transformative social protection initiatives carried out to address vulnerabilities and enhance social protection of those targeted. Bassett (2012) suggests that there has been rapid expansion in social protection as an intervention field; in developing countries in the last few years. Social protection interventions including cash transfers have been carried out in such situations as supporting children affected by HIV/AIDS, other orphans and vulnerable children (Barrientos and De Jong, 2006; Bryant, 2009). Such support has been given to support the families buy food, meets other basic needs and in some cases, send children to schools. In Kenya, Bryant (2009) reviewed such a transfer scheme for children and families ravaged by HIV/AIDS and the role the state played in making such a cash transfer scheme available. It is arguable that such a system can be sustainably implemented as it derives its support directly from the national tax base and budgeting system. However, caution should be made where such support are not embedded in local support system and other indigenous support structures for childcare and support (Okwany et al 2011). This is an issue, which is shared, wholly by De Coninck and Drani (2009) after studying several communities in both central and northern Uganda. They advance the relative importance of local cultural context and efforts at building existing indigenous institutions. They argue that many times the latter and its influence might be ignored and not taken into consideration. Yet public expenditure financing many times do not consider these unique and important issues in the broader social protection support framework.

Debate over the years have been on whether Government makes available adequate budgetary expenditure on social protection, a situation complicated by the narrow tax base and limited number of tax payers. Moreover, Government regulations and actions (including taxation) many cases post distortionary effects on the economy (Barrientos, 2004).

Table 7.1: Allocation to Social Protection Sector 2017/18 to 2019/20 in million shillings

Financial Year	Gender and Women Affairs	U g a n d a Women Entrepreneurs Fund (UWEP)	Strengthening Social Risk Management and Gender Based Violence Prevention and Response Project	Y o u t h Livelihood Project	S o c i a l Security Contributions	Disability and Elderly
2019/20	1,541,535	34,722,207	42,934,020	3,300,000	1,005,481	66,962,271
2018/19	1,355,200	40,240,886	15,536,494	65,667,000	389,594	35,240,173
2017/18	1,372,225	41,700,468	-	66,661,345	522,441	16,471,173

Table 7.2: SAGE FUNDING FY 2015/16- FY 2019/20

Financial Year	SAGE in Billions Shillings
2015/16	09.00
2016/17	17.59
2017/18	29.15
2018/19	40.15
2019/20	52.92

Source: Ministerial Policy Statement 2015/16-2019/20

7.4.2 Direct Donor Support

Donors can play a major role in financing social protection, through for example, budget support to the Government or CSOs and providing start-up funds for social protection programmes. The startups can then add onto the funds present in the Government's coffers. One best example is the SAGE project targeting senior citizens and vulnerable people. In a bid to fight world hunger, World Food Programme provides food aid and cash for work programmes. Most donors tend to prefer financing short-term, sectoral and infrastructure programmes compared to the medium and long-term intervention that seemingly produces greater long term social protection outcomes. Donor priorities changes over time based on national interests and changing global development trends. In social protection, donors have traditionally channeled their support both through Government and International development

agencies/Non-Governmental organizations. For Government, the support has been through specialized projects (such as Expanding Social Protection Programme) and through direct budget support where such support are appropriated to the respective social protection sectors and programmes through general budgetary allocations. Donor financing usually has conditionality regarding accessibility and utilization. While the European Union and the Nordic countries provide much funding through Government structures and budget cycle, the US Government through USAID prefers specialized projects and preference for International development actors as implementation channels.

One limitation with donor funding is its reliance on the donor-government relationship. In a scenario where the government has strained its relationship with the donor, funding can be greatly reduced or completely cut. A case in point was when the Government experienced some aid reduction when parliament passed the anti-homosexuality bill into law. The involved legislators and Government officials also were slapped with travel bans and sanctions. This is a good example of when donor interest conflicts with the country's values. Donors in most cases are trying to promote and protect their country's values and interests in a foreign land. On top of the Corporate Social Responsibilities, Government could impose a social protection tax on the private sector to ensure that the money collected is specifically meant for its purpose. Through this strategy, with time the aspect of social protection would be 100 percent funded by domestic revenues. This leads to a better-observed sovereignty of the state. With majority of Ugandan workers employed in the informal sector, it is imperative for the Government to embark on formalizing such businesses and developing a database for harmonizing and collecting of information on such businesses. This would help to reduce the loss of huge taxes due to the informal nature of the business and therefore inability to correctly and specifically determine the taxable income. Most developing countries fail to raise enough funds domestically. The little funds available are already allocated to various sectors and raising revenue through over taxation can be detrimental to the country, for example negatively impacting on private sector growth and production generation. Whatever the social protection programme, it should be affordable to implement (Barrientos, 2004).

7.4.3 Development Partner Support and Financing of Social Protection

To address social and economic vulnerabilities, several development interventions have been carried out at national, regional, district and sub county levels supported mainly by indigenous development agencies and international development organizations to address social imbalances at community levels and meet emergent needs. Development partners comprising international humanitarian and development agencies as well as local and indigenous development agencies have also been active within the country supporting temporary relief and remedial support as well as other long term interventions. Some of these interventions are temporary and comprises crises response such as to address refugees' influx and other natural and man-made disasters, areas where vulnerability is more pronounced. It should also be noted that most of these development agencies have their targets groups, with the majority supporting mothers, women, children and the elderly. Others have purposed to support internally displaced communities uprooted from their homes, and other people affected by conflict, natural disasters and other such emergencies to rebuild their livelihoods.

For example, between 2001 and 2006 USAID spent about \$750 million in the Acholi sub region⁴⁰ to mitigate the effects of armed conflict in Northern Uganda. Similarly, Norwegian Development Cooperation (NORAD) with support from the Norwegian Ministry of Foreign Affairs also spent 440 million Norwegian Kroners to deliver its bilateral aid through Norwegian Non-governmental organizations and their local partners in Uganda as shown in table 7.3. In Northern Uganda within this five year period 2003-2007, the support for the region amounted to 260 million Kroners⁴¹. The drafters of the NORAD report noted:

At micro level, interventions related to agriculture, food security and livelihoods contributed through training, provision of agricultural inputs and technical support to: enhancing the self-esteem and confidence of group members; improving food security in the households; and improving quality of livestock. The introduction of energy saving stoves contributed significantly to easing the burden of collecting firewood by women and girls in Nebbi diocese and Amuru district. However, the multiplier effects of the interventions in terms of reaching a bigger part of the population and contributing significantly to environmental protection were not documented by the evaluation team.

Through infrastructure development and training of teachers, education interventions contributed to: increasing enrolment rates, and retention of children, especially girls in schools within Internally Displaced Persons (IDP) camps and in return areas, and in the case of Karamoja within the Alternative Basic Education for Karamoja (ABEK) catchments areas: creation of a child-friendly environment and improved retention of teachers in schools. But it is probable that withdrawal of Norwegian development cooperation support could significantly constrain the retention of these gains.

In 2007, NOK 4.3 billion worth of bilateral ODA, in total, was channelled through Non-Governmental Organisations (NGOs) and other civil society actors. NOK 1.3 billion came from NORAD, NOK 0.7 billion from the embassies, and NOK 2.2 billion came from the MFA (NOK 1.1 billion from the humanitarian section, the rest from other sections (amongst other geographical and thematic desks). More than 80 per cent of the total assistance through NGOs is channelled through Norwegian organisations and their partners in developing countries. Over the last five years (2003 – 2007), Norwegian bilateral development assistance to Uganda through Norwegian NGOs amounted to approximately Norwegian Kroner (NOK) 441 million, of which support to the six Norwegian NGOs under evaluation was 260 million Norwegian kroners (Abola et al 2009, p. 12).

While NGO/CSOs are an important part of development programming generally and social protection financing arrangement; they present drawbacks and challenges which limits their efficacy and impact. NGOs by their very nature generally target a small beneficiary group

40 Middling, M., Bukukuki, P., Ochen Eric Awich and Okeny Robert (2014) https://www.academia.edu/8334112/Evaluation_of_USAID_Assistance_to_Northern_Uganda_2006-2011

41 Abola C., Omach, P., Ochen Eric Awich et al (2009) Evaluation of Norwegian development Cooperation through Norwegian Non-Governmental Organizations. Oslo: Norad. Available at <https://norad.no/en/toolspublications/publications/2009/evaluation-of-norwegian-development-cooperation-through-norwegian-non-governmental-organisations-in-northern-uganda-20032007/>

only selecting a few communities leaving a clear majority out due to resource constraint and organizational strategies. Besides the coordination of NGO operations at national, and local levels have been a protracted concern for as long as NGOs have existed. Most of the CSOs lack service coordination and making it difficult for supervision, integration and monitoring of their activities by local and central Government authorities. As a result, unintended consequences such as duplication of services, resource and effort wastage are a common feature of many CSOs/NGOs, leaving other areas underserved.

7.4.4 Private Sector Investment

Uganda's private sector has continued to register steady growth over the last two decades as the economy also post significant growth of a sustained 6% (GoU, 2015). While private sector organizations aim principally to make profit as the aim of their investments, it also gives back to its staff and customers through subsidized services and support to the needy. This is mostly done through public-private partnerships. The most common example is in health care where people receive medicine and treatment for common ailments at subsidized fee. Health campaigns, awareness drives in the form of social marketing for behavior change, free check-ups and medical camps are all part of the private sector social investment and corporate social responsibility initiatives. Investment is not only monetary but also time too is an investment. One popular investment from the private sector regarding social protection is NSSF contribution for employees.

Table 7.3: Bilateral aid to Uganda channeled through Norwegian NGOs, 2003 - 2007

Agreement Partner	Bilateral Aid in '000 NOK					
	2003	2004	2005	2006	2007	Total
CARE Norway	3,339	-237	6,112	4,283	6,238	19,734
Caritas Norway	5,450	8,072	5,735	6,804	6,804	32,865
Norwegian Refugee Council	5,545	12,792	19,011	30,427	31,501	99,276
Doctors without Borders			2,500		8,400	10,900
Norwegian Red Cross	2,624	4,616	6,721		8,269	22,230
Save the Children Norway	13,951	13,987	15,663	17,736	13,243	74,580
Total Norwegian Korna in Northern Uganda	21,676	33,057	47,635	53,709	66,356	222,432
Total Norwegian Korna s in Uganda	61,863	72,988	92,022	99,206	114,603	440,682

Source: Norad/AMOR/INAB

7.4.5 Community Levels Financing of Social Protection

Northern Uganda, especially Acholi sub region hosts several Village Saving and Loan Association (VSLA) at community levels. Many of these were formed by the numerous development organisations (international and local non-governmental organisations) that operated in the region before and immediately after the cessation of hostility (from 2002 to 2015). Several of the VSLA groups were however, formed by individual community members after visualising how other people were benefiting from VSLA activities, or just for curiosity sake. VSLA exists in both rural and urban areas with different participants, men women and the youth, although women constitute the majority (Bragin, Taaka, Adolphs, Gray and Eibs, 2014; Wairimu, Christoplos and Hilhorst, 2015). Moreover, some VSLAs distribute accrued savings at the end of the year while others (especially self-help groups) do not, preferring instead to plough back what may have been generated into a wider resource capital base for members' borrowing.

It should be noted however that despite the proliferation of VSLA in northern Uganda, limited literature (scholarship) exists on the activities, nature and contributions of these associations towards community socio-economic wellbeing and livelihoods regeneration. Of additional interests is the political economy question of who gets what from the proceeds of the VSLA participation at both community and household levels. Moreover, limited information also exists regarding the control of the socio-economic spaces that potentially emerges with the advent and proliferation of VSLAs. What does this mean for sustainable women empowerment and gender relations?

Within the literature, there is also a questioning of whether community microfinancing, whether NGO supported or self-formed can be sustained in the long run, if strategic investments and support are not factored in (Sinha, Tankha, Raja & Harper, 2009). It has also been argued that VSLA thrive on social networks and community cohesion (see Musinguzi, 2016; Obaa and Mazur, 2017). What happens if the driving forces around such networks begins to weaken, or if the earlier uniting factors begin to crumble? Moreover, a skewed access to finance at local level can also increase inequality between and among people (Beck and Maimbo, 2013; Beck & Honohan, 2007). These are critical issues that needs to be dealt with in any programme promoting accessibility and deepening of rural microfinance programme, which the VSLA models fits. For northern Uganda conflict complicating factors are additional important issues to consider.

The Village Savings and Loan Association (VSLA) model of community socio-economic regeneration (mezzo level) provides an important organizational forum where the psychosocial needs and demands of members are addressed. Such a forum provides an environment of mutual help and opportunities for mutual psychosocial support as well. While the VSLA currently responds mainly to the direct needs of older household members, transferring such an approach to mobilize and organize the youth around such economic objectives as savings and business investments seems quite promising. The VSLA model provides a strong foundation for transformative social protection as it provides a direct linkage between income

generation, savings investment and socio-economic empowerment (Devereux and Sabates-Wheeler, 2004).

7.5 Utility of VSLA in Social Protection?

Analysis of field reports and evaluation documents of programmes where VSLA is embedded shows that the conception of VSLA was majorly to address different problems including livelihood associated problems within the community with an intention of saving, borrowing and investing into different income generating activities. *“The families in groups can pay school fees for their children, buy food, clothing, and pay medical bills through their access to loans but families who are not in the groups are not able to fulfil all their family needs because they don’t have access to loans yet they are very low income earners”*⁴²

Reports from the study participants show that, most of the women engaged in the village savings and loan associations are by nature providers for their homes. Incidentally most of them are widows, divorcees or those with men who do not fulfil their economic obligations. By taking part in the VSLA, these women have been able to provide for their family needs including catering for medical bills, providing school fees for their children in school, feeding family members among others. As part of the VSLA activities, identifying and visiting extremely vulnerable individuals within the community was reported by the VSLA group members in several of the focus groups held. The group members usually pay visits and provide services such as fetching water for the extremely vulnerable, rehabilitating their houses or huts, cooking for them among others.

7.6 Conclusion

Social protection remains an important process and strategy of ensuring dignity for the vulnerable in Uganda. Despite its importance in enhancing access to needed resources at critical moments, formal social protection covers only a small section of the population. In the last ten years however financing of social, protection by beyond development partners and the state, and as joint ventures between the State and the private sector has gained more momentum and captured public attention. The SAGE project played a very important part in popularizing social protection, especially Government roles in enhancing access of older persons to social assistance. While this is by no means comprehensive, it has set the stage for more innovative and sustainable financing arrangement for social protection in Uganda. The dwindling familial social support systems calls for more rigors and sustainable financing of social protection for wider categories of people in the country. The decision taken by NSSF to widen the space for contribution of workers is a commendable move which will enhance general resource outlay for those in some form of employment where self or otherwise. The major conclusion drawn from the chapter is that there must be increased efforts at moving

42 Field interviews quoting an LC3 of Unyama sub county in Gulu district, quoted in an academic paper on VSLA. Policy brief (London School of Economics CPAID project): Title: *Assessing the Roles of Voluntary Saving and Loans Associations in Enhancing Household Cohesion and Livelihoods in Post-Conflict Northern Uganda.*

away from donor based social assistance to tax and community financed social protection financing.

7.7 Policy Recommendations

1. Social protection financing can only be sustainably achieved in a context of growth and development, which occurs in a context of good governance. Promoting good governance and accountability to create a conducive environment for implementation of Government plans and development programmes is thus at the heart of enhancing access to equitable and transformative social protection for citizens.
2. Good fiscal discipline and redressing corruption and pilferage of public funds is at the center of any efforts to enhance funding and service efficacy within the social protection sectors. The Government needs to work towards doing away with supplementary budgeting which are of a non-emergency nature, and ensure resources budgeted for social protection are released to the beneficiary entities in time.
3. Governments needs to develop both medium term and long term strategic planning priorities for social protection and make available resources for its implementation. While direct support to the SAGE programme has increased over the years from 9.0 billion in 2015/16 to Ushs. 52 billion in 2019/20; it still falls significantly below meeting needs and demands.
4. The national health insurance scheme presents a unique opportunity for generating funds for financing health care for the population. For this to be successful, there is need to do a well-thought out implementation strategy and structure if it is to be effective in meeting its goals and target, and sustaining public confidence.
5. Government needs to work out an arrangement of increasing social protection funding for all different categories of social protection such as social assistance, strategic transformative interventions, including social investment and other protective measures.
6. In increasing the breadth of social protection coverage especially at community and informal levels, Government needs to consider policies that encourages viable social protection measures; or build on existing group initiatives to enhance its efficacy and sustainability.
7. Policy implementers should ensure that VSLA and other micro-level interventions consider equity and social balance, by ensuring that men, women and young people are given equal opportunities. Men should be made an integral part of such development programmes so that they do not become disaffected, and goodwill extended, which will further enhance the social and economic leverage of VSLA. The Ministry of Gender, Labour and Social Development supported by other actors should develop and implement accompanying programmes focusing on household cohesion and a rethinking of traditional gender roles that allows

validation of both genders (incorporating but potentially redefining key issues affecting relations at the household level).

8. Lending policies of special projects and Government development programmes such as NUSAF III, Youth Livelihood Programme and other specialized interventions should explore the use of *social trust* and *social accountability* to enhance the low levels of repayments of development micro loans extended to communities by government.
9. Notwithstanding the contribution of VSLA in reducing gender based violence, the Ministry of Gender, Labour and Social Development and the Ministry of Finance, Planning and Economic Development need to ensure that violence reduction is mainstreamed into any socio-economic empowerment programmes designed by the state. This will help in maintaining family stability and cohesion.

References:

Alcobia, C. (2014, February 24). Social Protection. Retrieved from International Labour Organization (ILO) Web site: <https://www.social-protection.org/gimi/gess/ShowCountryProfile.action?id=597>

Barrientos, A. (2004). FINANCING SOCIAL PROTECTION. Manchester: DfID.

Bolling, R., & Wittmarschen, T. (2015, April 29). THE BROKER. Retrieved from THE BROKER Web site: <http://www.thebrokeronline.eu/Articles/Three-perspectives-on-social-protection>

Brookings Institutions. (2019). Beyond Neoliberalism: Insights from emerging markets . The Brookings Institution.

Cecchini, S., Filgueira, F., Martinez, R., & Rossel, C. (2015). Towards Universal Social Protection: Latin American pathways and policy tools. Santiago: Economic Commission for Latin America and the Caribbean.

David. (2017, September 11). Uganda National NGO Forum. Retrieved from Uganda National NGO Forum Website: <http://www.ngoforum.or.ug/2017/09/11/csos-and-government-trained-in-social-protection-programming/>

Devereux, S. N.-W. (2002). SOCIAL PROTECTION IN UGANDA: Study to Inform the Development of a Framework for Social Protection in the Context of the Poverty Eradication Action Plan. Kampala: Ministry of Gender, Labour and Social Development.

ESP. (2015). Expanding Social Protection Programme. Retrieved from Expanding Social Protection Programme Web site: <https://socialprotection.go.ug/esp11/>

Jorg, w., & Guilliano Martinello, a. E. (2019). Uganda: The Dynamics of Neoliberal Transformation . London: Zed Books .

MGLSD. (2013). THE NATIONAL SOCIAL PROTECTION POLICY. Kampala: Ministry of Gender, Labour and Social Development.

MGLSD. (2013). Uganda Social Protection Financing Options Programme. Kampala: Ministry of Gender, Labour & Social Development.

MGLSD. (2015). THE NATIONAL SOCIAL PROTECTION POLICY: Income security and dignified lives for all. Kampala: MGLSD.

MGLSD. (2016). Social Protection Investment Case. Kampala: Ministry of Gender Labour & Social Development.

Mubiru, J. B. (2016). SOCIAL PROTECTION SECTOR IN UGANDA: Is it a priority in the recent National Budgets? Kampala: ResearchGate.

OPM. (2017). INTERIM REPORT: Status of Implementation of the Sustainable Development Goals: Uganda. Kampala: Office of the Prime Minister.

UBOS. (2016). Uganda Demographic and Health Survey. Kampala: Uganda Bureau of Statistics.

UN. (2015). TRANSFORMING OUR WORLD: THE 2030 AGENDA FOR SUSTAINABLE DEVELOPMENT. New York: United Nations.

WorldBank. (2016). The Uganda Poverty Assessment Report: Farms, cities and good fortune : assessing poverty reduction in Uganda from 2006 to 2013. Washington DC : The World Bank.

Other works cited

Bainomugisha, A. 2011. Child Soldiers in Northern Uganda: an analysis of the challenges and opportunities for reintegration and rehabilitation. Unpublished PhD Thesis University of Bradford.

Cassels, C. & G. Symon, G. eds. (2004) Essential Guide to Qualitative Methods in Organizational Research. London: Sage

Abola, C., Omach, P. Anena, C & Barongo Ateenyi (2009) Evaluation of Norwegian Development cooperation through Norwegian Non-governmental organisation in Northern Uganda, A commissioned Research Report prepared for NORAD OSLO. ISBN: 978-82-7548-395-7

Adrian-Paul, A (2012) Empowering women to promote peace and security: from the global to the Local-securing and implementing UN security Council resolution 1325. In: Schnabel, A. & Tabysaliev, A. (2012) Defying Victimhood: women and Post Conflict peacebuilding . New York: United Nations University Office, pp.236-262 Andersen, Louise, R (2012) The liberal Dilemmas of a people-centred approach to Beck, Thorsten & Maimbo, Samuel, Munzele (2013) Financial sector development in Africa: Opportunities and challenges. Washington DC:

The World Bank Beck, Thorsten & Honohan, Patrick (2007) Finance for all? Policies and Pitfalls in Expanding Access. Washington DC: The World Bank

Eriksen, Stein Sundst (2009) The liberal is neither: peacebuilding, state building and the reproduction of conflict in the Democratic Republic of the Congo. International peace keeping, 16, 5: 652-666

King, N. (2004). Using Templates in the Thematic Analysis of Text. In: Cassels, C. & Symon, G. eds., Essential Guide to Qualitative Methods in Organizational Research. London: Sage, pp. 256-270.

Kurtenbach, Sabine (2014) European review of Latin American and Caribbean Studies, 88 pp 95-110

Martha Bragin • Janepher Taaka • Kelsey Adolphs • Hannah Gray • Tonka Eibs, (2015) Measuring Difficult-to-Measure Concepts in Clinical Social Work Practice Operationalizing Psychosocial Well-Being Among War-Affected Women: A Case Study in Northern Uganda. Clinical Social Work Journal, 43:348–361 DOI 10.1007/s10615-014-0507-0

Middling, M., Bukuluki, P., Ochen, E. A (2014) Ex post performance evaluation of USAID assistance to Northern Uganda. A commissioned report submitted to the United States Mission in Kampala, Uganda. Available at: http://pdf.usaid.gov/pdf_docs/PA00K45N.pdf

Musinguzi, Laban, Kashaijja (2016) The role of social networks in savings groups: insights from village savings and loan associations in Luwero, Uganda. Community Development Journal Vol 51 No 4 October 2016 pp. 499–516

Niaolain, F and McWilliams, M. (2013) There is going to be a war you know, Addressing the complexity of Violence Against Women in Conflicts and Post-Conflicts societies. Transitional Justice Institutions Research paper no 14.

Ochen, Eric Awich, Paul Bukuluki and Firminus Mugumya (2010); Gender Dynamics, Conflict and Food Insecurity: Lessons from Northern Uganda. In: Awortwi N. And Okwany, A, (eds) Issues in Social Development and Local Governance in Uganda, Maastricht: Shaker Publishers, pp 259-290.

Ochen, Eric Awich & Lubaale, Yovani (2015) Final Evaluation of the Youth livelihoods programme in northern Uganda, Amnesty International, Netherlands. A consultancy report.

Ochen, Eric Awich (2014) Traditional Acholi mechanisms for reintegrating Ugandan child abductees. Anthropology Southern Africa, 2014 Vol. 37, No. 3&4, 239-251, Published online on 5th January 2015 <http://dx.doi.org/10.1080/23323256.2014.993809>

Murithi, T. (2008) 'African indigenous and endogenous approaches to peace and conflict Resolution', in: D.J Francis , ed. *Peace and Conflict in Africa*. London: Zed, 16-30.

Ochen, E. A 2011. An exposition of Intra- Bush and Post bush experiences of formerly abducted child mothers in Northern Uganda. PhD thesis, University of Huddersfield.

Obaa, Bernard & Mazur, Robert (2017) Social network characteristics and resource access among formerly displaced households in Lira, Uganda. Disasters, 2017, 41(3): 468–486

Pemunta, Ngambiak, V and Nkongho, Eno-Akpa, R. (2014) The Fragility of the Liberal Peace Export to South Sudan; Formal education access as a basis of a liberal peace project. Journal of human security 20:1, pp.59-75

Seymour, Tschirgi, T. (2004) Post conflict peacebuilding revisited: Achievements, challenges

and limitations. New York: International Peace Academy

Schnabel, A and Tabyshalieva, A. (2012) Defying Victimhood: women and Post Conflict peacebuilding. New York: United Nations University Office

UNDP (2015) Uganda human development report 2015: Unlocking the development potentials of northern Uganda. Kampala: United Nations Development Programme

Wairimu, Winnie Wangari Christoplos, Ian & Hilhorst Dorothea (2016) From crisis to development: the policy and practice of agricultural service provision in northern Uganda. *Agric Hum Values* (2016) 33:799–812 DOI 10.1007/s10460-015-9665-0





8.1 Introduction

The International Social Security Administration defines governance as “the manner in which the vested authority uses its powers to achieve the institution’s objectives, including its powers to design, implement and innovate the organization’s policies, rules, systems and processes and engage its stakeholders. The World Bank (2007) defines governance as “the manner in which public officials and institutions acquire and exercise the authority to shape public policy and provide public goods and services. I

Many factors are driving interest in governance of social protection in Uganda. First, the ever increasing population in Uganda, 40.3 million (UBOS, 2019), and demographic dividend/transition requires strong governance in social protection systems. As a result many development partners and the civil society alike are interested in ensuring the efficient and effective use of public funds.

Second, good governance is central to reducing corruption hence achievement of social sector objectives and outcomes. But it should be noted that governance is not just about reducing corruption, it is also about improving incentives for policymakers and providers, and strengthening the accountability of services to citizens. Similarly, good governance of social protection programmes can increase local ownership and their effectiveness.

A third, good governance is an important building block for better social protection system implementation and results. This suggests that the future of Social Protection in Uganda will

depend on integration of programmes, regulations, institutions, financing mechanisms, and the interests of various stakeholders, including policymakers, providers, and users of programmes.

Fourth, governance is increasingly becoming important for achieving development outcomes in Uganda. The 2008 national strategy to fight corruption and rebuild ethics and integrity in Uganda has mobilized a strong focus on governance across public service. As a result the Government, civil society and development partners are putting increased effort in identifying governance risks, including political economy concerns, and implementing mitigation mechanisms. There is growing interest in documenting how and why governance matters for development across sectors, including social protection.

This chapter aims at defining and framing governance in social protection; review what is currently being done by the Government of Uganda; and identify knowledge gaps and future opportunities for Uganda to strengthen social protection system.

8.2 Governance at the National level

8.2.1 The 1995 constitution

The 1995 constitution of Uganda incorporates and provides guarantees for the enforcement of economic, social and cultural rights. However, this recognition should not be construed as paving the way for the implementation of rights-based social protection policies, nor as a guarantee of their implementation. For example, article 1, section 14 of the 1995 constitution of Uganda enshrines a normative vision of social protection and its components, which defined growing State responsibility for financing the system and postulated universal access and coverage of social services. In addition, article 254 of the constitution guarantees pension. However, this constitutional recognition is severely constrained when it comes to transposing it into concrete policies and there are significant gaps among the different groups of beneficiaries. This institutional capacity constraint is common in many developing countries in Africa and Latin America (Apella and Rofman, 2016).

The integration of a rights-based approach to social protection policies in Uganda has not necessarily resulted in the formal expression of social guarantees for the various components. For instance, Uganda implements a Universal Primary Education (UPE) policy that has increased access to primary education, the country has not been able to extend universal access to other components of social protection such as health.

The non - actualization of universal elements in Government policy has exposes more than 75 percent of citizens to vulnerability, especially with anticipated demographic shifts. More than 75 percent of the population in below 30 years of age (UBoS, 2016). A bulk of these are not in gainful employment or are employed in the informal sector that places them at high risk of exclusion from social protection. Munyambonera et.al. (2018) reveals that Uganda's labour force stood at 17.2 million in 2014, of which 15.6 million were employed in both formal and

informal sector, and thus eligible to pension savings. Yet, pension coverage is at 1.97 million (including public service, national social security fund and a few occupational schemes) – representing only 12.6 percent of the estimated active labour force in Uganda. Among rural workers, coverage was 4 percent. There is also a gender dimension in coverage with men (9.9 percent) more likely to be covered than women (8.2 percent).

There is a further group of people —including older adults, children and disabled people—who remain outside the labour market. Although some are covered by contributory social protection through their spouse’s or relative’s insurance and pensions, in many cases they lack such coverage and need non-contributory social protection. However, non-contributory pensions are only available to public officer and has not been reviewed adequately to take account of changes in the value of money. The payments have also not been prompt and regular and easily accessible to pensioners, due to administrative challenges. This threatens the expected demographic dividend if, especially, children continue to be exposed to risk that endanger their future.

Consequently, statistics indicate that in 2016/17, poverty rates increased to 21.4 percent from 19.7 percent in 2012/13 (UBoS, 2018). This means that between 2012/13 and 2016/17, a further 1.9 percentage point of people slipped into poverty as a result of the rising unemployment and informal employment rates and inadequate social protection mechanisms. More specifically, poverty is prevalent among crop farming households. From table 8.1, the percentage poor increased from 20.3 percent to 38.2 percent between 2012/13 and 2016/17 among households headed by subsistence farmers. Moreover, poverty increased from 23 percent to 36 percent among those reporting crop farming/subsistence farming as their main source of income.

Table 8.1: Vulnerability of Crop Farmers

Household Type of Source Income	2012/13	2013/14
Households headed by subsistence farmers	20.3	38.2
Crop farming/subsistence farming	23	36
Causal labourers	37	42
Non- Causal labourers	9	14

Source: UBOS 2018

It should be noted, however, that the vulnerability of agricultural households is partly as a result of climate change. Climate change has a wide spread effects on the entire country. Even those in wage employment either as causal labourers or non-casual labourers experienced declines in welfare from 37 to 42 percent and 9 to 14 percent respectively between 2012/13 and 2016/17.

Although, Uganda has experienced three decades of growth 1986 to date, structural unemployment problems remain and there are still high levels of “vulnerability to

impoverishment”. Even though employment is the main resource available to the great majority of households to guarantee their livelihoods, more 60% of those in employment were classified as “in vulnerable employment”. Majority 75% of the invulnerable employment were females and two thirds (68%) in rural areas are likely to engage in vulnerable employment compared to others (UBOS, 2016).

8.2.2 The 2015 Uganda National Social Protection Policy (NSSP)

The 2015 (NSSP), National Social Protection Policy actualizes the vision 2040 idea of social protection to address risks and vulnerabilities. The policy articulates a social protection system that provides assistance to people who are vulnerable by age, social class, location, disability, gender, disaster or who do not earn any income. The policy identifies a universal pension for older persons, public works schemes for vulnerable unemployed persons and social assistance to vulnerable children, persons with disabilities and the destitute and universal health insurance as key strategies for alleviating risk and vulnerabilities.

However, the implementation of the policy has not taken the urgency envisioned in the programme plan of interventions. For instance, the efforts to establish a contributory pensions scheme for public sector by amending legislation-governing retirement benefits for public servants and raising awareness on defined contributions pension scheme in the public service is yet to take place. Also, efforts to amend the National Social Security Fund (NSSF) Act to expand the private sector contributory scheme by accommodating the informal sector has generated confusion largely due to ambiguities in the proposed taxation regime.

Although the NSSP 2015 establish the right to some form of health coverage and maternity protection, in practice the legislation is not complied with fully. The National Health Insurance is yet to be discussed in parliament. Also, the NSSP obliges the State to establish guarantees of child care, social security benefits for workers in the private sector, care for young people, protection from domestic violence, minimum wage, occupational safety and health, birth and death registration, protection from loss of land, succession in case of death of relative, care for older adults and care for disabled people. However, there is a scope to improve the implementation of some of these provisions. The capacity of the country to support the demographic dividend agenda could be enhanced if the capacity of the National Identification and Registration Authority (NIRA) to register birth and death is improved, the backlog in resolution of disputes in land ownership and succession need is reduced, and comprehensive strategy to care for the old and the disabled is devised.

8.2.3 Institutional framework for Social Protection Governance in Uganda

Uganda’s Social Policy is implemented through a multi-sectoral approach using Central and Local Government service delivery structures. The roles of the various stakeholders vary according to their mandates and functions. There is a Committee of Cabinet on Social Protection whose mandate is to provide oversight and policy direction. The Cabinet Committee is composed of Ministers listed on Table 8.2, section A. The terms of reference for the cabinet committee is to coordinate, advise and guide on interventions, risks, financing, laws, policy

and emerging legislation. In addition, there is multi-sectoral technical committee of Permanent Secretaries from ministries listed in Table 8.2, section B, which provides technical support to the Cabinet Committee.

Table 8.2: Institutional Framework for Social Protection Policy Implementation

A.	Committee of Cabinet on Social Protection	Terms of Reference for the Cabinet Committee:
1.	Office of the Prime Minister	Coordinating the multi-sectoral interventions; Advising Government on the situation of risks and vulnerabilities in the country; Providing guidance on social protection interventions; Advising on social protection financing; Providing guidance on the institutional framework for delivery of social protection services; Advising on social protection policies; and Advising on legislation for social protection.
2.	Ministry of Gender, Labour and Social Development	
3.	Ministry of Finance, Planning and Economic Development	
4.	Ministry of Public Service	
5.	Ministry of Health	
6.	Ministry of Education and Sports	
7.	Ministry of Agriculture, Animal Industries and Fisheries	
8.	Ministry of Local Government	
9.	Ministry of Justice and Constitutional Affairs	
B.	Multi-sectoral Technical Committee	Provide technical support to the Cabinet Committee in A
1.	Permanent Secretaries from the Ministries in A.	
2.	National Planning Authority	
3.	Uganda Bureau of Statistics	
4.	Uganda Registration Services Bureau	
5.	Uganda Retirement Benefits Regulatory Authority	
6.	Uganda Immigration and Citizenship Board	

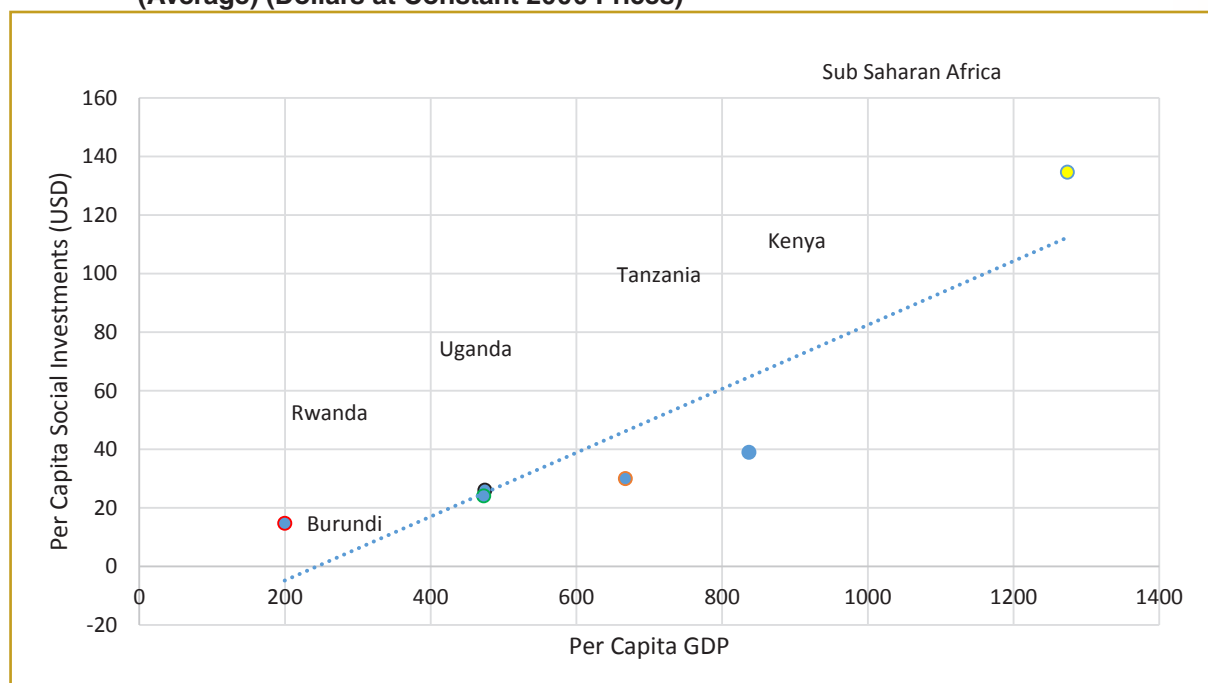
As is the case in many other sectors in Uganda, the effectiveness of Uganda institutional framework has been constrained in adequate supply of resources both human and physical. This is partly because, apart from the Government and Non-Governmental Organizations, not many actors are involved in the governance of social protection. The governance of the social

protection sector also requires regular financial commitment. Yet, the amount being invested are not enough to ensure universal adoption.

Also the quality and the coverage of social protection services have been hampered by poor coordination of public and private sector responses, in capacity at the local government level to handle claims, illiteracy level of beneficiaries, lack of educational material, and political interference, which affect distribution and encourages discrimination.

Nevertheless, Uganda, like other East African countries, has made progress in protecting citizens by extending social protection to groups that, until a few years ago, had been excluded. This came about partly through increased per capita social investment, which rose to an average of USD 20 between 2000 and 2016 as shown in figure 8.1. While significant, progress is still insufficient, given that Uganda is still below Tanzania (USD 30), Kenya (USD 40) and the sub-Saharan Africa average (USD 130).

Figure 8.1: East Africa Community: Public Social Investment and Per Capita GDP, 2000-2016 (Average) (Dollars at Constant 2000 Prices)



Source: World Bank's World Development Indicators

8.3 Governance of Social Protection at Agency level

8.3.1 Governance of Non Contributory Social Protection

As earlier mentioned, the Public Service Pension System (PSPS) is the only non-contributory social protection system in Uganda. This schemes caters for permanently employed public officers in the Central Government and Local Governments (Munyambonera et.al 2018). However, members of the disciplined forces are provided for under the Armed Forces Pension Act (AFPA). The responsibility of administering and managing pensions is held by the Ministry of Public Service (MoPS).

Currently, the PSPS covers approximately 429,000 employees – which represents 2.5 percent of the total labour force. Traditional civil servants on PSPS are estimated to be 103, 800 and teachers are 179, 920. This presents a small percentage of the working population; indicating a larger percentage being excluded from non- contributory social protection. The total pension payments paid to workers, between 2000 and 2018, averages 0.35 percent of GDP annually; indicating a growing fiscal burden on Government (GoU, 2014). In the current arrangement, Uganda's PSP is pre-funded. The growing number of civil servants, as a result of decentralization of the Government administration may create more fiscal burden to government in terms of pension payments both in arrears and pension due. Pension arrears have accumulated to Ushs. 516 billion since 1990's.

The arrears are largely because the PSPS is an unfunded scheme that operates on a “Pay-as-You-Go” basis. This implies that the funding for pensions is withdrawn from the Consolidated Fund as pension entitlements are due for payment. The Pay-As-You-Go system exposes pensions to the vagaries of the Government's cash flow constraints.

The PSPS is also plagued with corruption, embezzlement and institutional and management deficits. Office of the Auditor General (2012) reports that more than Ushs. 165 billion of PSPS funds were lost to financial impropriety and other anomalies. The lost money could have offset 87 percent of the outstanding pension and gratuity liability of Ushs. 199 billion in the Ministry. Also Auditor General's report (2015) shows that Ushs. 11 billion was paid to pensioners who had exceeded their pensionable period of 15 years, yet no life certificates were availed as proof of their continued existence.

In addition, the Auditor General's report (2015) pointed out that the PSPS governance at the Ministry of Public Service (MoPS) is not well managed. The MoPS does not have a comprehensive stock of past employees as well as a forecast of how the current Government employees will retire and therefore plan for their terminal benefits accordingly. The MoPS relies on claims submitted by the retired staff or successors, in case of death of the retired employees, which creates room for corrupt practices.

There is also need to decentralize the processing and disbursement of PSPS to reduce the costs incurred by beneficiaries in the process of redeeming payments. Currently, people have

to travel from very far places to process their pension. Delays caused by travel distances has left beneficiaries without access to basic necessities like food, accommodation and medical care.

8.3.2 Governance of Contributory Social Protection

Uganda has many contributory social protection schemes, the most prominent one being the publicly owned National Social Security Fund (NSSF). While the NSSF is publicly owned it provides non- voluntary contributory social protection scheme exclusively to the private sector and non – permanent and non-pensionable public officers.

The NSSF is a provident fund which provides old age, invalidity, survivors, withdrawal and emigration grants. Unlike the PSPS, the NSSF does not pay an annuity. The NSSF pays benefits in a lump sum. This tends to defeat the purpose since social protection arrangements are intended to ensure income security in old age. Yet, lump sum payments may run out quickly and the beneficiary slides into destitution

It is compulsory for all employers who have five or more employees between 16 and 55 years of age to register and contribute with NSSF. Employers and employees contribute 10 percent and 5 percent respectively toward NSSF provident fund. However, the NSSF has about 1.5 million registered members with compliance rate at 46 percent. This therefore means that there are legal and regulatory requirements which require reform in order to increase these numbers.

In regard to governance, the NSSF has been a victim of influence peddling and political interference in operational matters of the fund, which leads to loss of the fund's assets. A case in point is the purchase of the 400 acre Temangalo land which led to a loss of Ushs. 2.7 billion. The NSSF also lost US\$ 225m, which involved a plan to construct 5,000 housing unit in Nsimbe Housing Estate.

The NSSF Act did not anticipate well-known risks and social needs like sickness, unemployment and problems such as HIV and AIDS and did not create mechanisms on how to pay out benefits before retirement age. In addition, the scheme deals with employees working for employers with five or more workers. This leaves out many firms and workplaces with less than five employees that are the majority in the country (Barya, 2009).

8.4 Governance of Cash Transfers

Uganda has several cash transfer system, but the most notable one is the publicly provided Social Assistance Grant for Empowerment (SAGE). The SAGE provides a non-contributory pension or old age grant to older persons. This is a disbursement of a small but regular monthly cash transfer directly to the enrolled older person (over 65) in the pilot districts (or 60 years in Karamoja region) and 100 oldest in the non-pilot districts. SAGE was initially piloted in 15 districts. In 2018, the programme was expanded countrywide to 100 oldest persons per

district. The SAGE is part of the 2010 Expanding Social Protection Programme (ESPP).

The SAGE also provides a Vulnerable Family Grants to households with limited labour capacity. The households should typically have high dependency ratios containing older people, people living with disabilities, orphans, vulnerable children or large numbers of children (DRT, 2013).

The beneficiaries receive a nominal amount of USD 10 adjusted every year for inflation. While this amount is small, it does create inequality between those who receive and those who don't. This has caused conflict in communities.

The sage is disbursed through mobile money. There are community level structure that have been created to handle a complaint and receive feedback. However, the SAGE is governed by the MoGSLD with guidance from the Social Protection secretariat. The Secretariat is staffed by both MoGSLD and consultants. The secretariat manages fund transfers while the MoGLSD manages operational funds. This management structure has been a source of conflict between MoGLSD and the Secretariat (Angucia and Katusiimeh, 2015).

In addition, the bypassing of Government structures in hiring consultant to implement the SAGE payment systems was another source of conflict. The critical issues are the involvement of international organisations without taking into account capacity-building for the mother ministry that might have to take over this programme. This affects sustainability of the programme. Besides, contracting such a consultancy for five years is definitely expensive. Ugandans should have been trained to do what consultant was doing in the short to medium term.

But the involvement of Foreign Consultant maybe be as a result of 2011 corruption scandals in the Office of the Prime Minister where funds for the reconstruction of war-torn northern Uganda were embezzled (Booth et al., 2014).

The SAGE is coordinated by the ESPP steering committee, the National Social Protection Subcommittee, the forum of Permanent Secretaries, Cabinet and the Chairpersons of Parliamentary Sessional and Standing Committees of MoGLSD and MoFPED. However, given that the SAGE is donor funded, it appears that this coordinating platform has limited control on the sage programme (Angucia and Katusiimeh 2015). The government only provides office space for the SAGE programme at both national and district levels and pays the salaries of senior staff at the ministry and in the districts, which points to low prioritization of social protection as a policy.

Local Governments play little role, other than oversight and coordination of SAGE programme at the district level. The district coordination committee is composed of the Chief Administrative Officer (CAO), District Community Development Officer (DCDO), and Community Development Officer (CDO) in-charge of SAGE, three members of the SAGE technical team and a representative of the Social Protection Secretariat from the national office (Ibid).

At the grassroots, the CDOs or their assistants (ACDO) in the sub-counties, parishes, community and village level are also involved in the day-to-day programme activities. These lower local government actors report to the district SAGE support unit. These are several power centres at the district and lower level local governments. If the SAGE programme alienated them for any reason, there would be clashes of interest, thus hindering the implementation of cash transfers.

8.5 Governance of Active labor market programmes, training, and employment services

Uganda has many programmes aimed at supporting skilling and employment of vulnerable group, especially the youth and women. Providers of such programmes are diverse and often include, non-government organizations, private organizations, the Government and partnership between the Government and NGO and or Private organization. Examples of these programs include Uganda Women Entrepreneurs Programme (UWEP), Youth Livelihood Programme (YLP) and Uganda Youth Venture Capital Fund (UYVCF). This section will focus on the UYVCF.

Youth unemployment continues to be a developmental challenge not only in Uganda but in several Sub-Saharan countries. At least 64 percent of the total unemployed persons are youth aged 18-30 years, which affect the achievement of the demographic dividend. As the Government struggles to look for solutions to the unemployment challenge, one approach has been the promotion of self-employment through the establishment of National Youth Funds. The major pillars of these initiatives are: enterprise development, job creation and business skills training and development.

Under the UYVCF, the Government subsidized credit (*15 percent as opposed to the average market rate of about 23 percent*) to youthful individual and groups of youth above the age of 18 but below the age of 30. To qualify one need to register their business. Must have been in operation for at least three (3) months. Each business project should be able to provide employment to at least four (4) people by the end of the loan period. Borrower must present at least two guarantors. Commit to participate in business literacy and mentorship courses.

According to Ahaibwe and Kisiryie (2015) more than half of USHs. 25.0 billion was released to UYVCF for development of business in 2011. About Ushs. 3.5 billion was allocated to **Enterprise Uganda** for training and mentorship. The remaining Ushs. 16.5 billion was allocated to Kampala City Authority (KCCA) for building market infrastructure in Kampala, in which the youth and other small scale manufacturers would undertake manufacturing and other processing activity (Budget Speech, MFPED, 2011/12).

An evaluation of the programme by Ahaibwe and Kisiryie (2015) established that older youth between the age of 26 – 35 year were more likely to access the fund, compared to those below 26 years. Although there were positive effect of the fund on business expansion, there was no significant evidence of the youth fund effect on job creation. It was also discovered

that the major role players are not entirely fulfilling their mandates and some have sidetracked from the initial objectives.

8.6 Conclusions

Overall, it can be concluded that for a successful uptake of social protection in Uganda, the major power centres whether individuals, institutions or ideas are not yet fully at the centre of the social protection agenda. This is evident in the fact that the idea of Social Protection in Uganda is an external idea mainly driven by donors; and powerful individuals are driven more by personal gain in politics than a real consideration for the poor. However, this state of affairs might change with increased political support. Ten (10) main directions have been identified for the Government and other stakeholders to consider.

1. There is a need to build the capacity of the Ministry of Gender, Labour and Social Development (MGLSD) to coordinate and implement social protection, support cabinet committee on social protection, strengthen M&E system and support multi-sectoral technical coordination mechanism for social protection at all levels. There is also a need to formulate a strategy for sustainable funding of social protection in Uganda.
2. There is also a need to evaluate the effectiveness and efficiency of the institutional and governance frameworks of the pension industry, and establish whether the industry will be able to meet the expectations of workers and policy makers. In evaluating the governance framework for the pension industry, Rocha et al. (2001) suggest that it is important for policy makers to identify the types of risks that the industry is exposed to, assess whether the governance framework in a country is prepared to cope with these risks, and what type of improvements are required. Such an evaluation may also benefit from lessons learned from other financial sector reforms, especially from the banking sector. There are major reasons justifying a comparison of the governance frameworks for banks and pensions, and identifying possible lessons from the former to the latter.
3. It is important to reform the PSPS, by converting them from non-contributory to contributory to make them affordable and sustainable. With increasing numbers of workers and growing ageing working population, a non-contributory PSPS will become unaffordable and pose a high fiscal risk to governments. Gradual reforming of PSPS could ease the fiscal burden and avail more resources for other competing development demands. However, reforming the PSPS should preserve accrued pension rights. Also, transition costs could triple fiscal spending on public pensions before it would eventually decline, as the public sector scheme is converted into a contributory system. These transitional costs will occur as the government will be paying the existing pensioners' benefits while starting to contribute to the new public service pension fund. This cost would have to be properly planned for within the national budget.
4. There is also a need to address the concern that many local governments don't have both the technical and human capacity to manage the PSPS. Nonetheless the pensions

system as a whole needs to be streamlined, right from forecasting, budgeting, tracking retirees, computation, payment and pensions information management. These measures could potentially resolve the current mountain of challenges facing public service pensioners.

5. Parliament needs to follow up on the Auditor General's reports on the embezzlement and mismanagement of pension funds in MoPS and compel government to recover and punish those involved. On the other hand, government has to show stronger commitment in prosecuting those involved in embezzling workers' life savings.
6. The governance framework for pension funds should also be cognizant of the distinctive features of institutions that are involved in managing the pension industry to advance key social policy objectives, such as the provision of retirement income. Pension funds have a greater role to play in household wealth of the average participant in most emerging and developed countries than other types of real-time financial incomes such as wages. Even in countries where private pension schemes are voluntary, such as the United States, pension funds represent a large portion of household wealth. The potential risks which accompany the growing importance of private pension schemes would call for prudential governance and supervision.
7. The pension system still needs to cover more than 75 per cent of workers in the formal wage sector who are not yet contributing to pensions. However, by 2010, 84 per cent of the working population was employed in the non-wage, informal sector, particularly in agriculture. Therefore, innovative approaches, such as the Mbao Scheme in Kenya, will be needed to extend coverage to the many people employed in the informal sector. On the other hand, universal pension systems that cover all elderly people need to be carefully planned as they can be costly.
8. Amend the NSSF Act to require mandatory contribution of all workers regardless of the size of their enterprise, provide for voluntary contributions from self-employed workers and provide for voluntary contributions by workers above their mandatory contribution. Amending the NSSF Act could improve the membership from the current 1.5 million to 3.5 million (Munyanbonera, 2018) and fund growth to about 20 trillion by 2025 (Ibid).
9. The capacity of MoGLSD for planning and implementing social protection in Uganda needs to be strengthened given the heavy reliance on donor support in the SAGE programme. The ministry lacks political clout to establish Social Protection as a national policy priority. In the present circumstances, this will require the highest political authority, the presidency, to cause a change in attitude towards the ministry and to require that it receives increased financial and technical support.
10. The promotion of youth entrepreneurship should be approached comprehensively and it should target productive sectors with high employment creation potential. But this can only emerge in the presence of a strong institutional framework.

References

Ahaibwe, G. and I. Kasirye (2015). Creating Youth Employment through Entrepreneurship Financing: The Uganda Youth Venture Capital Fund. Economic Policy Research Centre (EPRC), Working Paper Series No. 122.

Apella, I and Rofman, R. (2016). Social Protection in a Demographic Transition. In Demographic Change in Uruguay: Economic Opportunities and Challenges. Published, 75 - 97

Angucia, M., and Katusiimeh, M. W. (2015). The Politics of Promoting Social Protection in Uganda: A Case of the Cash Transfer Scheme for Elderly People. Partnership for African Social and Governance, Research Working Paper No. 009, Nairobi, Kenya.

Auditor General (2015). Report of the Auditor General to Parliament for the Financial Year Ended 30th June 2015. Government of Uganda

Auditor General (2012). Report of the Auditor General to Parliament for the Financial Year Ended 30th June 2012. Government of Uganda

Barya, J.J. (2009). Interrogating the Right to Social Security and Social Protection in Uganda. Human Rights and Peace Center (HURIPPEC) Working Paper No. 23

DRT (2013). The 2nd Chronic Poverty report – Uganda: Is anybody listening. Chronic Poverty Advisory Network, Development Research and Training (DRT)

Lwanga-Ntale, C. (2008). The imperative of winning political support for social protection in Uganda. In: 'Social protection for the poorest in Africa: Learning from experience. Compendium of papers presented during the International Conference on Social Protection, September 2008

Munyambonera, E.F., Katunze, M., Munu, M.L, and Sserunjogi, B. (2018). Expanding the Pension Sector in Uganda. Economic Policy Research Centre (EPRC) Research Series No. 1430

OECD. (2015). Pensions at a Glance 2015: OECD and G20 indicators. OECD Publishing, Paris. http://dx.doi.org/10.1787/pension_glance-2015-en

Rocha, R., Gutierrez, J., and Hinz, R., (2001). Improving the regulation and supervision of pension funds: Are there lessons from the banking sector?. In New Ideas in Social Security Reform, eds. R. Holzman and J. Stiglitz, Washington, D.C.: World Bank.

UBoS (2018). The Uganda National Household Survey 2016/17. Uganda Bureau of Statistics (UBoS), Kampala, Uganda.

UBoS (2016). The National Population and Housing Census 2014 – Main Report. Uganda Bureau of Statistics (UBoS), Kampala, Uganda.

World Bank (2012). Rules, Roles and Controls: Governance in Social Protection with an Application to Social Assistance. Social Protection and Labour Discussion Paper 1206, World Bank, Washington DC.

World Bank (2007). Control and Accountability Mechanisms in Conditional Cash Transfer Programs: A Review of Programs in Latin America and the Caribbean. In Operational Innovations in Latin America and the Caribbean, Vol. 1, No. 1. Washington DC.





Appendices

Appendix 1: Uganda Demographic, Health, Social and Economic Development Indicators from 2001/02 – 2018/19

Key Indicators/ Reporting Period		Financial Year				
		2015/16	2016/17	2017/18	2018/19	2019/20
A: Demographic Indicators						
Projected Population (millions)	Total Population	35.5	36.7	37.8	39.0	40.3
	Male Population (millions)	17.3	17.9	18.5	19.1	19.8
	Female Population (millions)	18.2	18.7	19.3	19.9	20.5
Proportion of Population below 15 years (million)						
Total Fertility rate (children per woman aged 15-49years)		5.8	5.4	5.4	5.4	5.4
Crude Birth Rate (CBR) per 1,000 population		40.2	39.7	39.3	38.7	38.2
Crude Death Rate (CBR) per 1,000 population		9.0	8.4	7.9	7.5	7.2
Rate of Natural Increase (%)		3.12	3.14	3.13	3.12	3.10
Doubling Time of the Population (years)		22.6	22.4	22.5	22.5	22.7
Sex Ratio		95.5	93.7	99.9	96.2	93.4
Dependency Ratio		1.01	0.99	0.97	0.95	0.93
Median Age (years)		16	16	16	17	17
Children below 1 year (millions)		1.37	1.39	1.42	1.45	1.48
Children below 5 year (millions)		6.25	6.43	6.63	6.82	6.99
Primary School going (6-12 years) Population (millions)		7.54	7.67	7.79	7.90	8.02
Young Adults (10-24 years) Population (millions)		12.43	12.88	13.31	13.74	14.17
Population under 18 years (million)		19.46	19.96	20.45	20.93	21.40
Population over 18 years (millions)		16.04	16.69	17.38	18.13	18.91
Youth (18 -30 years) Population (millions)		7.85	8.20	8.56	8.95	9.35
Working Age (15-64 years) Population (millions)		18.59	19.38	20.20	21.05	21.92
Elderly (60+ years) Population (millions)		1.420	1.421	1.428	1.444	1.48
Women of Reproductive Age (15-49 years) Population (millions)		8.37	8.73	9.10	9.47	9.85
B: Health Indicators						
Period of Reporting		2015/16	2016/17	2017/18	2018/19	2019/20
Infant Mortality rate per 1,000 live births		54	43	43	43	43
Under 5 Mortality rate per 1,000 live births		90	64	64	64	64
Maternal Mortality rate per 100,000 live births		438	336	336	336	336
Health facility Maternal Mortality per 100,000 health facility deliveries		119	148	-	-	-
Births delivered by skilled providers (%)		59	74	74	74	-
Health Facility Deliveries (%)		57	73	73	73	-
Contraceptive Prevalence rate (%)	All Methods	30	39	39	39	-
	Modern Methods	26	35	35	35	-
Unmet Need for Family Planning (%)		34	28	28	28	-
Teenage Pregnancy rate (%)		24	25	25	25	-
Full Immunization (%)		52	55	55	55	-
Malnourished Stunted Children (%)		14	29	29	29	-

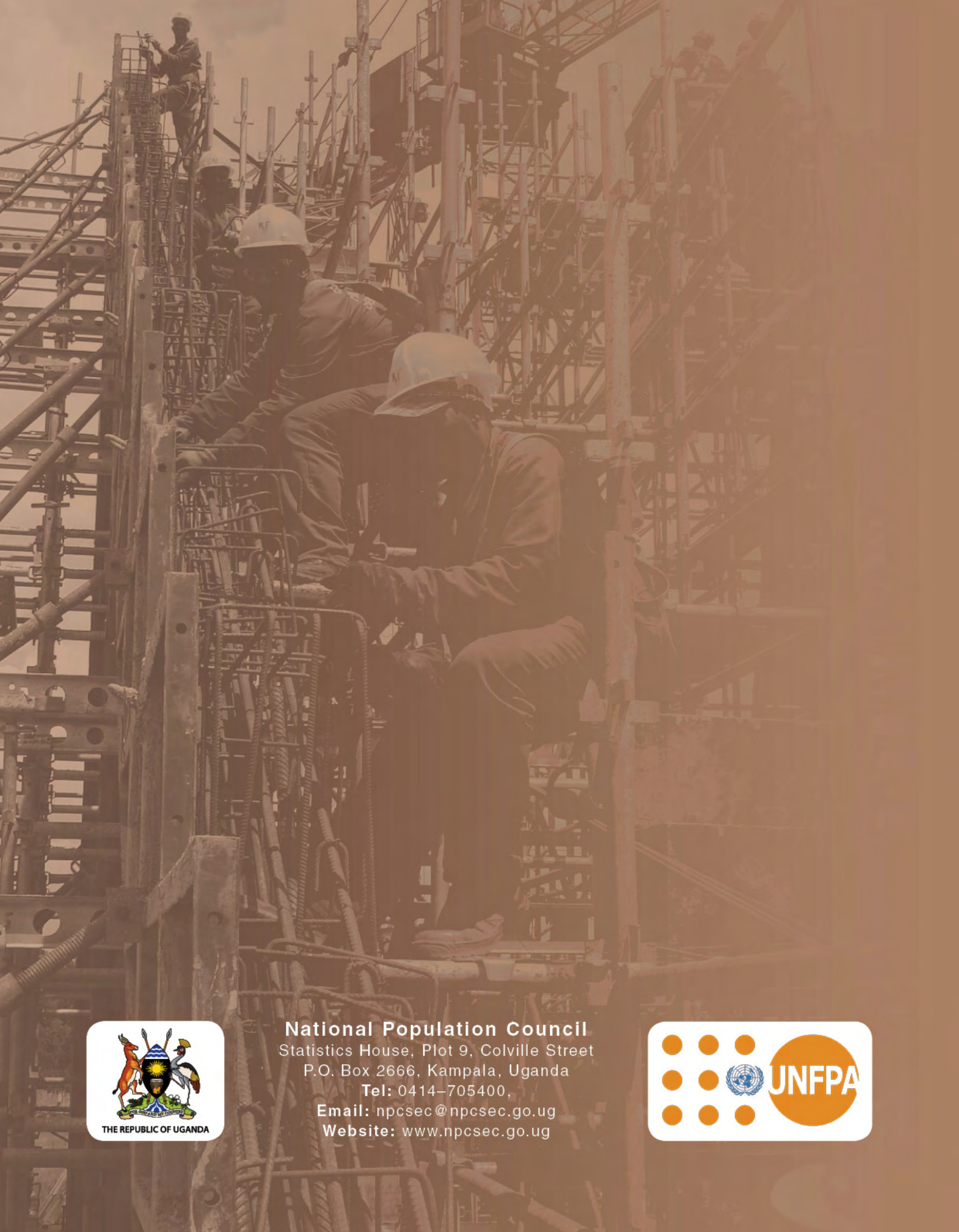
Ante Natal Care (%)	48	60	60	-	-
HIV Prevalence rate (%)	7.4	6.4	6.4	-	-
C: Education Indicators					
Literacy rate for population aged 10 years and above (%)	69	72	72	-	-
Gross Enrolment ratio (Primary Schools)	109	112	111	-	-
Pupil – Teacher ratio (Primary Schools)	58	63	55	-	-
Pupil – Classroom ratio (Primary Schools)	63	54	55	-	-
Pupil – Stance ratio (Primary Schools)	52	47	50	-	-
Primary Completion rate (%)	67	62		-	-
Gross Enrolment ratio (Secondary Schools)	25	27	25	-	-
Student – Teacher ratio (Secondary Schools)	22	22	21	-	-
Pupil – Teacher ratio (Secondary Schools)	52	51	49	-	-
D: Economic Indicators					
Gini Coefficient (Inequality measure in household consumption)	0.40	0.41	0.43	0.44	-
GDP per Capita (US \$)	687	694	709	725	-
Unemployment rate (%)	9.4	9.2		-	-
Labour Underutilization rate (%)	-	20		-	-
D: Human Development Indicators					
Human Development Index	0.505	0.508	0.516	-	-
Inequality-adjusted Human Development	-	-	0.370	-	-
Gender Inequality Index	-	-	0.523	-	-
Life Expectancy at birth (years)	63.3	63.3	63.3	-	-
Percentage of Population living below poverty level (%)	19.7	21.4	-	-	-
F: Environmental Sustainability Indicators					
Period of Reporting	2015/16	2016/17	2017/18	2018/19	2019/20
Proportion of households with access to improved water source	62.6	67.6	73.8	-	-
Proportion of households with access to improved toilet facilities	83.8	88.0	89.4	-	-
Proportion of households using Biomass for cooking	96.0	90.0	92.0	-	-
Proportion of Land covered by Tropical High Forest	9.0	7.7	6.4	-	-
Proportion of Land covered by Wetlands/Swamps	8.9	8.9	8.9	-	-
H: Burden of Diseases in a Household					
Period of Reporting	2011/12	2012/13	2013/14	2014/15	2015/16
Malaria (%)	38.7	56.0	14.0	19.6	-
Acute Respiratory Infection (%)	13.9	14.0	20.4	25.0	-
Acute Diarrhoea (%)	4.8	4.0	4.8	4.6	-
Intestinal Worms (%)	8.5	4.0	5.2	-	-
J: Causes of Maternal Mortality and Disease Burden					
Period of Reporting	2012/13	2013/14	2014/15	2015/16	2016/17
Haemorrhage (%)	31.5	34.7	34.9	42.0	39.0
Obstructed labour and Uterine rupture (%)	17.3	2.3	11.2	8.0	9.0
Pre-eclampsia (%)	10.8	10.2	17.1	12.0	9.0
Postpartum Sepsis (%)	18.0	9.3	11.9	11.0	20.0
Complication of unsafe abortion (%)	15.1	9.7	13.0	3.0	9.0

Other direct causes (%)	7.2	1.4	-	-	-
Indirect causes aggravated by pregnancy (%)	0.1	32.4	-	9.0	7.0
K: Infant and Child Mortality by Cause of Ailment					
Period of Reporting	2015/16	2016/17	2017/18	2018/19	2019/20
Malaria (%)	43	27	-	-	-
Anaemia (%)	11	14	-	-	-
Pneumonia (%)	11	13	-	-	-
Neonatal Septicemia (%)	6.0	7.0	-	-	-
Septicemia (%)	3.0	4.0	-	-	-
L: Government Financing of Major Sectors addressing Population related Issues as Percentage of the GDP					
Period of Reporting	2015/16	2016/17	2017/18	2018/19	2019/20
Education (%)	16.4	12.0	11.3	10.9	10.5
Health (%)	6.4	8.9	8.3	9.2	8.9
Agriculture (%)	3.4	4.0	3.9	2.4	3.5
Water and Environment (%)	3.4	3.4	2.7	4.0	3.0
Social Development (%)	-	0.9	0.8	0.9	0.5
Land, Housing and Urban Development (%)	-	0.7	0.6	0.8	0.6
M: Government Budget Support for Social Protection by Major Sub-Category in Billion Shillings					
Period of Reporting	2015/16	2016/17	2017/18	2018/19	2019/20
Contributory Social Security	10.96	9.75	10.08	10.04	10.40
Direct Income Support	76.16	106.50	117.81	125.22	133.58
Social Care and Social Support	4.99	6.34	6.72	6.75	6.70
Grant Total	92.11	122.59	134.61	142.01	150.68

Source: Statistical Abstract 2012/13 and 2016/17, UBOS Population Projection, 2015–2030, Uganda Demographic Health Surveys (UDHS), 2011/12, 2016/17, Uganda National Household Survey (UNHS), 2012/13 AND 2017/18, National Population and Housing Census (NPHC), 2002 and 2014, National Social Protection Policy, 2015, Uganda Human Development Report, 2018, World Bank, 2019.

Appendix 2: Examples of life cycle risks faced by Ugandan citizens

Stage	Life cycle risks and vulnerabilities
Early childhood	
	Unsafe birth and no antenatal and postnatal care
	No immunization
	Poor nutrition leading to stunted growth and other life long negative impacts
	Reduce cognitive development
	Risk of orphan hood
School age	
	Child labour
	Unable to access and stay in school
	Malnutrition
	Risk of orphan hood
	Risk of early marriage and parenthood
Youth	
	Unemployment and underemployment
	Inadequate skills
	Lack of credit and asset building opportunities
Working age	
	Unemployment and underemployment
	Gender based violence
	Debt
	Acquired disability through hazardous employment
Old age	
	Inability to work
	Increasing frailty
	Lack of care from family
	Discrimination in labour force and access to credit



THE REPUBLIC OF UGANDA

National Population Council
Statistics House, Plot 9, Colville Street
P.O. Box 2666, Kampala, Uganda
Tel: 0414-705400,
Email: npcsec@npcsec.go.ug
Website: www.npcsec.go.ug

