Social Protection and the Changing Development Landscape in Uganda, Mexico, Thailand and Norway

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Abbreviations and Acronyms

Uganda

AAR:	Africa Air Rescue
AAU:	Action Aid Uganda
ABEK:	Alternative Basic Education for Karamoja
ACDO:	Assistant Community Development Officer
ACRWC:	African Charter on the Rights and Welfare of the Child
AFPA:	Armed Forces Pension Act
AIG:	American Insurance Group
ALREP:	Agricultural Livelihoods Recovery Programme
AU:	African Union
BOCY:	Better Outcomes for Children and Youth
CAO:	Chief Administrative Officer
CBO:	Community-Based Organisation
CBHIS:	Community-Based Health Insurance Scheme
CDD:	Community Demand-Driven Development
CDO:	Community Development Officer
CEDAW:	Convention on the Elimination of All Forms of Discrimination against Women
CCCU:	Catholic Care for Children in Uganda
CCI:	Child Care Institution
COPG:	Chieftaincy of Pension and Gratuity
COVID-19:	Coronavirus Disease 2019
CRC:	Convention on the Rights of the Child
CRS:	Catholic Relief Services
CRRF:	Comprehensive Relief Response Services
CSI:	Contributory Social Insurance
CSO:	Civil Society Organisation
DRF:	Disaster Risk Financing
DFID:	Department of Foreign and International Development
DI:	Development Initiative
DINU:	Development Initiative for Northern Uganda
DPO:	Disabled People's Organisation
DPT:	Diphtheria Pertussis and Tetanus
DRDIP:	Development Response to Displacement Impacts Project
DRT:	Development Research and Training

DOVCU:	Deinstitutionalisation of Orphans and Vulnerable Children in Uganda
DIS:	Direct Income Support
EAC:	East Africa Community
EOC:	Equal Opportunities Commission
EVH:	Extremely Vulnerable Household
FAO:	Food and Agriculture Organisation
FGM:	Female Genital Mutilation
GBV:	Gender-Based Violence
GDP:	Gross Domestic Product
GoU:	Government of Uganda
HIV/AIDS:	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HRW:	Human Rights Watch
IDAY:	International Day for the African Child and Youth
ICT:	Information and Communication Technology
ILO:	International Labour Organisation
IMF:	International Monetary Fund
JAR:	Joint AIDS Report
JPGE:	Joint Program on Gender Equality
KACITA:	Kampala City Traders Association
KALIP:	Karamoja Livelihoods Improvement Programme
KCCA:	Kampala City Council Authority
KCHPF:	Keeping Children in Healthy and Protective Families
KPs	Key Populations
LIPW:	Labour Intensive Public Work
LRDP:	Luwero-Rwenzori Development Programme
M&E:	Monitoring and Evaluation
MDAs:	Ministries, Departments and Agencies
MGLSD:	Ministry of Gender, Labour and Social Development
MoFPED:	Ministry of Finance, Planning and Economic Development
MoH:	Ministry of Health
MoPS:	Ministry of Public Service
MoWE:	Ministry of Water and Environment
MTN:	Mobile Telephone Network
MURBS:	Makerere University Retirement Benefits Scheme
MVIRBS:	Mazima Voluntary Individual Retirement Benefits Scheme
NDP:	National Development Plan
NGO:	Non-Governmental Organisation

NID:	National Identity
NORAD:	Norwegian Agency for Development
NPA:	National Planning Authority
NRM:	National Resistance Movement
NSP:	National Social Protection
NSPP:	National Social Protection Policy
NSSF:	National Social Security Fund
NTV:	National Television
NUDIPU:	National Union of Disabled Persons in Uganda
NUSAF:	Northern Uganda Social Action Fund
OECD:	Organisation for Economic Cooperation and Development
OOP:	Out-of-Pocket
OPM:	Office of the Prime Minister
PEAP:	Poverty Eradication Action Plan
PEPFAR:	President's Emergency Plan for Aids Relief
PHIS:	Private Health Insurance Scheme
PPI:	Programme Plan of Interventions
PPP:	Purchasing Power Parity
PRDP:	Peace, Recovery and Development Plan
PSPS:	Public Service Pension Scheme
PSP:	Public Service Provider
SACCOs:	Savings and Credit Cooperative Organisations
SAGE:	Social Assistance Grants for Empowerment
SALVE:	Support and Love Via Education
SCG:	Senior Citizens' Grant
SCS:	Social Care and Support
SDGs:	Sustainable Development Goals
SP:	Social Protection
SDSP:	Social Development Sector Plan
SIDA:	Swedish International Development Agency
SURGE:	Support Uganda's Response to Gender Equality
SOCY:	Sustainable Outcomes for Children and Youth
UDHR:	Universal Declaration of Human Rights
UDHS:	Uganda Demographic Health Survey
UGX:	Uganda Shillings
UHRN:	Uganda Harm Reduction Network
UN:	United Nations
UNDP:	United Nations Development Programme
UNFPA:	United Nations Population Fund
UPE:	Universal Primary Education

URBRA:	Uganda Retirement Benefits Regulatory Authority
USAID:	United States Agency for International Development
USE:	Universal Secondary Education
UWEP:	Uganda Women's Entrepreneurship Programme
UYDL:	Uganda Youth Development Link
VSLAs:	Village Savings and Loans Associations
WASH:	Water, Sanitation and Hygiene
WFP:	World Food Programme

Mexico

CADI:	Centre for Child Development
CAIC:	Community Child Care Centre
CCT:	Conditional Cash Transfer
CENDIS:	Centre for Child Development
CACEH:	An organisation that empowers domestic workers
COLMEX:	Mexico Institute of Higher Education
CONEVAL:	National Council for Evaluation of Social Development Policy
COPLAMAR:	General Coordination Plan for Depressed Areas and Marginal Groups
CNDH:	National Human Rights Commission
DIF:	Integral Development of the Family
ECLAC:	Economic Commission for Latin America Countries
EI:	Child Care Scheme
ENIGH:	National Household Income and Expense Survey
FAO:	Food and Agriculture Organisation
FASSA:	Health Service Contribution Fund
FONDEN:	Insurance against Covariant Shocks
GDP:	Gross Domestic Product
HIV/AIDS:	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
IDB:	Inter-America Development Bank
IDBG:	Inter-America Bank Group
ILO:	International Labour Organisation
IMSS:	Mexican Social Security Institute
INEGI:	National Institute of Statistics and Geography
INNSZ:	National Institute of Health Science and Nutrition
ISSSTE:	State Workers Security and Social Services Institute
LGDNNA:	The General Law on the Rights of Children and Adolescents

LGDS:	Social Development Law
MCG:	Mexico City Government
MXN:	Mexican Peso
NDP:	National Development Plan
PAYG:	Pay-As-You-Go
PEMEX:	Petroleum Company managed and owned by Government
PET:	Workfare Programme
PEF:	Guidelines on Expenditures of Federal Resources
PIDER:	Programme of Public Investments for Rural Development
PROGRESA:	Education, Health and Nutrition Programme
PRONASOL:	Programme for National Solidarity
RELAF:	Latin America Network for Foster Care
SECMAR:	Public Workers Employed by the Armed Forces
SEDENA:	The Mexican Secretariat of National Defence
SEDESOL:	Government Department in charge of Social Development
SEMARNAT:	Ministry of Environment and Natural Resources
SEP:	Ministry of Education
SINACTRAHO:	National Union of Domestic Workers
SNDIF:	National System for Integral Family Development
SCT:	Ministry of Communications and Transportation
SP:	Health Insurance Scheme
SSA:	Ministry of Health
SSPH:	System of Social Protection in Health
UNCRC:	United Nations Convention on the Rights of Children
UNICEF:	United Nations International Children's Emergency Fund
UN Women:	United Nations Women
WHO:	World Health Organisation

Thailand

AIMC:	Association of Investment Management Schemes
ASEAN:	Association of South East Asian Nations
CODI:	Community Organisation Development Institute
COVID-19:	Coronavirus Disease 2019
CSG:	Children’s Support Grant
CSMBS:	Civil Servants’ Medical Benefit Scheme
DGA:	Digital Government Agency

DHEHS:	Division of Health Economics and Health Security
DLA:	Department of Local Administration
DoE:	Department of Employment
DoPA:	Department of Provincial Administration
GDP:	Gross Domestic Product
GP:	Government Pension
GPEPF:	Government Permanent Employees' Provident Fund
GPF:	Government Provident Fund
HICS:	Health Insurance Card Scheme
HWPLID:	Health Welfare Programme for Low-income and Disadvantaged
HIV/AIDS:	Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome
IDPs:	Internally Displaced Persons
ILO:	International Labour Organisation
IOM:	International Organization for Migration
MHIS:	Migrant Health Insurance Scheme
MIS:	Management Information Service
MoE:	Ministry of Education
MoF:	Ministry of Finance
MoI	Ministry of Interior
MoL:	Ministry of Labour
MoPH:	Ministry of Public Health
MSDHS:	Ministry of Social Development and Human Security
MoU:	Memorandum of Understanding
MWG	Migrant Working Group
NESDC:	National Economic and Social Development Council
NHSO:	National Health Security Office
NHRCT:	National Human Rights Commission of Thailand
NGOs:	Non-Governmental Organisations
NV:	Nationality Verification
OAA:	Old Age Living Allowance
OPHI:	Oxford Poverty and Human Development Initiative
OPM:	Oxford Poverty Management
PID:	Primary Immunodeficiency Disorder
RMF:	Retirement Mutual Fund
SEC:	Security and Exchange Commission
SEZs:	Special Economic Zones
SSF:	Social Security Fund
SSO:	Social Security Health Insurance Scheme
SSS:	Social Security Scheme

SWC:	State Welfare Card
THB:	Thai Baht
TPMAP	Thai People Map and Analytics Platform
UC:	Universal Care
UN:	United Nations
UNICEF:	United Nations Children's Emergency Fund
UNESCAP:	United Nations Economic and Social Commission for Asia and the Pacific
UN Women:	United Nations Women
UNMWG:	United Nations Multilateral Working Group
VAT:	Value Added Tax
WCF:	Workman's Compensation Fund

Norway

BA:	Basic amount
EEA:	European Economic Area
GDP:	Gross Domestic Product
GoN:	Government of Norway
ICT:	Information and Communication Technology
NAV:	Norwegian Labour and Welfare Administration
NMF:	Norwegian Ministry of Finance
NMLSI:	Norwegian Ministry of Labour and Social Inclusion
NOK:	Norwegian Kronor
SDGs:	Sustainable Development Goals
UN:	United Nations

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PREFACE

Social protection, whether formal or informal, has been part of humanity for a long time. Many countries significantly embraced social protection in the 1990s when elements of social protection were evident in the Millennium Development Goals as far as dealing with risks and vulnerabilities, poverty, hunger, education and health were concerned. Now, the scope of social protection is changing owing to increased magnitude and scope of emerging challenges. Currently, climate change and environmental damage have accelerated. Besides, globalisation and technological progress have ushered in historically high levels of economic growth but inequality has similarly increased in many parts of the world. Macro-level vulnerabilities as a result of climate change and globalised trade and capital flows have increased substantially, with concomitant negative effects on developing countries in particular.

With time, the need to address poverty as well as rising levels of inequality, risk and vulnerability has led to countries embracing social protection differently, as a sure set of collective programmes through a system of transfers in cash or in-kind. For example, today, in many developing countries, cash transfers are being used to focus on low-income and socially excluded people. Other countries embrace an expanded social protection as an important enabler of progress in key development areas such as education, health and the avoidance of negative impacts of hunger and poverty, through safety nets.

The global interest in social protection programmes has been motivated through the UN Social Protection Floor Initiative which calls for countries to establish or strengthen their existing social protection as an internationally recognised human right. Though many countries, both developed and developing are doing this, the initiative is riddled with complexities relating to the design, financing and implementation of the related programmes.

This book presents the unique cases of social protection in four countries – Uganda, Mexico, Thailand and Norway – in different continents with different histories and intensity of social protection programmes. The purpose is to provide academics, researchers, social policymakers and implementers with a wide range of exposure to the different experiences, challenges and

opportunities of social protection in the four countries. This wide scope of presentation could be highly appealing to many stakeholders who could derive some lessons from these four cases in order to inform their social protection policies and programming in sync with the 21st Century challenges.

CHAPTER 1

SOCIAL PROTECTION IN UGANDA

"The great are not great. The great only appear great because we are on our knees. Let us arise."
—Jim Larki

1.1 Background and premise for social protection in Uganda

There is no single definition of the concept 'social protection'. However, social protection is defined as a collection of programmes that target inequality, risk, vulnerability and poverty through a system of transfer in-kind or cash (World Bank, 2013). UNICEF defines social protection 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 life cycle (Holmes & Lwanga-Ntale, 2012). The International Monetary Fund (IMF), on the other hand, defines social protection (SP) as (i) expenditures on services and transfers to individual people and households; (ii) expenditures on a collective basis (e.g. for formulation and administration of government policy); and (iii) as also including enforcement of legislation and standards for providing social protection. In Uganda, social protection is generally conceptualised as "public and private interventions that address vulnerabilities associated with being or becoming poor" (GoU, 2015a).

Globally, social protection includes nine broad areas: maternity protection; child and family benefits; employment injury benefits; sickness benefits; unemployment support; old age benefits; invalidity/disability benefits; health protection (medical care); and survivors' benefits (ILO, 2017). What is, however, common in all these definitions is that SP can be an intervention which is either preventive or protective. Globally, the importance of social protection is succinctly expressed through SDG target 1.3, which is to "implement nationally appropriate social protection systems and measures

for all, including floors[1], and by 2030 achieve substantial coverage of the poor and the vulnerable'' (GoU, 2020c).

Social protection is a growing response to the challenges of poverty in many developing countries today. The importance of coherent and effective social protection systems is now explicitly reflected in the strategic frameworks of major international organisations, including ILO, FAO, UNICEF, OECD, the World Bank and WHO (ILO, 2017). In Uganda, social protection became more visible in the 2000s during the early days of the NRM government of Yoweri Museveni, when social protection for the first time featured in the 2004 Poverty Alleviation Programme, commonly known as PEAP (Poverty Eradication Action Plan) (GoU, 2004). In this development plan, social protection interventions targeted man-made and natural shocks to prevent vulnerable people from falling back into poverty (GoU, 2004). However, even during this period, social protection was predominantly in-kind and contributory because non-contributory social protection was largely seen by the bureaucrats as unaffordable and counterproductive handouts that perpetuate dependency (Grebe & Mubiru, 2014). It was not until 2006, when the buy-in from bureaucrats for cash transfers became visible, that it became an important strategy for social protection. This led to the implementation of the largely donor-funded cash transfer pilot project known as SAGE (Social Assistance Grant for Empowerment) in 2010 (Omona, 2023). Since then, the ground for social protection agenda has been firmly laid by the enactment of the Social Protection Policy Framework in 2015 (GoU, 2015a).

The enactment of the Social Protection Policy in 2015 was a consequence of a comprehensive situational analysis of the poverty, risks and vulnerability scenarios in Uganda that was undertaken in 2012/13 (GoU, 2015a). The analysis revealed that different age groups experience startling vulnerabilities and risks which ultimately and negatively affect their well-being. These groups are characterised, among many other factors, by gender, age, health, disability, employment, poverty, as well as environmental and natural disasters. These formed the premise for comprehensive social protection in Uganda.

[1] A social protection floor offers social security coverage to all citizens across the life cycle, in particular basic income security for children, persons of working age who are unable to earn sufficient income due to sickness, unemployment, maternity and disability, as well as older persons.

1.2 Rationale for social protection interventions in Uganda

The socio-economic challenges that social protection interventions are intended to address in Uganda are numerous, but they are summarised hereunder, as contained in the Social Development Sector Plan (SDSP) (2015/16-2019/20), within which social protection is anchored (GoU, 2020c). In the Uganda National Development Plan III, objective five is very particular on social protection, and Table 1:1 below shows the strategic results.

Table 1.1: NDP 3 strategic social protection results

Share of pop. Accessing:	2020/21	2021/22	2022/23	2023/24	2024/25
Social insurance	**7.5**	**10**	**12.5**	**15**	**20**
Health insurance	**7.5**	**10**	**15**	**20**	**25**
Direct income support	**0.7**	**2.5**	**3**	**6.5**	**8**
Social care	**5**	**7.5**	**10**	**12.5**	**15**

Source: NDP3, 2020; Nahalamba, 2022

These results are what are targeted by the interventions analysed hereunder.

Gender bias in society. In respect of gender, the evidence indicates that being a patriarchal society, the social norms, rules and practices are skewed in favour of men, unduly influencing gender roles, thus resulting in inequalities and discrimination against women in all aspects of lives that curtail their social, economic and political empowerment. The Uganda Demographic Health Survey (UDHS) (GoU, 2011) report indicates that of all the people who own registered land, only 39 per cent are women. The same report also found that discrimination in access to formal financial services, formal employment and property inheritance was rife against women. Other vulnerabilities established by the same report but which varied by culture and tradition across the country include female genital mutilation among girls, early marriage and a high rate of domestic violence against women and children. For example, the said UDHS report (GoU, 2011) indicates that 55 per cent of women (15 – 49 years) experienced domestic violence, compared with 26 per cent of men, while 28 per cent of

women and 9 per cent of men of the same age group experienced sexual violence.

Declining economic performance. After the structural adjustment period of the 1980s and the ensuing interventions put in place to address the challenges, Uganda experienced high performance in the economy in the 2000s, with the annual growth rate well above the regional average among the sub-Sharan African countries (GoU, 2019). However, the GDP started declining, with the GDP per capita dropping to US$ 2,458 (PPP) in 2018 (IMF, 2018). Reaching their peak 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. At US$ 2693.1 in 2022[2], the GDP per capita is now way below the regional average of US$ 4,096 (PPP) for sub-Saharan Africa (IMF, 2018) – suggesting that reaching upper-middle income status as stipulated in the Uganda Vision 2040 will be a challenge.

Declining level of nutrition. Poor nutrition is high in the country and this is causing the stunting of children of 0–4 years who are supposed to be a potential future workforce (GoU, 2019). According to this same source, what is puzzling is that the under-nutrition is being experienced across all the income groups, with the same pattern not only being experienced among the lower income groups but also among the 3rd and 4rth quintiles (GoU, 2019). Such an early childhood deprivation adversely affects cognitive development, with an enduring impact on school performance, lifetime earnings and well-being in general. Surprisingly, Uganda is a food basket for the region and one wonders why even among the higher income groups there is under-nutrition.

Increasing vulnerability of children. The Uganda National Health Survey (UNHS) (GoU, 2013a) reports that the age group that is most exposed to risks and vulnerabilities are the children. Children are exposed to multitudes of risks and vulnerabilities such as abuse, neglect, high school dropout rates, child labour and orphanhood. They are faced with severe malnutrition, with concomitant severe implications for their psycho-social, cognitive and physical development. For instance, the UDHS (GoU, 2011) report shows a range of implications for the children, from about 33 per cent of the children under five years being stunted to 2 per cent of the children being severely wasted. The same report shows that although the primary enrolment rate is 82.3 per cent, the completion rate is much lower, standing at 67 per cent.

[2] https://data.worldbank.org/indicator/NY.GDP.PCAP.PP.CD?location=UG. Accessed on 24 March, 2024.

The situation is not any better for girls. For example, in 2013, while the net enrolment for girls in secondary school was 23.6 per cent, it was 25.9 per cent for boys. The Child Labour Report of 2013 indicates that 605,000 of school-age children were engaged in work without attending school and of these 330,000 were male and 275,000 were female. Further, the UNHS (GoU 2013a) report indicates that up to about 2.24 million children had lost one or both parents and that up to 45 per cent of such children were under the care of older persons, a situation that exposes them to more vulnerabilities. Besides, it is reported that up to 38 per cent of children experienced violence at home and 32 per cent at school (GoU, 2015a). The vulnerability of children is most extreme in areas such as the northern and northeastern parts of the country which are most prone to poverty. COVID-19 has also not helped the plight of children as child abuse was also rampant during the pandemic.

Limited investment in human capital development. Over the years, there has been evidence of low investment in health and a skilled workforce and investments in the social sector, especially in health and education. For example, the budgetary allocations for the 2017/18 and 2019/20 financial years indicate a clear prioritisation of infrastructure over the social sectors. In the 2017/18 financial year, a disproportionate 35 per cent of the expenditure was appropriated for infrastructure (roads, transport, energy and minerals) compared with only 17 per cent for education and health, and only 0.8 per cent for social development (including social protection), but excluding emergency support and short-term public works (GoU, 2019). Although investment in infrastructure would ideally be good if there were linkages with other sectors such as agriculture, tourism etc. to enable people to get employment, earn incomes and improve their welfare, this appears not be happening. Besides, infrastructure development is neither regionally balanced nor is it designed to tap into the rural communities where vulnerability is common.

Vulnerability of older persons. With respect to older person, the UNHS report (GoU, 2013a) indicates that out of the 1.6 million older people in the country, 64.5 per cent have old-age-related disabilities and up to 10.7 per cent live alone. Despite the existence of the National Policy on Older Persons (2009) which emphasises social inclusion, equal treatment and the provision of livelihood support for older persons, it does not appear that much is being done in this regard. Ageism is a reality and older persons live in loneliness because of the increasing size of the working class today so that very few people remain at home to carry out care and support functions. This is also compounded by the weakening traditional support system,

where most young people are adopting the modern global value of having a nuclear family. To make matters worse, the same report shows that about 17 per cent of the households in the country are headed by older persons and a staggering 72 per cent are responsible for caring for children.

Owing to entrenched patriarchy in society, the risks of old age vary between women and men. While only 15.3 are widowers, up to 63.2 per cent of older persons are widows. In most Ugandan communities, older widows are even more vulnerable and are often dispossessed of the little property their late husband left behind. Fynn's (2021) recommendations for dealing with patriarchy in Africa such as by identification of misogyny, reforming discriminatory laws, embracing human-centred public policies, resisting male supremacy, and expanding academic scholarships for women, are yet to be fully embraced in Uganda. Because of declining labour capacity and productivity, older persons are highly dependent, amidst high health and social-related costs, all of which exacerbate their vulnerabilities (GoU, 2015a).

High level of child dependency. In Uganda, the high fertility rate, ranging from 7.2 in 1973 to 4.5 in 2022, has resulted in the country having one of the highest proportions of young people in the world, with more than half of the population below 15 years (GoU, 2022; GoU, 2019). This high child-adult population ratio is straining the public and the informal systems of social care and support (SCS). If this trend is not reversed soon, it means the majority of the population will continue to face barriers in accessing basic social services. Though a young population is advantageous in the sense that it provides an opportunity to take advantage of the demographic dividend, this can only be harnessed if there is a purposeful and appropriate strategy to invest in building human capital to prepare for the future labour force, something which is not visibly happening now. There is, therefore, dire need to extend investments in the existing scope of social protection coverage and its adequacy to include the dependent population.

High proportion of PWDs. Analysis of the 2014 census data shows that the statistics on disability are not getting any better (Eide, Nanono & Omona, 2021). Up to 14.8 per cent of the adult population older than 18 years old have a disability. Close to 8.4 per cent of children below 18 years and above four years have a disability. Up to 4.7 per cent of children aged four years and below has a disability. The national prevalence rate stands at 12 per cent

(GoU, 2017), only slightly lower than the global rate of 15 per cent.[3] Further analysis shows that 44 per cent of households include a disabled member and 12 per cent have someone with a severe disability (GoU, 2017). Though the analysis has been done on different age groups, the thrust of the argument is that a significant proportion of persons with disabilities (PWDs) constitutes part of the national population and that these are at risk and vulnerable.

The most recent survey on disability in the country revealed disturbing trends. It indicates that the rate of poverty in households with a member with a disability is 31 per cent, as opposed to 28 per cent for households with members without disabilities (GoU, 2020a). Applying the international poverty lines, the same study found that half of Ugandans in households with PWDs are living in absolute poverty (less than $1.9 PPP) and over three-quarters are living in poverty (less than $ 3.2 PPP). The descent into poverty is partly because PWDs usually face greater challenges in acquiring the social and human capital needed to convert capabilities into functioning, thereby impacting on their resilience to poverty (GoU, 2019).

Inability to address disability has significant impacts on individuals, households, communities, the broader society, and national economies. For example, a study across 10 low- and middle-income countries has confirmed that losses in productivity due to addressing disability ineffectively range from 1 to 7 per cent of GDP (GoU, 2019). Failure to address the environmental, attitudinal and institutional barriers that obstruct the participation of PWDs in the economic and social aspects of development could, therefore, be counterproductive. Unless urgent action is taken to address the extant challenges faced by PWDs, the significant socio-economic progress Uganda has made in recent decades could be reversed. The most urgent actions in terms of advocacy and lobbying should be undertaken by the disability umbrella organisation – NUDIPU[4] – and other disabled people's organisations (DPOs). However, the challenge with the disability fraternity is that they are weakly coordinated and mostly urban-based in their strategies, leaving the bulk of PWDs in the rural areas uncatered for.

Challenges with health services. In the health sector, it is documented that the health services are inefficient, expensive and non-responsive to the

[3] WHO 2011 statistics: https://www.who.int/health-topics/disability. Accessed on 24 March 2024.

[4] National Union of Disabled Persons of Uganda. Its mission is to advocate for the Rights of Persons with Disabilities in a unified voice to improve livelihoods. https://nudipu.org. Accessed on 24 March 2024.

needs of the different categories of health service users, thus limiting access for vulnerable and poor populations (GoU, 2013b). Although the recommended average distance to a health facility in Uganda is three kilometres (km), up to 23 per cent of the population live within 5 km of the nearest health facility, and this situation is common in rural areas and among the most vulnerable population sub-groups (GoU, 2015a). The same source states that when people fall sick, only 35 per cent first visit government facilities, with the rest preferring to visit private facilities. Besides, whereas the average waiting time for accessing services is 13 minutes in private facilities, it is up to 87 minutes in public facilities. Because of the capitalist approach to service delivery in the country, it is mostly the poor and vulnerable people who visit the public facilities because they cannot afford the costs of accessing the comparatively high-quality services offered in private facilities. The same source (GoU, 2015a) reports that up to 50 per cent of the costs of medication in public facilities are incurred by households, but this could be up to 100 per cent in private facilities.

The out-of-pocket (OOP) costs include the cost of transport, expenses on drugs, bribery to access services, consultations and other related costs. All these lead to poor health-seeking behaviours among the lower consumption decile, yet factors that complicate their access to health services are beyond their control, such as region of birth, education status and occupation (GoU, 2019). Northern and northeastern Uganda and other areas that are recovering from war are the most affected on account of the low level of socio-economic development in those areas. The lack of access to health services is also evidence of the weak health insurance system that affects the poor and vulnerable people or population group, thus necessitating more investment in poor-friendly health social protection programmes.

Disasters. With respect to natural and human-induced disasters, the most frequent disasters experienced in the country include famine, drought, floods, landslides, epidemics, collapsing civil structures and civil wars. Climatic change has made drought and floods more unpredictable and frequent today. The UNHS report (GoU 2010) indicates that more than 57 per cent of the households experienced climatic shocks, leading to a severe decline in crop yields and income for more than 80 per cent of the population, and usually afflicting those engaged in agriculture, especially the poor. Evidence shows that the disasters affect households disproportionately, with those which are poor being exposed to higher levels and intensities of risks such as ill health, food shortages and psycho-social challenges because they have limited capacity and ability to cope when these risks do occur.

Pandemics and epidemics. HIV/AIDS and other infections are rife in Uganda and these affect people differently, with the poor and most vulnerable being most affected. HIV infection in Uganda, for example, increased from 6.4 per cent in 2005 to 7.3 per cent in 2012, and increases were reported among both the rural and the urban populations, including those who are married (GoU, 2015a). Other epidemics, such as COVID-19, Ebola and nodding syndrome (Omona, 2023) have had severe impacts, too, on different segments of the population. Nodding syndrome, for instance, is a fatal, incurable disease that has affected thousands of children, with a prevalence rate of between 0.7 per cent and 4.6 per cent of children aged 5–18 in the affected districts (Katrina et al., 2013). Such diseases have an enormous negative impact on the socio-economic structure of the households and communities in Uganda. For example, frequent and long episodes of sickness deprive families of their means of production and exacerbates both the extant poverty status and gender inequalities within households and communities (GoU, 2015a). Inability to work due to sickness leads to no/low income, thus further limiting access to health services and consolidating the vicious circle of illness and poverty. This compels households to dispose of their meagre assets, borrow money and go further down the valley of poverty and vulnerability.

Persisting poverty, inequality and income insecurity. Though the poverty trend in Uganda has been on a downward spiral since the 1999s, a great number of the population still live in absolute poverty. In the last three decades, the proportion of the population living below the poverty line dropped from 56.0 per cent in 1992/1993 to 19.7 per cent in 2012/13 but increased to 21.4 per cent in 2016/17, before swinging back to 20.3 per cent in 2019/2020 (DI, 2020, GoU, 2021). The COVID-19 pandemic and the associated public health measures partly account for the observed increase in the poverty headcount. This increase is because, before March 2020, when the first COVID-19 lockdown in Uganda was implemented, the poverty rate was 18.7 per cent, but after March 2020, the poverty rate increased to 21.91 per cent. It should be noted that although the poverty rate decreased between 2016/17 and 2019/20, in absolute terms, the actual number of poor persons marginally increased from 8.03 million to 8.31 million (GoU, 2021). This shows that much as the poverty rate is falling, the number of poor people is increasing, which necessitates social protection interventions, which is the focus of this analysis.

The poverty rates also vary by sub-region of the country. The 2012/13 UNHS data shows that the poverty rate in urban areas stood at 9.32 per cent and 22.78 per cent in rural areas, but the UNHS 2016/17 data shows that

25.28 per cent of the rural residents were poor, compared to 9.41 per cent of urban residents (GoU, 2013a; GoU, 2017). In effect, the aforementioned increase in the poverty rate from 19.7 per cent in 2012/2013 to 21.41 per cent in 2016/17 is felt more in rural areas than in the urban areas. With poverty comes social ills such as income inequality.

Uganda has experienced increasing regional inequalities since the 1990s. While it is documented that extreme poverty at the national level has generally declined since the 1990s, this trend has not occurred evenly across the country. Uganda has consistently experienced increasing regional inequalities since the 1990s and the most negatively affected areas are the Northern and the Karamoja sub-regions (DI, 2020).[5] This discrepancy justifies some affirmative social protection interventions.

Income inequality and insecurity have remained worrying despite significant progress having been made in this regard. Although income inequality declined from a Gini coefficient of 0.43 in 2009/2010 to 0.40 in 2012/13, it increased to 0.42 in 2016/17 and to 42.7 in 2018/2019.[6] The national Gini co-efficient is still over and above the threshold of 0.27, beyond which the International Monetary Fund (IMF) has determined that inequality can harm economic growth. Income inequality is a sign of entrenched horizontal inequalities caused by inequality in access to services and resources, leading to inequalities in opportunities such as school enrolment and utilisation of health services, especially among poorer consumption deciles (GoU, 2019). Therefore, Uganda must invest more in reducing inequality and income insecurity to sustain and improve upon recent growth trends in order to buttress stronger social cohesion in society. This can partly be achieved through deliberate investments in generous social protection programmes.

High rates of unemployment. Regarding employment, Uganda has a total labour force of 16.3 million and a working population of 13.9 million (GoU, 2015a). The same source reports that 17 per cent of the employed population (1.4 million people) are poor. It is estimated that up to 817,000 people in Uganda are unemployed, putting the unemployment rate at 9.4 per cent. When gender analysis is done, the unemployment rate among women turns out to be 11 per cent, compared to 8 per cent for their male counterparts. Though the proportion of the working population appears high, there are enormous risks that they face, including job insecurity, low pay, discrimination,

[5] The sub-regions constituting Northern Uganda are Acholi, Lango and West Nile. The Karamoja sub-region geographically belongs to Eastern Uganda.

[6] World Bank. https://data.worldbank.org/indicator/SI.POV.GINI?locations=UG. Accessed on 23 September 2023.

limited labour mobility, and poor working conditions. Women, in addition, face sexual harassment and lack of maternity protection. To show that the working environment is highly perilous, about 85 per cent of the paid workers are engaged in the informal sector, in work mainly related to agriculture, without formal contracts, and they have no social security (GoU, 2015a). Close to 33.8 per cent of the workers in the private sector earn less than $14 per month.[7] With such meagre earnings, needs cannot be effectively met. Besides, less paid workers are also exposed to health hazards and occupational accidents at their places of work. Some of the accidents may cause severe infirmities and permanently incapacitate the workers. The same source reports that despite the existence of the Worker's Compensation Act No. 8 of 2000, many workers in both the formal and informal sectors who are affected by accidents and occupational diseases in the course of their employment often do not receive compensation, but even where they do so, it can either come too late or the payment is meagre.

Declining traditional support system. Since colonial times, Uganda has had a rich tradition whereby families and communities covered the life-cycle risks and shocks such as loss of a job, singlehood, injury and disasters, among others, experienced by individuals or groups of people (GoU, 2019). Unfortunately, traditional support mechanisms are increasingly constrained by urbanisation, changing family structures, modernisation, persistent poverty, inequality and other cross-cutting challenges such as HIV/AIDS, Ebola and COVID-19, all of which have left a number of families vulnerable, with a high number of orphans under the care of their grandparents – even as the latter are already vulnerable.

1.3 The extant social protection interventions in Uganda

On the basis of the above justification for social protection interventions, the terrain today in Uganda is categorised thus:

Social care and support, and social security. The social security component consists of direct income support (non-contributory) and contributory social insurance. Characteristics of social care and support are that they focus on the most vulnerable in society who are unable to fully care for and protect themselves, and on direct provision of social services to support such people. The characteristics of contributory social insurance include reliance on an insurance mechanism; prior payment of contributions; risk sharing or

[7] Equivalent to Uganda shillings (Ush.) 50,0000 at a rate of exchange of UGX 3, 500 per dollar by 2015.

'pooling'; and the notion of guaranteed support. The characteristics of direct income support include non-contributory, regular, predictable cash and in-kind transfers to the most vulnerable (GoU, 2020c). Details are presented below:

Social care and support. Traditionally, social care and support relied on informal systems such as the family and the community. However, with mounting social problems such as HIV/AIDS, poverty, civil wars and rural-urban migration, these systems became overstretched (GoU, 2015a). This ushered in interventions in providing social care services by government and civil society actors. The informal system still visibly and significantly complements the formal system. The current formal social care and support services include the resettlement of street children and abandoned children; institutional care and support to vulnerable children, PWDs and older persons; care and protection of children in conflict with the law; care and support to gender-based violence survivors/victims; community-based care and support for older persons; and community-based rehabilitation for people with disabilities (PWDs) (GoU, 2015a).

Owing to the high number of poor and vulnerable people, these care and support services are inadequate in scope and coverage, poorly coordinated and, moreover, underfunded. Poor coordination is exacerbated by the lack of an integrated and comprehensive management information system. In most cases, civil society organisations (CSOs) complement government efforts. However, where they do this, they usually concentrate on a small geographical area, practise creaming, have poor outreach, and select a few beneficiaries from an entire district or community. Besides, most of the CSOs implement their activities in isolation, making coordination and oversight of their interventions very difficult for government (GoU, 2015a).

Informal and traditional care and support systems. The common support system in this category includes the family and clan support systems, local savings and credit groups, mutual assistance schemes and burial groups (GoU, 2015a). Although they are declining, they are still used to complement the formal systems which have the aforementioned weaknesses. They also suffer in many respects – poor quality, unreliability, limited scope and inadequacy –, justifying the expansion of the formal interventions.

Workers Compensation Act (Cap. 225). This is a social security system that provides for compensation to workers employed both by the private sector and government who contract occupational diseases or suffer injuries in the course of executing their duties (GoU, 2015a). According to the Act, the