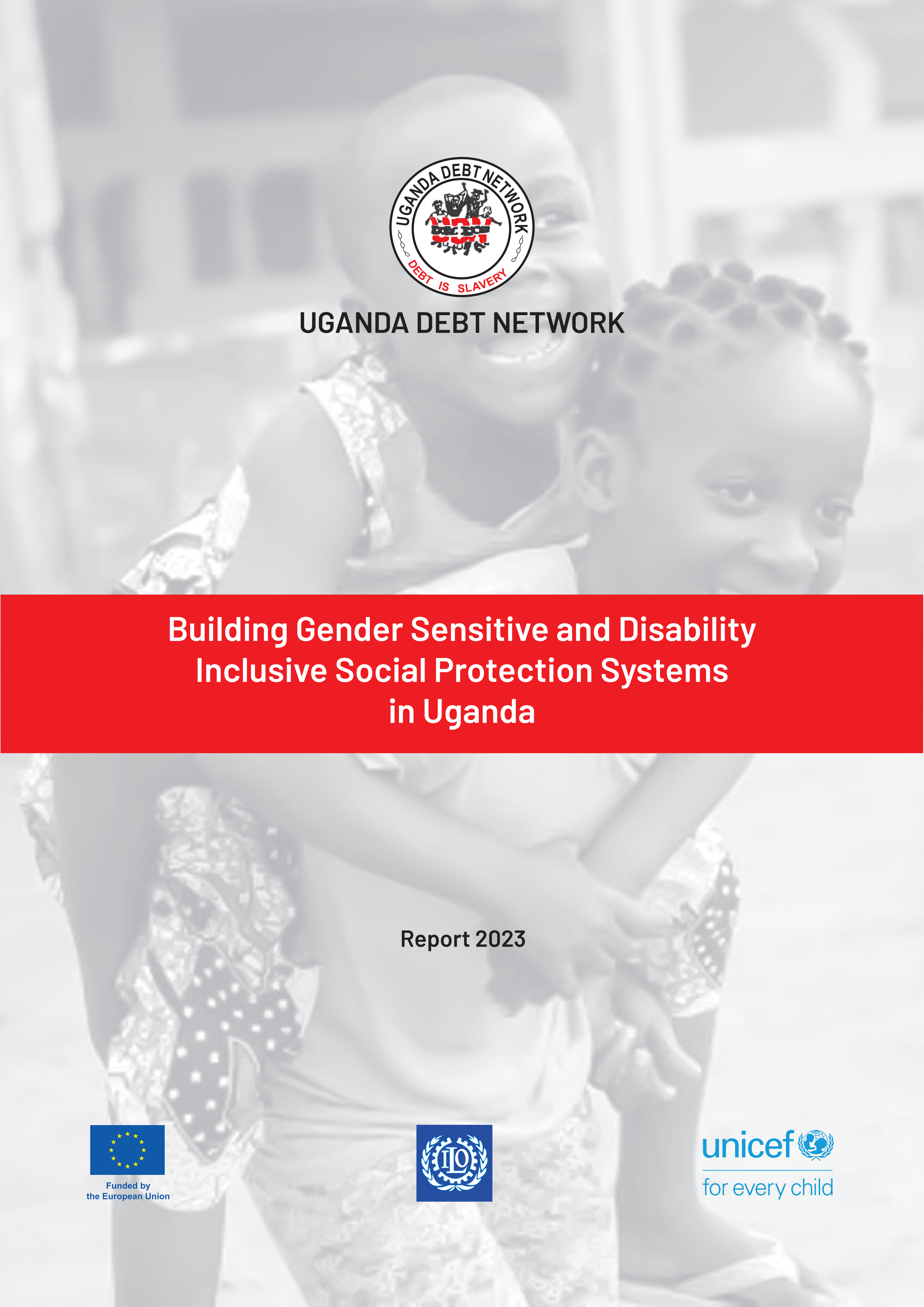
UGANDA DEBT NETWORK

Building Gender Sensitive and Disability Inclusive Social Protection Systems in Uganda

Report 2023

Funded by the European Union

unicef for every child



UGANDA DEBT NETWORK

Building Gender Sensitive and Disability Inclusive Social Protection Systems in Uganda

Report 2023

Funded by the European Union

unicef for every child

ACKNOWLDGEMENTS

Uganda Debt Network (UDN) is grateful to the research team from Applied Research Bureau led by Paul Bukuluki, Symon Wandiembe, Peter Kisaakye and Alex Bagabo that executed the study and led the drafting of this report. We are grateful to the various stakeholders who reviewed the report and provided constructive comments including staff from the Ministries Departments and Agencies (MDAs), District Local Governments (DLG), Academia and Civil Society Organisations (CSOs). Special thanks to the Ministry of Gender Labour and Social Development (MGLSD) technical staff for reviewing the report and holding a validation meeting that enriched the report. We are grateful to the partners (UNICEF) for making funds available to support this study. We express special thanks to staff from UDN for their technical inputs and coordination of the execution of the study. We are also indebted to all the research assistants and respondents who participated in the study.

ACRONMYS

CDOs	Community Development officers
CSOs	Civil Society Organizations
DCDOs	District Community Development officers
DIS	Direct Income Support
DLG	District Local Government(s)
DRDIP	Development Response to Displacement impacts Project
EU	European Union
EOC	Equal Opportunities Commission
ESP	Expanding Social Protection 2
ESPP	Expanding Social Protection Programme
FCDO	Foreign Common Wealth and Development Office
ILO	International Labour Organization
KCCA	Kampala City Council Authority
LIPWs	Labour Intensive Public Works
MDAs	Ministries Departments and Agencies
MIS	Management Information System
MLSD	Ministry of Gender, Labour, and Social Development
MoFPED	Ministry of Finance, Planning and Economic Development
MWT	Ministry of Works and Transport
MWE	Ministry of Water and Environment
NIA	National Identification and Registration Authority
NIN	National Insurance Number
NPA	National Planning Authority
NSR	National Single Registry
NSSF	National Social Security Fund
NUSAF	Northern Uganda Social Action Fund
NSPP	National Social Protection Policy
OPM	Office of the Prime Minister
PBU	Post Bank Uganda
PCR	Programme Completion Review
PDM	Parish Development Model
PMU	Programme Management Unit
PPI	Programme Performance Indicators
PSP	Payment Service Provider(s)
RTSU	Regional Technical Support Units
SAFR	Safeguarding and Fiduciary Risk
SCG	Senior Citizens Grant
SLA	Service Level Agreements
SPD	Social Protection Directorate
SP	Social Protection
SR	Strategic Review
UNICEF	United Nations Children Fund
USPP	Uganda Social Protection Platform
WFP	World Food Programme

CONTENTS

LIST OF TABLES

LIST OF FIGURES

EXECUTIVE SUMMARY

Introduction

Social protection is a key cross cutting issue that is paramount for achieving the desired goals of the Third National Development Plan (NDPIII) 2020/21-2024/25 as well as Vision 2040. Through the Public Finance Management Act (PFMA), 2015[1], government agencies and local governments are required to integrate cross cutting issues into their respective plans and budgets. Gender and disability are among the cross-cutting issues. This report provides an assessment of the extent to which of the social protection systems in Uganda are gender sensitive and disability inclusive.

Methods

A mixed methods approach (quantitative and qualitative) was used to collect data. Primary data was collected through a quantitative survey of beneficiaries selected social protection programmes as well as qualitative methods including key informant interviews (KIIs), and Focus Group Discussions (FGDs) with the target communities/beneficiaries of social protection programmes. Secondary data was collected through desk review relevant documents particularly policy and programme documents of social protection programmes in Uganda. The study covered eight (8) selected districts of Kamwenge, Isingiro, Kiryandongo, Kapelabyong, Kamuli, Moroto, Napak, Tororo. These districts were selected to reflect the selected social protection programmes as well as to the extent possible reflect regional representation. Thirty-two FGDs were conducted, cross-classified groups with the aim of achieving saturation of information. In addition, 27 KIIs were conducted at district level and 8 KIIs at national level. The final sample sizes were 227 SCG (120 females vs 107 males) and 365 LIPW (205 females vs 160 males).

Frequencies and percentages, and composite scores with their averages were used to analyze quantitative data while notes from KIIs and FGDs were analysed using content and thematic analysis techniques.

Key Findings

Senior Citizens Grant (SCG)

- The SCG uses a universal categorical targeting approach based on simple demographic characteristics – age – and targets individuals over 80 years of age. In FY2021/22, there were 306,000 beneficiaries. An equivalent of UGX 25,000 is transferred per month. While the SAGE programme does not specifically highlight people with disabilities as a core target group, it does not discriminate against PWDs as long as they meet the age eligibility criteria. PWDs are both a direct or indirect target group under the SAGE programme.

Gender sensitivity:

- The program uses a categorical targeting mechanism based on age, and thus, equally, reaches women and men, and PWDs.
- No gender issues relating to the cash transfer delivery system was reported in the study.
- There is a differential impact of SCG on men vs women: More older men than older women earn incomes from property rentals or investments (~20% vs 10%). Thus, more men than women reported investing some of the UGX 25,000 (10.3% vs. 5.0%).

[1]Status Update on the PFM Act 2015 regulations (finance.go.ug)

Disability inclusion:

- Older persons with disabilities are more likely to spend on health care than those without disabilities (24.7% vs. 11.3%) and were less likely to invest the money (1.0% vs. 10.7%).
- Only 13.0% of older persons with disabilities are receiving any social care and support services at the community level.
- However, in Karamoja beneficiaries reported screening and treatment of eyesight at the SCG pay points. MGLSD has worked with SightSavers International and mainly Moroto hospital to provide eye care services to the elderly.

Labour Intensive Public Works (LIPW) Programmes

Gender sensitivity:

- The National LIPW Guidelines clearly stipulates that at least 50% of the direct beneficiaries shall be female and 20% shall come from households with only vulnerable groups including persons with disability which clearly embraces the aspect of gender and disability inclusion.

Disability inclusion:

- Beneficiaries revealed that the selection process under the LIPW takes into account characteristics of age, gender, disability, and vulnerability/poverty status.
- Targeting process takes into account the needs of both men and women, recognizes gender differences in poverty and education levels, women's time poverty, and women and persons with disability mobility patterns.
- Men and women are assigned various tasks depending on their capabilities.

The Public Service Pension

- The Public Service Pension (PSPS) is a tax-financed, non-contributory pension that covers public service employees.

Gender sensitivity:

- The indexing of pension amounts on wages instead of price indexation implies that women who often occupy low cadre jobs within public service get less pension amounts than men.

Disability inclusion:

- The PSPS covers a range of benefits, including a retirement pension; a disability benefit; a survivor's benefit; and an early retirement or redundancy payment (in the case of dismissal).
- Early retirement is possible for staff who have reached 45 years of age and who have worked for at least 10 years. However, given that few PWDs enter labour-force and hence public service, many are inevitably left out of PSPS.

National Social Security Fund

- The National Social Security Fund (NSSF) is a mandatory pure defined contribution provident fund for retirement. Although revision of the NSSF act allows NSSF to reach out to the informal sector, the scheme mainly covers the workers in the formal sector. Currently, the fund has about 2.2 million members (about 1 million are not actively contributing).

Gender sensitivity:

- Similar to PSPS, the indexing of contribution on wages implies women who often occupy low cadre jobs accumulate less amounts than men.

- More women than men work in informal economy, and hence not included in NSSF. In FY2020/21, only 25.6% of the members were women.

Disability inclusion:

- The programme provides both an old age benefit and an invalidity benefit, both of which can be important means of support for persons with disabilities. In most cases, old age is associated with disability. Section 20a (3) of The National Social Security Fund Amendment Act (2022), Chapter 222 allows a person with a disability who is forty years of age and above and has made a contribution to NSSF for ten years or more to access half of his or her benefits.

The Special Grant for Persons with Disabilities

- This is a livelihoods programme which provides one-off grants to groups in support of various activities to enhance income generation.
- The Special Grant is funded through an envelope of ear-marked funding for activities for persons with disabilities, which also includes funding for Community-Based Rehabilitation.
- The fund is only for income-generating activities such as agricultural production, metalwork, tourism, and woodwork.
- This lack of guidance and processes means that people with invisible disabilities, including mental disabilities, are more at risk of being excluded.

Special Grant for Older Persons

- This is a livelihoods programme which provides one-off grants to groups in support of various activities to enhance income generation.
- The Special Grant is funded through an envelope of ear-marked funding for activities for older persons (60-79 years)
- The fund is only for income-generating activities such as agricultural production, metalwork, tourism, and woodwork.

Gender sensitivity and disability inclusion:

It uses the age threshold of 60-79 years. Does not go beyond age to address unique issues related to gender or disability.

Parish Development Model (PDM)

The Program benefits the active poor persons including persons with disabilities. Very specifically, 10% of the Program funds in every parish are ringfenced for persons with disabilities.

Conclusion

- The Government of Uganda has a broad range of legal, policy and institutional frameworks for social protection in place and most of these policies have mainstreamed disability as an area of focus in terms of promoting disability inclusion and wellbeing. For example, several legislation including the Constitution and the NSSF Amendment Act (2022) under Section 20 is in favour of Persons with Disabilities (PWDs). PWDs who have attained the age of 40 years and have saved with the Fund for 10 years and above can access half of their savings. However, there is continuing challenge of not adequately fostering inclusion of marginalised categories of disabilities including deaf, blind and persons with severe physical and cerebral palsy.
- There are gaps in translation of policies and laws that address disability issues and priorities for social protection into practice due to limited funding, weaknesses associated with the institutional framework, limited capacity to diagnose and assess the severity of the various types of disability.

- The implementation of disability inclusive social protection policies faces a number of problems that limit their ability to reach the vast majority of people with disabilities including physical barriers, communication barriers, attitudinal barriers, a lack of sensitivity or awareness, low coverage, limited disability disaggregated data, insufficient budgets, programmes designed with a focus on charity rather than empowerment (a perceived incapacity to work) and use of the medical model of disability in targeting mechanisms for PWDs for SP programmes which tends to inadequately take into consideration the social and structural barriers that increase risk, vulnerability and social exclusion of some marginalized disability categories.
- Overall, gender has been integrated in most of the social protection policies and programmes. Gender mainstreaming has also extended to gender responsive budgeting including issuing of gender and equity compliance certificates by the Equal Opportunities Commission, and creating thresholds for women, men and youth as well as people with disabilities in some of the social protection programmes. For example, the Ministry of Gender, Labour and Social Development (MGLSD) has been intentional in providing technical and demonstrating political leadership for promoting gender sensitive social protection. For example, the MGLSD developed the Social Protection Gender and Equity Strategy (2017) which provides a framework for provision of technical guidance in mainstreaming gender and equity in social protection interventions. Furthermore, MGLSD developed the Step-by-Step Guidelines for mainstreaming gender and equity in social protection (launched in March 2022).
- The Step-by Step Guidelines (MGLSD 2022) identified seven priority areas of the National Social Protection Policy as the target for gender mainstreaming namely: Reform of the Public Service Pensions Scheme; Expand Social Security in the Private Sector to include provision of pensions; Develop Appropriate Social Security Products for the Informal Sector; Introduce Affordable Health Insurance Scheme; Expand Access to Direct Income Support by Vulnerable Groups; Strengthen Family and Community Capacity to provide care for groups in need of care and Enhance the Institutional Capacity for provision of comprehensive Social Protection services. This guide if implemented would ensure that each social protection intervention addresses gender and equity systematically.
- However, few social protection programmes do follow a gender transformative social protection approach that goes beyond disaggregation of beneficiaries between males and females through thresholds or gender participation. There is less focus on the complexity of women and men especially in relation to the various social identities that women carry simultaneously that have potential to increase their risk and vulnerability.
- Complementary interventions such as the Youth Livelihood Programme and the Uganda Women Entrepreneurship Programme have clear guidelines to ensure gender equality in their targeting mechanisms as well as implementation of programmes. However, some programmes that are heavily dominated by the formal sector such the Public Service Pension Scheme carry a risk of leaving out some vulnerable groups including vulnerable categories of women, youth and PWDs that are less represented in the formal sector.

Recommendations

No.	Recommendation	Responsible Actor
1.	There is need to increase focus on comprehensive gender analysis and harmonization of tools that go beyond disaggregated of beneficiaries between males and females to enable identification and application of gender transformative approaches.	• MGLSD, • Ministry of Local Government, • CSOs, • UN Agencies
2.	There is need to increase focus on the complexity of women and men especially in relation to the various social identities that women carry simultaneously that have potential to increase their risk and vulnerability. This requires capacity building among key stakeholders at various levels in the application of the intersectionality lens social protection policy and programming.	• *MGLSD,* • *Ministry of Local Government,* • *DLGs* • *CSOs,* • *UN Agencies*
3.	There is need to review the current social protection Policy (2015) to update it to capture the changes in the context that have heard a bearing on risk and vulnerability including the various shocks. This will help to align the policy to particularly address the shock responsive social protection dimensions.	• *MGLSD,* • *Ministry of Justice and Constitutional Affairs,* • *Parliament,* • *Ministry of Local Government,* • *CSOs,* • *UN Agencies*
4.	There is need to advocate for translation of policies and laws that guarantee the rights of PWDs to social protection into practice including the weaknesses associated with the institutional framework, limited capacity to diagnose and assess the severity of the various types of disability.	• *MGLSD,* • *Ministry of Justice and Constitutional Affairs,* • *Parliament,* • *Ministry of Local Government,* • *CSOs,* • *UN Agencies*
5.	Invest in improving coverage and intensity of social protection programmes targeting social inclusion of PWDs. These programmes should address the social and structural barriers that increase risk and vulnerability of PWDs. They should address the major problems that limit their social inclusion such as physical barriers, communication barriers, attitudinal barriers, a lack of sensitivity or awareness, low coverage, lack of data and insufficient budgets.	• MGLSD, • Ministry of Finance Planning and Economic Development, • Ministry of Justice and Constitutional Affairs, • Parliament, • Ministry of Local Government, • National Council for the Older Persons, • National Council for Persons with Disabilities • CSOs, • UN Agencies
6.	There is need to be intentional in social protection programming in transiting from the medical model of disability to the social model of disability that take into consideration the social and structural barriers that increase risk, vulnerability and social exclusion of PWDs. This calls for also increasing the share of PWDs benefiting from complementary interventions that address some of the structural issues that drive risk and vulnerability for PWDs.	• MGLSD, • Ministry of Justice and Constitutional Affairs, • Parliament, • Ministry of Local Government, • National Council for the Older Persons, • National Council for Persons with Disabilities • CSOs, • UN Agencies

No.	Recommendation	Responsible Actor
	There is need to develop and implement a disability grant for persons with severe disability. In doing this, priority should be particularly placed on children with severe disability (a child disability grant). In the short term there is need to consider expansion of the Social Assistance Empowerment Programme to integrate a regular transfer for Persons with severe disabilities across age groups.	• MGLSD • Ministry of Justice and Constitutional Affairs, • Parliament, • Ministry of Local Government, • National Council for the Older Persons, • National Council for Persons with Disabilities • CSOs, • UN Agencies
	Much as Uganda has progressively increased investments in social protection, it lags behind most of the countries in the region in terms of its investment in social protection as a percentage of GDP. There is need for advocacy for Uganda to double its investment in social protection in order to have a greater impact in reducing poverty, risk and vulnerability for people across the life cycle.	• MGLSD, • Ministry of Finance Planning and Economic Development, • National Planning Authority • Parliament, • CSOs, • UN Agencies
	There is need to periodically review the current monthly stipend that is given to the beneficiaries in light of economic shocks including rising inflation rates in the country.	• MGLSD, • Ministry of Finance Planning and Economic Development, • Parliament, • CSOs, • UN Agencies
	There is need to disaggregate data especially on the categories of people living with a disability (PWDs) who are benefiting from the various social protection interventions or programmes. This would facilitate equity and ensure that PWDs with severe and multiple disabilities access social protection programmes.	• MGLSD • National Planning Authority (NPA) • Uganda Bureau of Statistics (UBOS) • Ministry of Justice and Constitutional Affairs, • Parliament, • Ministry of Local Government, • National Council for Persons with Disabilities • CSOs, • UN Agencies
	There was an effort to have a central database that tracks progress for every indicator on social protection (including indicators on gender and disability) – where each responsible agency reports achievements, this is not yet in place and information is fragmented and difficult to obtain. For this reason, there is need to structure and establish a central database that captures achievements for all indicators from all responsible MDAs.	• MGLSD • National Planning Authority (NPA) • Uganda Bureau of Statistics (UBOS) • National Council for Persons with Disabilities
	There is need to explore opportunities to strengthen the delivery of social protection interventions through the structures and systems being set up under the PDM particularly at the local government and community levels.	• MGLSD • National Planning Authority (NPA) • Uganda Bureau of Statistics (UBOS) • Ministry of Local Government, • Parliament

1.0 Introduction and background

1.1 Introduction

Social protection is a key cross cutting issue that if not addressed, it is a bottleneck in hindering attainment of the desired NDP III goals and objectives as well as the Vision 2040. Through the planning guidelines, government agencies and local governments are required to integrate cross cutting issues into their respective plans and budgets, of which gender and disability are key components to promoting social protection inclusion. This report provides evidence on the extent to which the social protection (SP) systems in Uganda are gender sensitive and disability inclusive. The report is presented in four different major sections: background, methodology, results and conclusions and recommendations. The background section provided context of the different social protection systems in Uganda as well as the rationale for conducting the study. The methodology section highlights the approach and methods employed in this study, particularly study areas, sampling, data collection, and analysis. The results section highlights the key findings from the analysis and the last section concludes with recommendations.

Defining key concepts in the report:

Social Protection: According to the National Social Protection Policy (NSPP) (2015:1), social protection refers to "public and private interventions to address risks and vulnerabilities that expose individuals to income insecurity and social deprivation, leading to undignified lives". It is conceptualized as a basic service and a human right that ensures dignity of people.

The NSPP (2015) categorised the social protection system into 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 while Social Care and Support Services are defined as a range of services that provide care, support, protection and empowerment to vulnerable individuals who are unable to fully care for themselves[2]. Social security is composed of direct income support and social insurance.

Direct Income Support (DIS) 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[3].

Gender: This report adopted the National Gender Policy (2007) definition of the concept gender. According to this policy, gender is the social and cultural construct of roles, responsibilities, attributes, opportunities, privileges, status, access to and control over resources and benefits between women and men, boys and girls in a given society. In other words, gender is means the social constriction of relationships between men and women with a focus on the following several key parameters including: (1) differences in status of women/men and their access to and control over assets and resources; (2) influence of gender roles on division of time between paid employment, unpaid work (including unpaid care), and volunteer activities, (3) influence of gender roles and norms on leadership patterns over decision-making (also see Agency for All project Gender Strategy, 2023[4]). In analysis of gender relations and the extent to which social protection takes into account gender relations and gender norms, this report reflects on the Gender Integration Continuum (IGWG, 2019). It proposes a Gender Integration Continuum that categorizes programs ranging from those that may be exploitative at one extreme to those that may be transformative at the other[5]. Based on this, it provides insights into how programs may be gender blind, or only gender accommodating. The Gender Integration Continuum makes propositions to guide programs to move towards adopting gender transformative strategies and policies that challenge existing gender inequities and promote positive changes in gender roles, norms, and power dynamics through adopting gender transformative approaches (GTA) which seek to challenge harmful and oppressive social and gender norms (Agency for All Project Gender Strategy, 2023) by: (1) challenging restrictive norms and promoting critical reflection on their impact on relationships, health, livelihoods, and wellbeing, (2) creating new norms, shifting norms, or strengthening protective norms that promote equitable, non-violent relationships and affirm people of all gender identities and expressions, and (3) redistributing gendered and other intersecting forms of power and privilege. The understanding of gender and gender equality is linked to its root causes—social and gender norms. Some scholars like Cislaghi and Heise (2018) denote that "social norms are rules of action shared by people in a given society or group; they define what is considered normal and acceptable behaviour for the members of that group"[6].

---

[2]National Social Protection (2015)
[3] Ibid
[4]Agency For ALL Project, 2023. Gender Strategy.
[5] ibid
[6]Cislaghi, B. and Heise, L. (2018) Four avenues of normative influence, Health Psychology, 37, 562– 73.

Gender and social norms: According to Cislaghi and Heise (2020), "gender norms are social norms defining acceptable and appropriate actions for women and men in a given group or society. They are embedded in formal and informal institutions, nested in the mind, and produced and reproduced through social interaction. They play a role in shaping women and men's (often unequal) access to resources and freedoms, thus affecting their voice, power and sense of self" (p. 416)[7]. Furthermore, this study is cognizant of the intersections between gender and other social identities of both female and male such as gender, age, education, class, location, disability, ethnicity) that could have a bearing on shaping experiences of risk and vulnerability in various contexts where social protection programmes are designed and implemented. This notion closely relates to the concept of intersectionality which denotes that individuals both hold and are prescribed traits and positionalities in society based on their race or ethnicity, class, culture, age, gender, abilities, disability, etc.[8]), which intersect and may highlight and reinforce inequalities or may afford an individual relative privilege[9].

It should be noted that there are other concepts crucial for problematizing the concept of gender; one of these concepts is gender discrimination. Gender discrimination refers to "any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on the basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field" [10]. A related concept of gender equality denotes the equal participation of women and men in decision-making including: equal ability to exercise their rights; equal access to, and control of, resources and development-related benefits; and equal opportunity to obtain decent employment and improve other aspects of their livelihoods[11]. This concept implies that that women and men, girls and boys are entitled to have equal conditions, treatment and opportunities for realizing their full potential, human rights and dignity, and for contributing to (and benefitting from) economic, social, cultural and political development. It is imperative to note that equality used in this context does not necessarily denote that women and men will become the same but rather that women's and men's rights, responsibilities and opportunities will not depend on whether they are born male or female[12].

Overall, several scholars have noted that Gender-sensitive policy and programme design and implementation have the potential to reduce gendered poverty and vulnerability and to increase the effectiveness of different social protection interventions. However, it is argued that to-date, gender equality objectives have mostly been secondary goals – at times not even that – yet important intended and unintended gendered impacts have emerged[13]. These scholars further argue that where programmes are cognizant of intra-household dynamics, they have offered better support to facilitate maximisation of positive impacts and reduce potentially negative ones, with relatively simple design changes combined with an investment in more strategic implementation practices. It is argued that these are needed to enhance the potential of social protection to contribute to a transformation of gender relations at the individual, intra-household and community levels[14].

[7] Cislaghi, B., & Heise, L. (2020). Gender norms and social norms: differences, similarities and why they matter in prevention science. Sociology of health & illness, 42(2), 407-422.
[8] Cho, Sumi, Kimberlé Williams Crenshaw, and Leslie McCall. "Toward a Field of Intersectionality Studies: Theory, Applications, and Praxis." Signs: Journal of Women in Culture and Society 38, no. 4 (2013): 785–810. https://doi.org/10.1086/669608.
[9] Sariola, Salla. "Intersectionality and Community Engagement: Can Solidarity Alone Solve Power Differences in Global Health Research?" The American Journal of Bioethics 20, no. 5 (2020): 57–
[10] United Nations, 1979. 'Convention on the Elimination of all forms of Discrimination Against Women,' Article 1 cited in UNICEF (2017). Gender Equality Glossary of Terms and Concepts Available at: https://www.unicef.org/rosa/media/1761/file/Genderglossarytermsand-concepts.pdf
[11] Ibid
[12] UNICEF (2017). Gender Equality Glossary of Terms and Concepts Available at: https://www.unicef.org/rosa/media/1761/file/Gender-glossarytermsandconcepts.pdf
[13] Holmes, R., & Jones, N. (2010). Rethinking social protection using a gender lens.
[14] ibid

Disability: In respect to disability, this report adopted the definition of disability provided by the Persons with Disabilities Act (2020) which defines Disability as a substantial functional limitation of a person's daily life activities caused by physical, mental or sensory impairment and environment barriers, resulting in limited participation in society on equal basis with others. The prevalence of disability was estimated by the National Population and Housing Census of 2014 at 12.4 percent among the population aged 5 years and above (males 49.3%; females 50.7%). According to UBOS (2016), the highest forms of disability estimated are: difficulties in seeing (6.5%), difficulties in remembering (5.4%), difficulties in walking (4.5%) and difficulties in hearing (3.1%) (UBOS, 2016). The 2017 functional disability survey found prevalence of 16.5% and prevalence among 2-4 years was at 3.5 percent, 7.5% among 5-17 years and 16.5% for adults (18 and above) (Also see UNFPA, Uganda 2021[15]). The disability prevalence among women is at 15% and 10% among men while 15 percent of the disabilities were in urban areas and 12% in rural areas[16,17]. A relatively small percentage of PWDs (1.3%) are the formal sector workforce[18]. This implies that social protection interventions in targeting PWDs reach out to only a small proportion of PWDs given that majority are in the informal sector workforce.

A relatively recent the household survey on disability carried out by MGLSD and UBOS (2020) found that 8.5 per cent of Ugandans have a disability. This survey established that the prevalence of disability increases sharply with age, with around 40 per cent of older persons aged 65 years and above have a disability in Uganda; rising to 57 per cent among those aged 80 years and above. This implies that there is a strong old age disability nexus; as people age and grow frailer, their health decreases and the risk to experience age-related impairments is likely to increase. This notwithstanding however, the highest numbers of people with disabilities in Uganda are below the age of 15 years. This implies that there is need to prioritize focus on prevention and management childhood disabilities. This too means that in the context of social protection, consideration should be given to developing child disability grants or to mainstreaming childhood disability in all the pillars of social protection policy and programming. It is instructive to also take into consideration the different types and severity of disability including prevalence of multiple disabilities. For example, the household disability survey (UBOS and MGLSD (2020) although there is little variation between impairments for children, adults (aged 18 years and above) have the most difficulty with seeing (4.5 per cent) followed by walking (4 per cent). Furthermore, the survey estimated that about one-third of all children and adults with disabilities have difficulties in more than one domain[19].

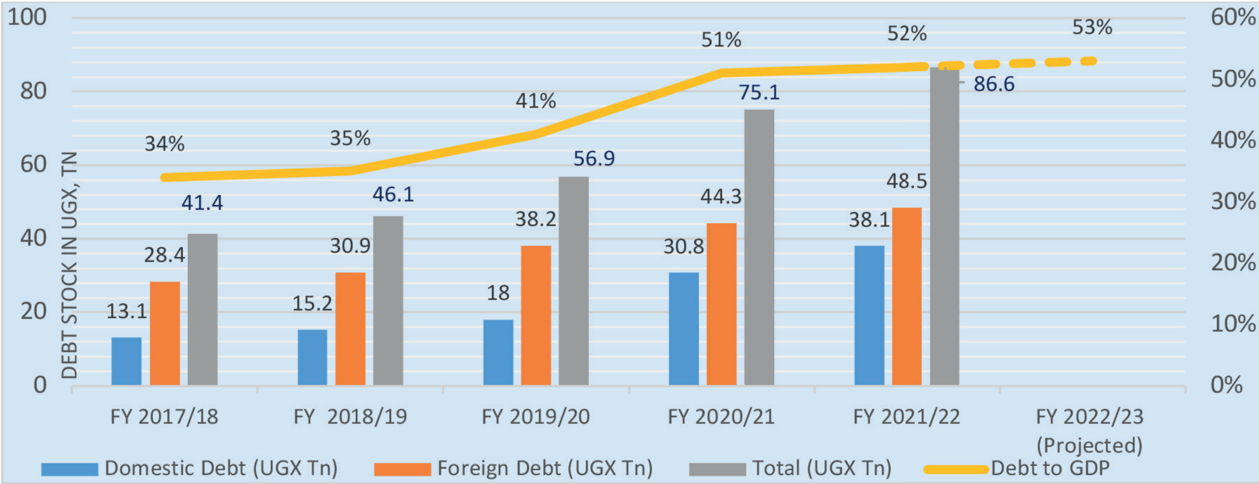
1.2. Background and rationale for the study

Over the past decade, Uganda has achieved sustained economic growth and a significant reduction in the poverty headcount. Similarly, the proportion of the population living under the poverty line increased from 19.7 per cent in 2012/13 to 21.4 per cent in 2016/17. However, in 2019/2020, the poverty rate declined to 20.3 percent, still above the NDP II target of 14 per cent.[20] (The Gross Domestic Product (GDP) per capita and domestic revenue collections have been below the National Development Plan (NDP) set targets over the last more than ten years. The increase in GDP per capita was below the NDP II target, and the revenue collection was only 12.9 per cent of GDP in FY2019/2020. Currently (FY2021/22), the public debt is about 53 per cent of the GDP. The economic activity is gradually recovering, with GDP rate increasing from 3.4 per cent FY2020/21 to 4.1 per cent in FY2021/22[21].

[15] Disability Inclusion in Uganda: What You Need to Know: Quick Facts, 2021

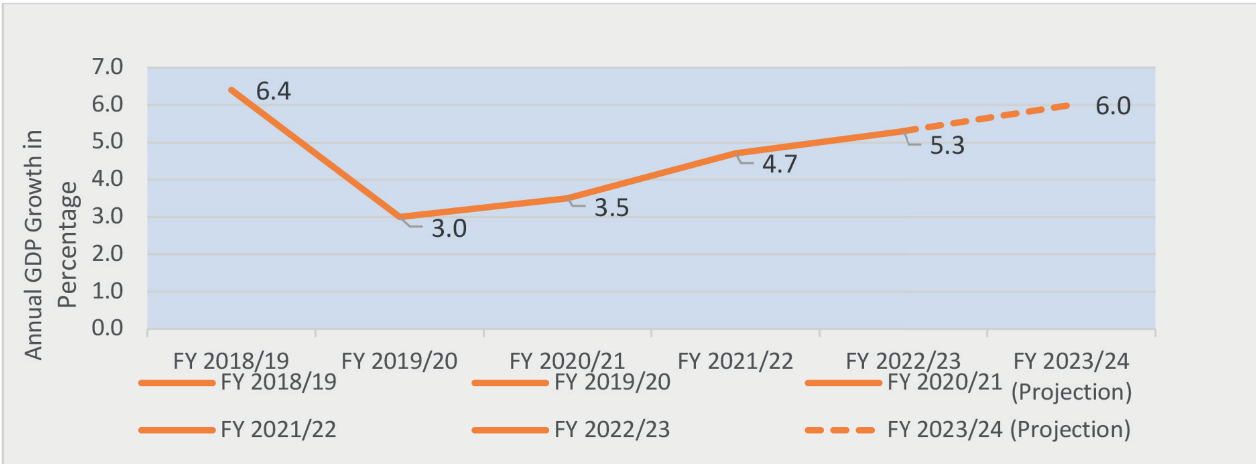
[16] UBOS National Population Census, (2014)
[17] Disability Inclusion in Uganda: What You Need to Know: Quick Facts, 2021
[18] UBOS, (2018) Manpower Survey disaggregated by disability 2016/2017
[19] MGLSD and UBOS (2020). Situational Analysis of Persons with Disabilities in Uganda, Kampala: MGLSD
[20] MoFEPD (2021), Poverty Status Report Available at: https://www.finance.go.ug/publication/poverty-status-report-2021 f
[21] MGLSD, 2022. Expanding Social Protection Programme (ESPII): Strategic Review

Figure 1: Trend of Uganda Public Debt Stock, FY 2017/18 – 2021/22



Source: Consolidated Auditor General's Report, December 2022

Figure 2: Uganda's GDP Growth FY 2018/19 to 2023/24 (UGX, BN)



Source: NBFP FY 2023/24

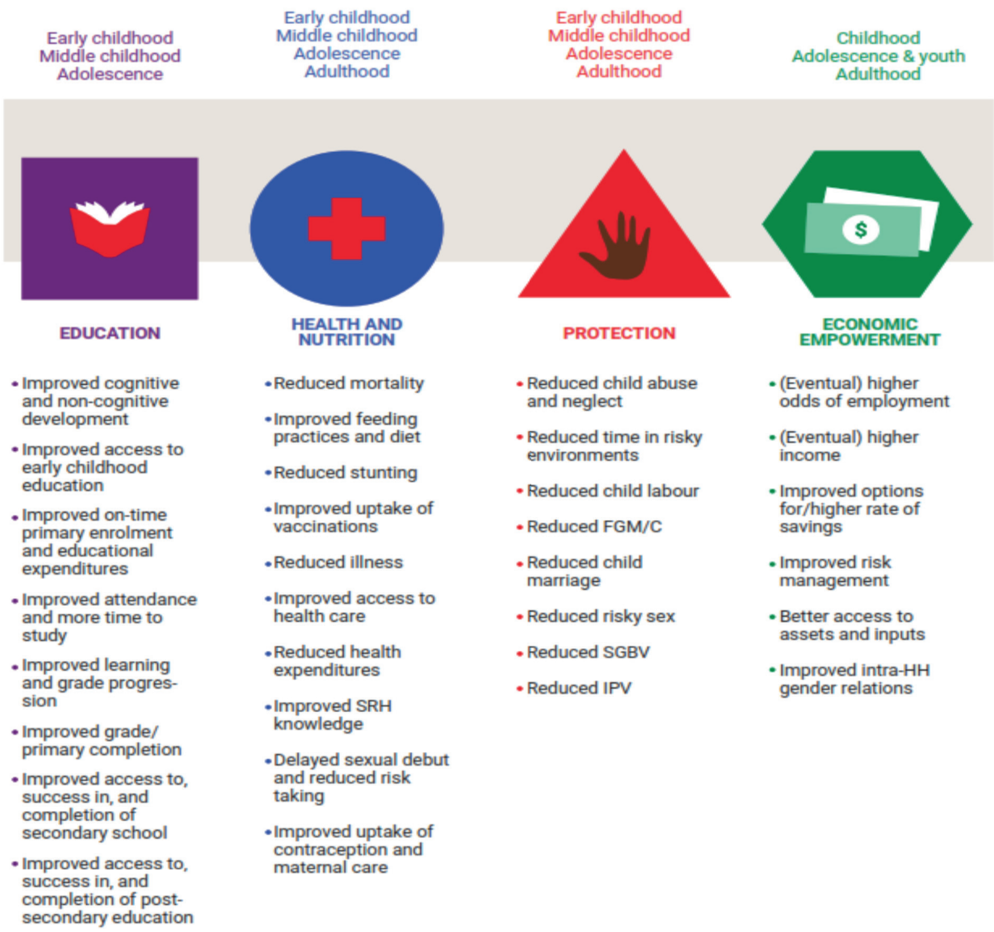
This progress notwithstanding, the proportion of the population below the national poverty line in Uganda remains high. For example, while in percentage terms, a reduction in poverty has been recorded, in absolute numbers, the number of persons living in poverty increased from 8 million to 8.3 million respectively over the same period Uganda National Household Survey (UNHS2019/20). Similarly, several Ugandans remain predisposed to various risks and vulnerabilities across the lifecycle. It is estimated that 26.3 per cent of Ugandan citizens are living with a disability: 19.8 per cent of the population live with a mild or moderate disability while 6.5 per cent are severely disabled. The 2017 Uganda Functional Difficulties Survey indicates that disability varied, with 3.5% among those aged 2-4 years, 7.5% among those aged 15-17 years and 16.5% among those aged 18 years and above.[22] Results from the Uganda National Household Survey (UNHS) 2019/20, also showed that 53 per cent of Uganda's children experience multi-dimensional poverty[23], and thus without external support might not be retained at school, or, if they do, shall have poorer educational outcomes. In such poor families, children's nutritional needs are not met, and cognitive development is hampered. Other vulnerabilities being faced include stunting, undernutrition and underweight among children/early childhood, teenage pregnancy, early/child

[22] Uganda Functional Difficulties Survey 2017.pdf (unicef.org)
[23] Uganda Bureau of Statistics (UBOS2022). Multi-dimensional Poverty Index for Uganda. Kampala: UBOS.

marriage, child labour for youth of school going age while older persons are faced with fragility, poverty, disability, lack of care from family and high burden of care for grandchildren[24].

Gender and disability play significant roles in how people experience risks, vulnerabilities, and opportunities. Strengthening Social protection provision is therefore key in enabling vulnerable persons such as women, children and Persons with disabilities overcome vulnerabilities across the lifecycle. Social care and support services such as child protection, care for older persons and the chronically sick, community-based rehabilitation for PWDs, and mitigation of GBV have the potential to improve the quality of life of the vulnerable groups and promote inclusive development[25]. A recent synthesis of findings social protection & gender equality outcomes across the Life-Course shows that social protection can contributed to quality of life through improved education and learning, health and nutrition, protection from age- and gender-based violence, and economic empowerment among vulnerable persons including women, children and Persons with disabilities[26]. Figure 3 below summarizes what positive outcomes might social protection contribute to.

Figure 3: Contribution of social protection to positive outcomes



Source: United Nations Children's Fund (UNICEF) October 2021[27]

[24] ToR, Building gender sensitive and disability inclusive social protection systems in Uganda
[25] Ibid
[26] UNICEF, 2021. Social Protection & Gender Equality Outcomes Across the Life-Course: A Synthesis of Recent Findings.
[27] Ibid.

Evidence from Uganda's Social Assistance Grants for Empowerment (SAGE) indicates that's direct income support through the grant has enabled older persons meet the costs of accessing food, health and education services and supports them in eating regular and nutritious meals. It has helped improve school attendance from beneficiary households by 14% between 2009 and 2014 compared to only 7% for non-beneficiary households. Similarly, the ratio of households consuming fewer than 2 meals per day declined by more than 11% (MGLSD, 2014). Similarly, a simulation sponsored by ESPII on the Economic and Poverty Impacts of the ESP programme, by Khondker, Matovu, and Athias (2019) found that headcount poverty among the beneficiaries may likely drop to 19.6 percent in FY 2021/22, which is a decrease of about 1.83 percentage points over the five years from the 21.3% reported by UNHS 2016/17. The full expansion of ESP in FY 2030/31 attracts an 8.11 percentage points reduction over the 9 years of implementation. It also predicts an annual poverty reduction rate of 0.9 percent between FY 2021/22 and FY 2030/31[28].

Findings from the 2019 report on gender issues in Uganda revealed that physical violence is more prevalent in rural areas then urban areas, although there are no huge significant differences between men and women in terms of physical violence (52%). According to the report, physical violence in rural areas is largely caused by to limited economic opportunities, which leads to redundancy and alcoholism. While ownership of assets increased from 78% in 2012/13 to 82% in 2016/17, evidence from the report indicates a significant share of asset ownership among males than females in terms of furniture, agricultural land ownership, houses, and phones. Regarding employment, findings from the 2019 report indicate that the proportion of employed men increased more than that of women, irrespective of the type of work. This pattern (more employed males than females) is the same by region, industry of work or occupation. Evidence alludes to a higher unemployment rate for the working age population (14-64 years) among females (13.2%) than males (5.8%).[29]

Social protection in Uganda is also being increasingly institutionalized within national development plans and budgets, government spending on social assistance, as a percentage of GDP, has remained the same or tended to decrease in the last five years as the loan financed NUSAF 3 project closed in FY2020/21. Based on data from Semi-Annual Budget Performance report, less than 100 per cent of the budget allocated funds are usually released.[30] The coverage of social protection, particularly the Direct Income Support (DIS) is low. For example, based on UBOS population projections, the 358,000 beneficiaries under the SCG represent about 90% coverage of older persons aged 80 years and above, and 22% of the current 1.66 million old persons aged 60 years and above who meet the definition of elderly under the Constitution. In 2020, only 2.9% of the total population was covered by social protection systems[31].

The right to social protection for all Ugandan citizens is set out in the 1995 Constitution. The Government of Uganda (GoU) has articulated an ambitious vision for the social protection sector, reflecting this right, with commitments to expand the coverage of social assistance to 50% of the vulnerable population by 2030, as set out in the third National Development Plan I. With a gender lens, social protection has the potential to transform unequal social and economic circumstances at a systemic level. Such 'transformative social protection' must account for the different risks experienced by women and men across their lifecycle[32]. Social protection in Uganda, is comprised of two pillars, namely: (i) Social Security and (ii) Social Care and Support Services. The social security pillar comprises social insurance and direct income support, while the social care and support services includes child protection, support to people with disabilities, older persons, and gender-based violence prevention and response[33].

[28] Khondker, B, H, Matovu, J & Athias, D, 2019. Economic and Poverty Impacts of the ESP programme in Uganda: Results from a SAM Modelling Approach. Development Pathways, UK
[29] Uganda Bureau of Statistics, 2019. Gender Issues in Uganda: An analysis of gender-based violence, asset ownership and employment.
[30] Semi-Annual Budget Performance Report FY 2020-21.pdf (finance.go.ug)
[31] MGLSD, 2022. Expanding Social Protection Programme (ESPII): Strategic Review
[32] ToR, Building gender sensitive and disability inclusive social protection systems in Uganda
[33] MGLSD, 2015. The National Social Protection Policy: Income security and dignified lives for all.

Climate change shocks: Uganda is ranked high at 58th out of 181 countries globally in terms of climate disaster risk[34] and experienced total economic losses of over US$3 billion between 1966 and 2020, the bulk of which were uninsured. Given Uganda's vulnerability to covariate shocks, most commonly climatic shocks, and other natural disasters, and projections on the likely changes to Uganda's climate especially in the semi-arid north resulting in a dryer climate combined with increased flooding elsewhere (e.g., Mt. Elgon) underlines the importance of focusing on building shock responsiveness into Uganda's SP systems[35]. However, the social protection system (including in relation to shock response) is still relatively nascent.

The Government of Uganda has made commendable progress in establishing a Social Protection system underpinned by a legal and policy framework, establishment of MIS/Single Registry, coordination of Monitoring and Evaluation efforts, administration and systems, financing for Social Protection interventions and effective targeting mechanisms.

For instance, the SP sector is guided by a number of legal and policy instruments including:

- the Public Service Retirement Benefits Act (1999);
- Public Finance Management Act (2015);
- The Equal Opportunities Commissions Act (2007);
- The Workers' Compensation Act (2000);
- The Employment Act (2006) providing for rights of workers and employers' obligations;
- The Domestic Violence Act (2010);
- The Disability Act 2020,
- The National Social Security (NSSF) Act, 2022; and
- the Uganda Retirement Benefits Regulatory Authority Act (2011).

Several policies are in place that contribute to social protection programmes: National Orphans and Other Vulnerable Children Policy (2004), the National Equal Opportunity Policy (2006), the National Disability Policy (2006), the Uganda Gender Policy (2007), the National Policy for Older Persons (2009)[36], the National Health Policy (2010), the National Policy for Disaster Preparedness and Management (2010) and the National Employment Policy (2011); the Uganda National Youth Policy (2016), the Integrated Early Childhood Development Policy (2016) and the National Gender-Based Violence Policy (2016).

At the global level, Uganda has aligned planning frameworks to the sustainable development goals and ratified several international conventions[37] guaranteeing social protection for everyone. Some of the include:

a. The 2006 UN Convention on the Rights of Persons with Disabilities (CRPD) emphasizes the critical role of social protection in supporting the full and effective participation and inclusion of persons with disabilities across the life cycle. The CRPD sets out the obligations of States parties to

    - ❖ ensure that persons with disabilities enjoy adequate standards of living on an equal basis with others and have equal access to all social protection schemes and programs, including pensions, public housing (art 28), health care (art 25), rehabilitation (art 26), and vocational training and return-to-work programs (art 27) without any discrimination;

[34]The World Risk Index score for Uganda is 8.63 reflecting a combination of high exposure with very high susceptibility, vulnerability, lack of coping capacities, and lack of adaptive capacities (Bündnis Entwicklung Hilft and RUB 2020).
[35] MGLSD, 2022. Expanding Social Protection Programme (ESPII): Strategic Review
[36] ESPII has worked with MGLSD to update the National Older Persons Policy and the National Disability Policy and regulations. Both are at Cabinet
[37]The Social Security (Minimum Standards) Convention, 1952 (No. 102), is the flagship of all ILO social security Conventions, as it is the only international instrument, based on basic social security principles, that establishes worldwide-agreed minimum standards for all nine branches of social security. However, the Government of Uganda has not yet signed or ratified this convention.

- ❖ ensure that persons with disabilities have access to assistance to cover disability related expenses as well as to affordable and quality disability related services and devices (art 28) that are required to live independently and be included in the community (art 19);
- ❖ support children with disabilities and their parents and prevent institutionalization and ensure that in any case children are living in family like settings (art 7, 16, 18 and 23);
- ❖ address the particular disadvantages faced by women and girls with disabilities (art 6 and 28); and
- ❖ meaningfully consult and involve persons with disabilities through their representatives' organizations in the design, implementation and monitoring of social protection policies and programs (art 4.3).

b. ILO Convention No. 102 (Part IX) sets minimum standards for the provision of income security in relation to loss of income related to acquiring a disability due to employment injury or other causes

c. Agenda 2063-specifically refers to persons with disabilities in its commitment to the delivery of social protection systems and measures for all.

d. The Global Disability Summit Commitments (GDS) which are intended to accelerate efforts by States promotes Social Protection in favour of persons with disabilities. The 2018 GDS Commitments had a fully thematic area on pursuing Routes to Economic Empowerment of Persons with Disabilities while the 2022 GDS had a fully-fledged thematic area on inclusive employment and livelihoods.

e. Another is the African Union Disability Strategic Framework which was adopted in 2019. Strategic Area 3 is one (out of 10) that focuses on strengthening disability-sensitive and appropriate social protection programmes and instruments in AU Member States.

- The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)
- The Convention on the Rights of the Child (CRC).
- The commitment of the 2030 Agenda to 'leave no one behind'
- The ILO Social Protection Floors Recommendation (No. 202)

Convention 102, Social Security (Minimum Standards), Convention 1952, provides the main benchmarks and standards on social security worldwide as stipulated by the ILO as a UN specialized agency on labour and industrial relations issues. ILO Convention 102 on Social Security provides for the right to social security to include among others, at least, the right to security regarding among other things disability benefits.

However, please note that Uganda has not signed this convention and has not ratified Convention 102. It has also not ratified related Conventions such as those on employment injury benefits (No. 121), invalidity, old age and survivors (No. 128), employment and unemployment (No. 168) and Conventions 118 and 157.

The United Nations Committee on Economic, Social and Cultural Rights in its General Comment (No. 19) on the Right to Social Security63 outlines a number of elements that constitute the right to social security.

The institutional coordination arrangements of social protection are set out in the Programme Plan of Interventions for Implementation (PPI) of the NSPP. The PPI also proposes new agencies for social protection: a Pensions Authority, a Social Transfers Agency, a Health Insurance Agency and a Social Care and Support Council[38]. Delivery of social protection at local government level is coordinated by the district and sub county coordination committees. The Community Based Services Departments provide the secretariat for the coordination committees. The sub county coordination committees provide a sub-county specific assessment and implementation of the necessary social protection interventions.

[38]See Programme Plan of Interventions for Implementation (PPI) of the Uganda National Social Protection Policy

1.3. Purpose and scope of the assignment

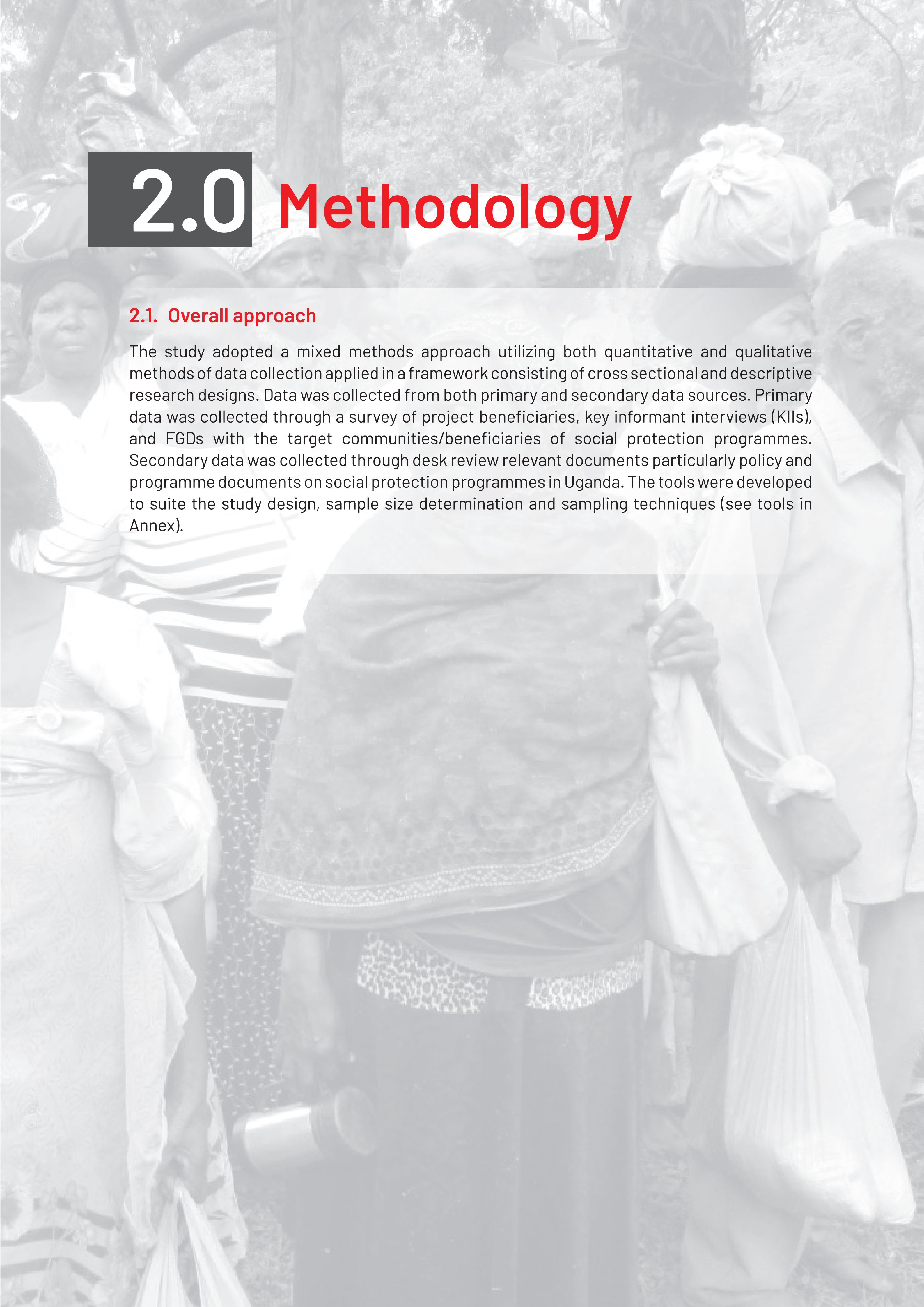
The purpose of the study is to support the government of Uganda in building gender-sensitive and disability- inclusive social protection systems and programmes for all while ensuring financial sustainability and macroeconomic stability. Specifically, the study seeks to

- To establish the extent to which the existing Legal and Policy framework for Social Protection is gender sensitive and disability inclusive;
- To assess the fiscal allocations to Social Protection and the extent to which it is responsive to gender and disability in line with the priorities of NDP III and Local Government budgets;
- Assess the extent to which existing targeting mechanisms for Social Protection are Gender Sensitive and Disability Inclusive across the life cycle for social cohesion in Uganda
- Share key learnings and key recommendations to enhance gender-sensitive and disability-inclusive social protection systems.

2.0 Methodology

2.1. Overall approach

The study adopted a mixed methods approach utilizing both quantitative and qualitative methods of data collection applied in a framework consisting of cross sectional and descriptive research designs. Data was collected from both primary and secondary data sources. Primary data was collected through a survey of project beneficiaries, key informant interviews (KIIs), and FGDs with the target communities/beneficiaries of social protection programmes. Secondary data was collected through desk review relevant documents particularly policy and programme documents on social protection programmes in Uganda. The tools were developed to suite the study design, sample size determination and sampling techniques (see tools in Annex).



2.2. Study area

The study covered eight (8) selected districts of Kamwenge, Isingiro, Kiryandongo, Kapelabyong, Kamuli, Moroto, Napak, Tororo.

2.3. Desk review

Secondary data included desk review of existing data and reports relating to shock-responsive social protection, as well as a more thorough investigation of relevant laws, reports, and policy documents related to the social protection response in Uganda to assess the extent to which the existing Legal and Policy framework for Social Protection is gender sensitive and disability inclusive. Other programme materials reviewed included programme documents and reports for social protection programmes (including ESP, NUSAF annual programme reports, NDPIII, budget framework papers, among others to assess the fiscal allocations to Social Protection and the extent to which it is responsive to gender and disability in line with the priorities of NDP III and Local Government budgets and the extent to which existing targeting mechanisms for Social Protection are Gender Sensitive and Disability Inclusive across the life cycle for social cohesion in Uganda.

2.4. Sample size and Procedures

Sampling for Quantitative strand

- *Survey design*: A three-stage cluster sampling design was employed in each of the 8 study districts. A parallel sample of SCG, disability grant and LIPW beneficiaries was conducted. Within each district, the villages that have SCG and LIPW beneficiaries were generated. A random sample of 6 villages was taken. Within each village, 10-12 SCG beneficiaries and 14-16 LIPW beneficiaries were randomly selected with a help of the CDOs and LCs. Further, a random sample of 10 LIPW non-beneficiaries was taken. Overall, 40 SCG beneficiaries, 40 LIPW beneficiaries and 20 LIPW non-beneficiaries (aged 15-59 years) were sampled from each district.
- *Sample size*: The final sample sizes are 227 SCG (120 females vs 107 males) and 365 LIPW (205 females vs 160 males).

Sampling for Qualitative strand

Participants were purposively selected to fit in each of the groups (quota samples) generated by the cross-classifications defined previously (gender, age and disability, etc.). These were selected in the villages visited for quantitative surveys. Each group consisted of 8-10 participants. Thirty-two FGDs were conducted, cross-classified groups with the aim of achieving saturation of information. In addition, we conducted 27 KIIs at district level and 8 KIIs at national level. These were purposively selected.

Table 1: Summary of KIIs and FGDs

National Level										**#**
• Government (MGLSD including commissioners, MFPED, MWT, MWE, OPM, Ministry of Local Government, ESP Staff, NPA technical staff, NUSAF Staff, KCCA, UBRA • Representatives of international partners/Donors: UNICEF, World Bank, WFP, UN Women, ILO, • CSO: UDN, NUDIP, UGANET, Humanity for Inclusion, Plan international, Save The Children • Social protection working groups • Political leadership/Parliamentary forum on social protection, Parliamentary Forum on disability, and gender										**20**
Category	**Method**	**# per district**								**Total**
		Kamwenge	Isingiro	Kiryandongo	Kapelabyong	Kamuli	Moroto	Napak	Tororo	
District Level										
• CAO • Secretary for social services • Women representative • PWD representative • Community services department (DCDO) • Social protection technical personnel /SAGE RTSU • Subcounty Community development officers • Parish chiefs • CSO representative providing SP • District planners • District engineers	KII	4	3	4	3	4	3	3	3	27
Community level										
• Female beneficiaries • Male Beneficiaries • Female non beneficiaries • Male non beneficiaries • PWDs • Refugees • Youth	FGDs	4	4	4	4	4	4	4	4	32

2.5. Data collection

Key informant interviews (KIIs): These were conducted with a range of different stakeholders that were purposively selected at national and subnational levels. Key informant interview guides were developed and shared with UDN and partners at inception phase (See Annex II). Key points from the interviews were recorded.

Focus Group Discussions (FGD): These were conducted in selected districts targeting community members/beneficiaries of SP programmes to assess the extent to which existing targeting mechanisms for Social Protection are gender sensitive and disability inclusive. The participants were purposively selected, each FGD comprising of 8-10 participants. The FGDs were conducted in groups cross-classified by gender, disability and age. FGDs with women and girls were conducted with female research assistants while FGDs with men and boys were conducted with male research assistants. All FGDs were audio recorded, with consent from the participants. For each FGD, 2 field data collectors were deployed, one to moderate the discussion, and another to manage the recording and take supplementary hand-written notes.

Survey: A survey was conducted across 8 study districts (Kamwenge, Isingiro, Kiryandongo, Kapelabyong, Kamuli, Moroto, Napak, Tororo) among beneficiaries. A semi-structured questionnaire with the use of Computer Assisted Personal Interview (CAPI) technology was used to collect information from respondents. All interviews were conducted following WHO ethical guidelines for managing ethical research Issues in Infectious Disease Outbreaks (See WHO 2016 and WHO 2020)[39].

Figure 4: Selected pictures of fieldwork interviews

2.6. Data Analysis

Analysis of quantitative data: Survey data were downloaded from an online database and transferred to Stata v15 for analysis. Stata survey suite commands were used in analysis accounting for stratification, clustering, and sampling weights. Both frequencies and percentages, and composite scores with their averages were used during analysis.

Analysis of qualitative data:

Notes from key informant interviews and focus group discussions were analyzed using Content and Thematic techniques. Processing of qualitative data proceeded as follows:

- Review of KII and FGD notes to identify the emerging issues and themes in line with the evaluation questions and objectives.
- Evidence to support the codes were put under each of the codes and the data reduced into segments that was stored and organized in excel worksheets. After that, the codes were combined into broader themes.

[39] WHO, 2020; Ethical standards for research during public health emergencies : Distilling existing guidance to support COVID-19 R&D. available at https://www.who.int/blueprint/priority-diseases/key-action/liverecovery-save-of-ethical-standards-for-research-during-public-health-emergencies.pdf?ua=1
and
WHO, 2016; Guidance for Managing Ethical Issues in Infectious Disease Outbreaks. World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland. Available at https://apps.who.int/iris/bitstream/handle/10665/250580/9789241549837-eng.pdf?sequence=1&isAllowed=y

- The resultant themes were displayed and compared through text descriptions, tables, matrixes, figures, and other visual diagrams as appropriate.
- A summary description of emerging themes, making use of key quotations, cases and explanations were used in writing the evaluations report.

2.7. Ethical Considerations

Several ethical and safety considerations in conducting research were adhered to. These included seeking consent before conducting the interview, assuring the respondents of confidentiality, meeting the need for referral during the course of the study and ensuring that the research findings are properly interpreted and used to advance policy interventions and development.

The study also followed the WHO (2020) Ethical standards for research during public health emergencies,[40] WHO (2016) Guidance for Managing Ethical Issues in Infectious Disease Outbreaks[41] and UNICEF Procedure on Ethical Standards in Research, Evaluation, Data Collection and Analysis, April 2021[42].

Informed consent process

Before conducting the interview, all participants provided informed consent. Consent was sought throughout the study.

Protection of privacy and confidentiality

All data collection was conducted in private locations and privacy was ensured as much as possible. The FGDs were conducted in a place of participants' choice. The study team used the names and contact information of participants on any forms except the consent and assent forms. Rather, the client ID was used to distinguish between participants in these data collection activities.

In addition, all research team members were carefully selected, with training of research teams not only on the subject matter and methodology but also ethical issues informing the study. Design of research tools were sensitive to the special needs of vulnerable groups including women and persons living a with disability. Furthermore, the research team were trained to safely refer persons requesting assistance to available local services and sources of support.

[40] WHO, 2020; Ethical standards for research during public health emergencies : Distilling existing guidance to support COVID-19 R&D. available at https://www.who.int/blueprint/priority-diseases/key-action/liverecovery-save-of-ethical-standards-for-research-during-public-health-emergencies.pdf?ua=1

[41] WHO, 2016; Guidance For Managing Ethical Issues In Infectious Disease Outbreaks. World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland. Available at https://apps.who.int/iris/bitstream/handle/10665/250580/9789241549837-eng.pdf?sequence=1&isAllowed=y

[42] UNICEF, 2021. Procedure on Ethical Standards in Research, Evaluation, Data Collection and Analysis. Available at https://www.unicef.org/evaluation/documents/unicef-procedure-ethical-standards-research-evaluation-data-collection-and-analysis

3.0 Findings

3.1. Gender sensitivity and disability inclusion in existing legal and policy framework for Social Protection

3.1.1. Legal and policy framework for Social Protection

Over the last two decades, Uganda has made major strides in developing relevant policies, laws and national development plans that aimed at strengthening social protection policy, institutional framework and programming in line with her global, regional and international commitments. For example, at the global level, Uganda has aligned her planning frameworks to the Sustainable Development goals and ratified several international conventions[43] guaranteeing social protection for everyone. Some of these commitments have a direct bearing on gender sensitivity and disability inclusion. For instance, the GoU is not only a signatory but has made inroads in aligning her legislative and policy frameworks to the Universal Declaration of Human Rights; the International Covenant on Economic, Social and Cultural Rights; the Convention on the Rights of the Child (CRC); the Convention on the Elimination of Discrimination Against Women (CEDAW); and the Convention on the Rights of Persons with Disabilities (CRPD). Furthermore, there is evidence through the NDP III that the Government of Uganda is mobilizing her resources with a view to achieving the Sustainable Development Goals that contribute to social protection. Figure 2 provides a summary of the SDGs that contribute to buttressing social protection that is gender sensitive and with a focus on disability inclusion. For example, tackling poverty and inequality (Goal 1), promoting gender inequality (Goal 5) and strengthening social inclusion (Goal 11) among others. For example, the SDG Target 1.3 focuses on "Implement nationally appropriate social protection systems and measures for all, including social protection floors, and by 2030 achieve substantial coverage of the poor and the vulnerable[44] " which is in line with the National Social Protection Policy (2015).

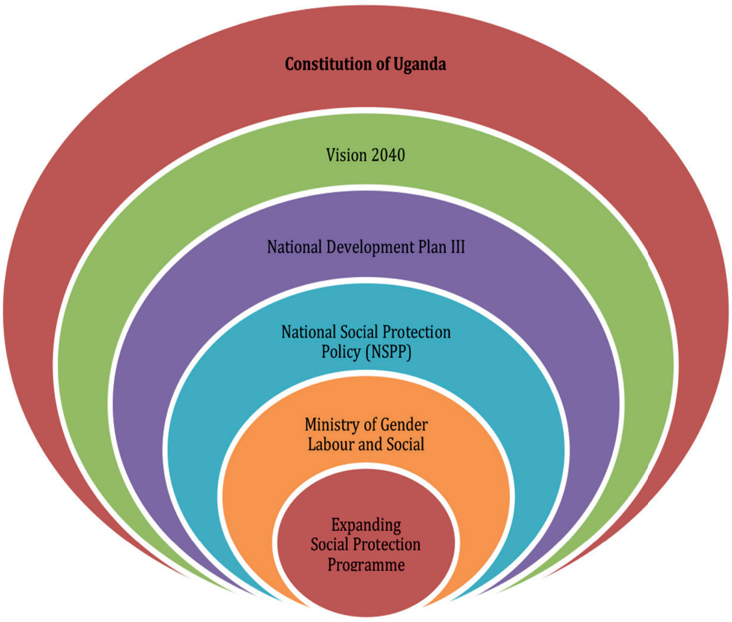
Figure 5: Social Protection and its alignment to SDGs

Figure 6 summarises the summarises the national policy framework for supporting social protection in Uganda starting with the Constitutional provisions, the Vision 2040, the National Development Plan III and III and the National Social Protection Policy. These provide the overarching framework within which the planning and delivery of social protection programmes and services is done. The National Social Protection Policy (NSPP) lays out the legislative, institutional, and organisational arrangements for the delivery of social protection in Uganda. The NSPP assigns a multi sectoral mandate to Ministries, Departments and Agencies (MDAs) to deliver social protection interventions and services in Uganda. The transition from the more sector specific approach in NDP II[45] to a more multi-sectoral and

[43] The Social Security (Minimum Standards) Convention, 1952 (No. 102), is the flagship of all ILO social security Conventions, as it is the only international instrument, based on basic social security principles, that establishes worldwide-agreed minimum standards for all nine branches of social security. However, the Government of Uganda has not yet signed or ratified this convention.
[44]Government of Uganda Ministry of Gender, Labour, and Social Development (2019). Social Protection Review. Kampala: MGLSD
[45] The NSPP predates the NDPIII; under NDP II, social protection was conceived as separate from human capital development.

programme area approach in NDP III where social protection is under the Human Capital Development Programme, Gender and Social Protection Sub-Program (2003) of the National Development Plan III is expected to improve coordination, coherence, efficiency and effectiveness in delivery of comprehensive social protection interventions to reduce risk and vulnerability along the lifecycle.. The NDP III has a clear strategic focus on reducing vulnerability and gender inequality along the lifecycle. This is in line with the international recommended best practices of adopting the life cycle approach[46] to SP policy and programming as well as the national social protection floors[47].

Figure 6: Legislative framework for social protection in Uganda



Source: Social protection sub sector review (2019)[48] .

A recent strategic review of the ESPP in Uganda (MGLSD 2022) show that the NSPP is supported by several complementary legislations including the Constitution which provide for the rights and duties of citizens, including the poor and vulnerable, to access social services and have equal opportunities in the development process.

The constitutional provisions with respect to social security and social protection can be found in both the National Objectives and Directive Principles of State Policy as well as in the main substantive part of the Constitution. It should be noted though that the 1995 Constitution as amended in 2005 provides among other things that Uganda shall be governed based on principles of national interest and common good enshrined in the National Objectives and Directive Principles of State Policy. The relevant provisions in the National Objectives related to social security and social protection are crafted in the following terms:

- *VII Protection of the aged*: The state shall make reasonable provision for the welfare and maintenance of the aged.
- *XIV. General social and economic objectives*: The state shall endeavour to fulfill the fundamental rights of all Ugandans to social justice and economic development and shall in particular ensure that:

[46] Garcia, A. B., & Gruat, J. V. (2003). Social protection: a life cycle continuum investment for social justice, poverty reduction and development." Geneva: Social Protection Sector. In *ILO Bourguignon, François, Agnès Bénassy-Quéré, Stefan Dercon, Antonio Estache, Jan Willem Gunning, Ravi Kanbur, Stephan Klasen, Simon Maxwell, Jean-Philippe Platteau, Amedeo Spadaro.*
[47]Hagemejer, K., & McKinnon, R. (2013). The role of national social protection floors in extending social security to all. International Social Security Review, 66(3-4), 3-19.
[48] Social protection sub sector review (2019).

(a) All developmental efforts are directed at ensuring the maximum social and cultural well-being of the people; and

(b) All Ugandans enjoy rights and opportunities and access to education, health services, clean and safe water, decent shelter, adequate clothing, food security and pension and retirement benefits.

- *XVIII. Educational objectives:*

(i) The state shall promote free and compulsory basic education.
(ii) The state shall take appropriate measures to afford every citizen equal opportunity to attain the highest educational standard possible.

- *XIX. Protection of the family*: The family is the natural and basic unit of society and is entitled to protection by society and the state.
- *XX. Medical services:* The state shall take all practical measures to ensure the provision of basic medical services to the population.
- *XXI. Clean and safe water:* The state shall take all practical measures to promote a good water management system at all levels.
- *XXI. Food security and nutrition*

The state shall:

(a) take appropriate steps to encourage people to grow and store adequate food;

(b) establish national food reserves; and

(c) encourage and promote proper nutrition through mass education and other appropriate means in order to build a healthy state" (Article XXII).

- *XXIII. Natural disasters*

The state shall institute an effective machinery for dealing with any hazard or disaster arising out of natural calamities or any situation resulting in general displacement of people or services disruption of their normal life.

The above National Objectives and Directive Principles of State policy seek to deal with most aspects of social protection that require that attention be paid to: old age, education, health, water, shelter, clothing, food, pension (or retirement benefits) and the family itself. However, when it comes to the substantive part of the Constitution, the provisions are quite narrow and disappointing. The only direct substantive part which is clearly justiciable is with respect only to public servants or government employees. Under Article 254 "…a public officer, shall, on retirement, receive such pension as is commensurate with his or her rank, salary and length of service." In addition, "…the pension payable to any person shall be exempt from tax and shall be subject to periodic review to take account of changes in the value of money." Finally, "…the payment of pension shall be prompt and regular and easily accessible to pensioners."

In addition, some areas in the Constitution that may be said to deal with aspects of social protection are those dealing with education, women and workers' rights. Article 30 states that "…all persons have a right to education," while Article 34(2) provides that "…a child is entitled to basic education which shall be the responsibility of the state and the parents of the child." Then in vague terms, Article 33(2) provides, regarding women, that "…the state shall provide the facilities and opportunities necessary to enhance the welfare of women to enable them realise their full potential and advancement." Article 33 (3) provides that "…the state shall protect women and their rights, taking into account their unique status and natural maternal functions in society [49]."

[49]Government of Uganda (1995, 2005), The Constitution of the Republic of Uganda.

The NSSP is further aligned and reinforced by several other legislative Acts and policies such as the Public Service Retirement Benefits Act (1999), the Workers' Compensation Act (2000), the Revised guidelines for the National Special Grant for Persons with Disabilities (2022), the National Social Security (NSSF) Act, 2022, the Employment Act (2006) providing for rights of workers and employers' obligations, the Domestic Violence Act (2010), Equal Opportunities Commission Act (2007)[50] and the Uganda Retirement Benefits Regulatory Authority Act (2011). National Orphans and Other Vulnerable Children Policy (2004), the National Equal Opportunity Policy (2006), the Revised National Policy on Persons with Disabilities (2023), the Disability Act 2020, the Uganda Gender Policy (2007), the National Policy for Older Persons (2009), the National Health Policy (2010), the National Policy for Disaster Preparedness and Management (2010) and the National Employment Policy (2011); the Uganda National Youth Policy (2016), the Integrated Early Childhood Development Policy (2016) and the National Gender-Based Violence Policy (2016)[51].

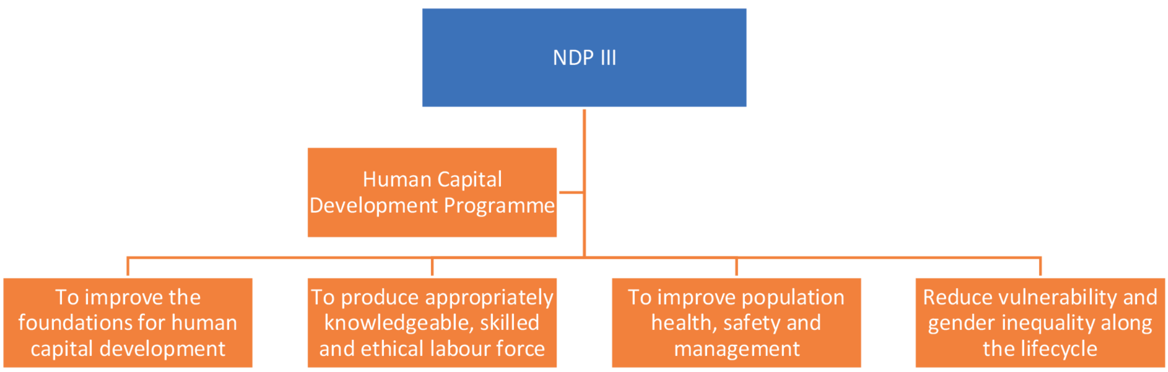
Figure 7: Selected legal and policy frameworks on social protection (compiled from various sources)

- Employment Act No. 6 (2006)
- The Minimum Wages Board and Wages Councils Act (Cap 221)
- The NSSF Act (Cap 222) and NSSF Amendment Act 2020
- The Occupational Safety and Health Act No. 9 (2006)
- The Pensions Act (Cap 286)
- The Persons with Disability Act (2006)
- Persons with Disabilities Act, 2020

- The Registration of Persons Act (2015)
- The Uganda Retirement Benefits Regulatory
- Authority Act (2011)
- The workers Compensation Act (Cap 225)
- Self-Help Projects Act 245
- Kampala Capital City Act (2010)
- Labour Unions Act (2006)
- Equal Opportunities Commision Act (2007)

- The National Employment Policy (2011)
- The National Policy for Older Persons (2009)
- The National Policy on Disability (2006)
- The Uganda Gender Policy (2007)
- The National Youth Policy (2001)
- National Community Development Policy (2015)
- The National Orphans and Other Vulnerable Children Policy (2004)
- National Health Policy (2010)
- The Uganda NSPP (2015)
- The National Child Labour Policy (2006)
- National Gender Policy (2007

Figure 8: Positioning of Social Protection within the NDP III (see Social Protection sub-sector review report)



[50] Under this Act, it is mandatory for MDAs to budget for gender and equity issues so as to be issued with a Gender and Equity Certificate, before submission of Budget.
[51] ESPII has worked with MGLSD to update the National Older Persons Policy and the National Disability Policy and regulations. Both are at Cabinet

The pursuit of reducing vulnerability along the lifecycle has been conceptualized from a multi-sectoral perspective requiring the MGLSD to work in partnership with MDAs to deliver social protection interventions. Lifecycle approach envisions a comprehensive analytical framework of lifecycle of a human being and analyses the basic risks along the cycle[52]. This approach to SP is cognizant of the reality that individuals face different risks and vulnerabilities at different stages in life, and that social protection should be designed taking into consideration these risks at each stage[53].

3.1.2. Disability Inclusion in Social Protection Policy Frameworks in Uganda

Disability inclusive social protection is critical for preventing and addressing the diverse risks, poverty, inequalities and exclusion that are often associated with disability[54.]

International legal frameworks

The right for social protection of PWDs is enshrined in Article 28 of the UN Convention on the Rights of Persons with Disabilities (UNCPRD) lay the foundation for the CRPD and its applicability in Uganda which recognises the "right of persons with disabilities to social protection and to the enjoyment of that right without discrimination on the basis of disability".[55] Evidence shows that persons with disabilities and their families live lives associated with lifelong consequences aggravated by disability-related hinderances that affect their effective participation in social development processes. Several scholars have observed that there is currently a lack of knowledge on the extent to which "barriers in design or implementation are keeping people with disabilities from receiving mainstream social protection benefits (Mont, 2010, pp. 320-321[56]; Rohwerder, 2014).[57] This underscores the need for mainstreaming of disability inclusion in development processes particularly in social protection policy and programming.

National legal frameworks with relevance to disability inclusion

Overall, GoU has abroad range of legal, policy and institutional framework for social protection is in place and most of these policies have mainstreamed disability as an area of focus in terms of promoting disability inclusion and wellbeing. For example, the constitution of the republic of Uganda recognizes rights of all categories of people including PWDs. Analysis of constitutional provisions for disability inclusion show that the Constitution of the Republic of Uganda under the National Objectives and Directives of State Policy demonstrate commitment to social protection for vulnerable groups including PWDs. For instance, Objectives VII, XI (i) and XIVb commit the state to ensure welfare and maintenance of vulnerable groups; enactment of legislation establishing measures that protect and enhance the right of the people to equal opportunities in development; to ensure promoting rights and opportunities and access to social services (e.g., education, health services, clean and safe water) and social protection services (e.g. work, decent shelter, adequate clothing, food security and pension and retirement benefits)[58]. The Uganda Vision 2040 has been heralded for laying a clear strategic direction for social protection by recognizing its central role in addressing risks and vulnerabilities. The Vision 2040 provides for a universal pension for older persons, public works schemes for vulnerable unemployed persons and social assistance to vulnerable children, persons with disabilities and people living in extreme poverty. The National Development Plan III, the National Social Protection Policy and other policy instruments that guide the work of various MDAs support social protection for vulnerable groups including PWDs. The overarching planning framework for Uganda, the NDP III, under sub-programme

[52] United Nations Children's Fund and World Bank. (2013). Common Ground: UNICEF and World Bank Approaches to Building Social Protection Systems. Available at: https://policycommons.net/artifacts/1525374/common-ground/2212603/
[53] ILO (2003). Social protection: a life cycle continuum investment for social justice, poverty reduction and sustainable development. Available at: https://www.ilo.org/public/english/protection/download/lifecycl/lifecycle.pdf
[54] Inclusive Futures for Promoting Disability (2021). Social protection for disability inclusion in Uganda. Available at: Microsoft Word - Social protection for disability inclusion in Uganda (asksource.info)
[55] Article 28 - Adequate standard of living and social protection http://www.un.org/disabilities/default.asp?id=288
[56] Mont, D. (2010). Social Protection and Disability. In T. Barron & J. M. Ncube (Eds.), Poverty and Disability (pp. 317-339). Leonard Cheshire Disability, London.
[57] Rohwerder, B. (2014). Disability inclusion in social protection. Available at: http://www.gsdrc.org/docs/open/hdq1069.pdf
[58] Also see analysis by Inclusive Futures for Promoting Disability (2021).

of social protection recognizes as a priority to build the productive capacity of persons experiencing poverty and vulnerability to respond to social, economic and other shocks they face (also see Inclusive Futures for Promoting Disability 2021). These represent a public pronouncement and leadership commitment in support of the role of social protection in facilitating meeting needs and realization of the rights of persons experiencing poverty and vulnerability including persons with disabilities.

Constitutional and related legal provisions for disability inclusion: In addition to the Constitution, Uganda several legal frameworks put explicit focus on social protection. The government of Uganda in the National Social Protection Policy recognises the role of social protection in addressing risks that expose individuals to multiple deprivations and poverty. The Persons with Disabilities Act (2020) provides a comprehensive framework for protection of persons with disabilities against all forms of discrimination and equalisation of opportunities. Other relevant Acts such as the Pensions Act (Cap 286) provides for granting and regulating of pensions, gratuities and other allowances in respect of the public service of officers under the government of Uganda and the National Social Security Fund Act (Cap 222) provides for social security benefits for employees in the private sector and the NSSF Act (2020) extends social protection through NSSF to the workers in the informal sector which is the key sector where the vulnerable groups including PWDs, the poor and vulnerable categories of women work. The Workers Compensation Act, (Cap. 225) provides for compensation to workers, employed both by Government and the private sector, for injuries suffered and illness incurred in the course of their employment[59]. The Employment Act No. 6 (2006) provides for the rights of workers and employers' obligations, including the duty to give maternity and paternity leave, and prohibits any kind of work that is dangerous or hazardous to a child's health[60].

Other Legal provisions include the Equal Opportunities Act (2007) which provides for the creation of the Equal Opportunities Commission which consists of five members who shall include at least one person with a disability; The Uganda Retirement Benefits Regulatory Authority Act (2011) which provides for an Institution to regulate the establishment, management and operation of retirement benefits schemes in Uganda in both the private and public sectors; The Children Act (Cap 59) that gives a legal framework for the rights and duties of parents, protection of children's rights, and puts emphasis on the right of a child with a disability to have early diagnosis, treatment and rehabilitation, the legal powers to make care and supervision orders, and juvenile justice provision including possibilities for diversion; The Birth and Death Registration Act (Cap 309) provides for registration of births and deaths for the purposes of enabling government planning and programming; 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 renumeration and conditions of employment of employees.

Social insurance also provides social protection aspects relevant to PWDs such as contributory arrangements to mitigate livelihood risks and shocks such as retirement, loss of employment, work related disability and ill health[61]. The National Health Insurance Scheme (NHIS) Bill of March 31, 2021, passed by the Parliament of Uganda is another legal instrument with relevance to disability inclusion. The Bill outlines the general structure for a first-ever national social health insurance scheme in Uganda (MGLSD 2022)[62]. The scheme will be financed by a combination of employee and government contributions, governed by a Board of Directors, and aims to cover all Ugandans when fully implemented. Access to health insurance services would be a contribute to better progressive realisation of universal health coverage for vulnerable groups such as PWDs.

Social Care and support in relation to disability inclusion: Under social Care and support that provides a range of services that provide care, support, protection, and empowerment to vulnerable individuals

[59] Friedrich Ebert Stiftung (2020). How inclusive is Uganda's Social Protection Legal and Policy framework in relation to the Informal Economy? Available at: https://library.fes.de/pdf-files/bueros/sambia/17016.pdf

[60] Also see Friedrich Ebert Stiftung (2020). How inclusive is Uganda's Social Protection Legal and Policy framework in relation to the Informal Economy? Available at: https://library.fes.de/pdf-files/bueros/sambia/17016.pdf

[61] GoU 2015. The National Social Protection Policy.

[62] MGLSD 2022. Expanding Social Protection Programme (ESPII) Strategic Review Report

who are unable to fully care for themselves. The NSPP provides for the development of a comprehensive social care and support system to address the various aspects of vulnerability including persons with disabilities and older persons. Several provisions including rehabilitation of Care Institutions for PWDs and provision of assistive devices as well as Special Needs Education services. The ESPP Strategic Review (2022) that in an effort to strengthen social care and support for PWDs, the Department for Disability and Elderly, MGLSD runs 5 vocational rehabilitation centres for PWD – Ruti, Ocoko, Lweza, Kireka and Mpumude. At these centres young PWD (usually 18 to 22) are given a vocational skill (e.g., hairdressing, dressmaking, carpentry, leatherwork etc.) with a view to being able to create a small business for themselves. ESPII has piloted a productive inclusion programme to allow 50 graduates for the VRC's to start their own small business.

As a result of these policy and legal provisions and advocacy for their translation into practice, Uganda has a variety of mainstream and disability-specific programmes delivering social protection interventions and services as well as complementary interventions. These include: SAGE especially the SCG, LIPWs (NUSAF and DRDIP), Nutri Cash and Girls Empowering Girls. Complementary programmes to social protection include those aiming to promote economic empowerment such as the Youth Livelihood Programme, the Uganda Women Entrepreneurship Programme and the Special Grant for Persons with Disabilities. These have been further reinforced by the Parish Development model that has a threshold of 10 percent for PWDs[63].

Gaps in implementation of legal and policy frameworks to foster disability inclusion

Overall, Uganda has taken serious strides to recognize and promote disability inclusive policies and social protection. The huge gap is in ensuring that there is a strong institutional framework for translating these policies and legislation into action. However, some assessments do highlight some gaps in policy content:

For example, the Inclusive Futures for promoting disability report (2021) noted that the National Social Protection Policy does not consider persons with disabilities who engage in both formal and informal businesses and face extra costs in doing business due to their disabilities. It further observed that although recognition of the informal sector works is taking shape, in the few cases where the informal sector is included the laws are not adequately enforced.[64] In addition there are no guidelines of translation into brails to cater for visually impaired.

Furthermore, most of the social protection laws and policies are criticized for being heavily focused on the formal sector and efforts to extend them to the informal sector are weak[65.] Several gaps have been highlighted by the ESPP Strategic Review (2022) including the lack of a comprehensive social protection and social security legislation that addresses all the pillars of social protection highlighted in the NSPP as well as gaps in effective coordination of social protection especially at the sub-national level. Gaps have also been highlighted in the implementation of existing social protection policies and policy instruments for some of the key formal social security programmes. For example, some of these highlighted in several reports include; delays in disbursement of funds to beneficiaries, disbursement of less-than-approved sums for implementation of programmes and projects, and misuse and mismanagement of funds pointed out by the auditor general in annual reports published, the community of practice on disability points out that the lack of clear monitoring and evaluation systems for tracking implementation of social protection policies; limited data and information being collected on vulnerable groups and persons with disabilities[66], lack of a completed and fully operational social registry that is critical for addressing emergencies and implementation of relief programmes for

[63] ibid
[64] Friedrich Ebert Stiftung (2020). How inclusive is Uganda's Social Protection Legal and Policy framework in relation to the Informal Economy? Available at: https://library.fes.de/pdf-files/bueros/sambia/17016.pdf
[65] ibid
[66] Inclusive Futures for Promoting Disability (2021)

the most vulnerable such as during the COVID-19 pandemic[67]. Funding of disability inclusion especially under the SCS is affected by funding from donors being limited and civil society support is relatively scanty. Generally, the SCS sub-sector which has relatively strong focus on PWDs is characterized low coverage and duplication and absence of a harmonized and coordinated national approach to social care services[68]. In light of the above limitation, the social care and support services are largely provided by non-state actors, and that the overall capacity of social service workers and regulation of the system is limited (SP Subsector review). The ESPP review (2022) highlights how the absence of a systemic coordination mechanism for social care services runs the risk of increasing exposure to the beneficiaries to poor quality control. In addition, the limited funding and budget allocation to this sub-sector presents a challenge to comprehensive planning and delivery of services to the several vulnerable groups including PWDs. The literature on disability and social protection programming tends to refer generally to all types of disabilities with little examination made of possible differences between the experiences of people with different types of disabilities[69.] This is further complicated by limited capacity especially in low-income countries to diagnose and assess the severity of the various types of disability particularly at the sub-national level where these assessments tend to take place.

It has been observed by scholars that although disability inclusive social protection programmes are designed to alleviate the additional cost of the barriers faced by people with disabilities, the implementation of disability inclusive social protection policies faces a number of problems that limit their ability to reach the vast majority of people with disabilities. Some of the major barriers include physical barriers, communication barriers, attitudinal barriers, and a lack of sensitivity or awareness[70].

The other challenge is linked use of the medical model of disability in targeting mechanisms for PWDs for SP programmes. The medically focused targeting may fail to take into consideration the social and structural barriers that increase risk, vulnerability and social exclusion of PWDs[71]. Targeting for PWDs in SP programmes therefore needs to give consideration to a combination of medical and social criteria that recognises people's capabilities if given the right opportunities[72]. For example, Palmer argues that targeting on the basis of a combination of medical and social criteria is best because it recognises people's capabilities if given the right opportunities (Palmer, 2013, p. 151). This approach is also suggested by Zeitzer (cited in Mont, 2010, p. 325) who argues that social protection programmes should "start with clearly articulated, objective medical standards to determine who is impaired, but then move on to a more social needs-based assessment to help the individual receive whatever s/he needs to be fully integrated into work and society".[73]

In addition, effectiveness of disability inclusive social protection programmes limited by low coverage. Other challenges to effective programming for disability inclusive social protection programmes include: lack of data, costly monitoring systems, costs outweighing the benefits, lack of awareness and access and insufficient budgets, and Programmes designed with a focus on charity rather than empowerment can create a disincentive to work-when eligibility criteria are tied to a perceived "incapacity to work" (Mleinek and Davis 2012, p. 15).[74] Furthermore, inadequate attention to the role of complementary programmes that address social and structural drivers of risk and vulnerability affects the success of social protection programmes targeting PWDs[75]. Therefore, complementary programmes that create an enabling environment for people with disabilities are necessary to increase effectiveness

[67] Friedrich Ebert Stiftung (2020).
[68] Government of Uganda Ministry of Gender, Labour and Social Development (2019). Social Protection Review. Kampala: MGLSD
[69] Rohwerder, B. (2014). Disability inclusion in social protection (GSDRC Helpdesk Research Report 1069). Birmingham, UK: GSDRC, University of Birmingham. Available at: http://www.gsdrc.org/docs/open/hdq1069.pdf
[70] Mleinek, H. & Davis, M. (2012). Disability and Social Protection in Indonesia. GIZ.
[71] Palmer, M. (2013). Social Protection and Disability: A Call for Action. Oxford Development Studies, 41:2, 139-154. [DOI: http://dx.doi.org/10.1080/13600818.2012.746295]
[72] The medical model of disability (locates the problem within the individual) rather than the social model (locates the problem within the barriers put in place by society) for targeting.
[73] Mont, 2010, p. 322
[74] Mleinek, H. & Davis, M. (2012). Disability and Social Protection in Indonesia. GIZ.
[75] Rohwerder, B. (2014). Disability inclusion in social protection. Available at: http://www.gsdrc.org/docs/open/hdq1069.pdf

of Disability specific SP programmes[76]. Complementary programmes such as adaptations to the built environment, inclusive education, rehabilitation and vocational training services (Schneider et al, 2011a, p. 7)[77], and the enactment and enforcement of disability legislation[78] are crucial to fostering disability inclusive social protection[79]. Similarly, and specific to the Uganda context, being intentional at ensuring that complementary social protection interventions (livelihood interventions) such as the Employment enhancing programmes like Youth Livelihood Programme (YLP), Uganda Women Entrepreneurship Programme (UWEP), ***Emiyooga*** and the Youth Venture Capital Fund (YVCF), Universal Primary Education, DIT and vocational Education and training are extended to include PWDs is crucial to ensure more participation and disability inclusion[80]. It has been argued that improving access and opportunities for people with disabilities to employment has the potential to enable them to become eligible for social insurance benefits given that they would be able to contributions to the rather than perceiving them as "marginalized passive recipients of social assistance" (Mleinek & Davis, 2012, p. 4; Rohwerder, 2014).

3.1.3. Gender Sensitivity

Overall, gender has been integrated in most of the social protection policies and programmes. Gender mainstreaming has also extended to gender and equity budgeting and creating thresholds for women, men and youth as well as people with disabilities in some of the social protection programmes. The NDP III and the NSPP clearly recognize gender equality and sensitivity in the policy prescriptions and actions. Specifically, the National Social Protection Policy (NSPP) 2015 highlights expansion of contributory social security schemes to the informal economy as one of its priorities. Given that most vulnerable women, men and youth work in the informal sector, this makes this policy not only gender sensitive but also disability inclusive.

Gender sensitivity is further supported by several policies already highlighted in this report including the Gender Policy (2007), the Employment Act (2006), the Domestic Violence Act (2010), the National Equal Opportunity Policy (2006) and Equal Opportunities Commission Act (2007)[81], the National Disability Policy (2006), the Disability Act (2020), the National Employment Policy (2011); the Uganda National Youth Policy (2016), and the National Gender-Based Violence Policy (2016) and the National Social Security (NSSF) Act (2021) among others.

The Ministry of Gender, Labour and Social Development (MGLSD) has been intentional in providing technical and demonstrating political leadership for promoting gender sensitive social protection. For example, the MGLSD developed the Social Protection Gender and Equity Strategy (2017) which provides a framework for provision of technical guidance in mainstreaming gender and equity in social protection interventions. Furthermore, MGLSD developed the Step-by-Step Guidelines for mainstreaming gender and equity in social protection (launched in March 2022). These guidelines constitute a practical strategy for ensuring that gender and equity is explicit in all the sub-sector's institutions, policies, plans, programmes and budgets related to that directly or indirectly relate to promoting social protection through addressing risk and vulnerability. These guides also provide practical steps and activities for operationalizing the Social Protection Gender and Equity Strategy, 2017. It is on that basis that this Step-by-Step guide for mainstreaming gender and equity in social protection interventions was developed. The purpose of the Guide is to enhance the gender and equity responsiveness in social protection programming. These guidelines are further aligned to MGLSD mandate under the Gender Policy (2007); the National Equal Opportunities Policy (2006), and the National Social Protection Policy (2015).

[76]Mont, 2010, p. 322
[77]Schneider, M., Waliuya, W., Munsanje, J. & Simate, S. (2011a). The role of social cash transfers for persons with disabilities and their households in Kalomo and Monze, Zambia. Sightsavers International, Zambia Office.
[78]Additional programmes targeting access to education would enable children with disabilities to also go to school. Not changing any of the built, social and political environmental barriers and provision of services will stop the full involvement of people with disabilities in society and "does not ensure social justice and inclusion of disabled people" (Schneider et al, 2011a, p. 7).
[79]Friedrich Ebert Stiftung (2020). How inclusive is Uganda's Social Protection Legal and Policy framework in relation to the Informal Economy? Available at: https://library.fes.de/pdf-files/bueros/sambia/17016.pdf
[80]Friedrich Ebert Stiftung (2020). How inclusive is Uganda's Social Protection Legal and Policy framework in relation to the Informal Economy? Available at: https://library.fes.de/pdf-files/bueros/sambia/17016.pdf
[81]Under this Act, it is mandatory for MDAs to budget for gender and equity issues so as to be issued with a Gender and Equity Certificate, before submission of Budget.

The Step-by Step Guidelines (MGLSD 2022) identified seven priority areas of the National Social Protection Policy as the target for gender mainstreaming namely: Reform of the Public Service Pensions Scheme; Expand Social Security in the Private Sector to include provision of pensions; Develop Appropriate Social Security Products for the Informal Sector; Introduce Affordable Health Insurance Scheme; Expand Access to Direct Income Support by Vulnerable Groups; Strengthen Family and Community Capacity to provide care for groups in need of care and Enhance the Institutional Capacity for provision of comprehensive Social Protection services. This guide if implemented is perceived by stakeholders as a key document for ensuring that each social protection intervention addresses gender and equity systematically from design, implementation and monitoring and evaluation. It is anticipated that if this guide is resourced and implemented effectively it has potential to enhance access to and ensure equitable distribution of social protection services to men and women as well as boys and girls of all categories and in different locations and guarantee inclusive growth as envisaged by the National Development Plan[82].

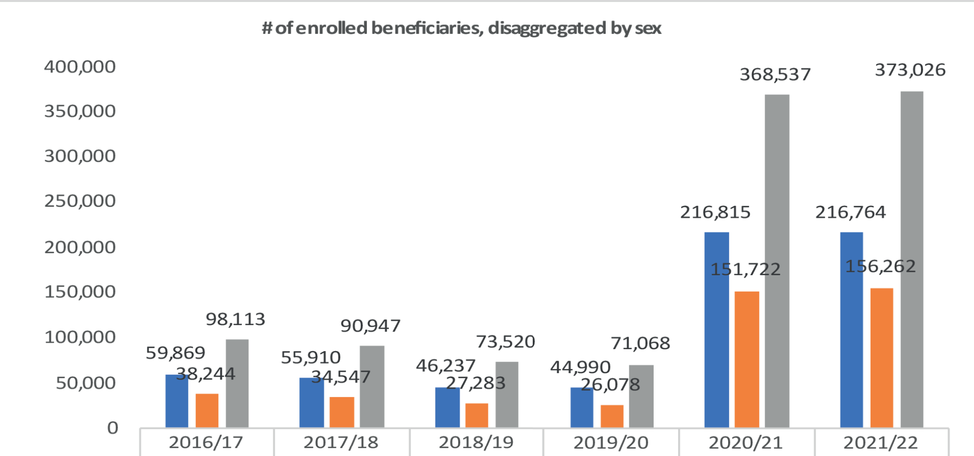
Overview of Gender Sensitivity of selected Social Protection Interventions:

Some programmes including the PDM provide clear thresholds to ensure that both females and males (e.g., PDM is 30% women and 30% men), the elderly (10 percent) and PWDs (10%) benefit from their interventions.

Senior Citizens Grant

Data from the roll out of the Senior Citizens Grant (SCG) shows that the number of males and females is substantially high with number of females outpacing those of males. (See Figure 9 below with total number of beneficiaries disaggregated by gender). It demonstrates an increase from 98,113 beneficiaries in 2016/17 to 373,026 in the year 2021/22.

Figure 9: Number of enrolled beneficiaries, disaggregated by sex



	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Female	59,869	55,910	46,237	44,990	216,815	216,764
Male	38,244	34,547	27,283	26,078	151,722	156,262
Total	98,113	90,947	73,520	71,068	368,537	373,026

Female Male Total

Source: Annual Reports ESPII

Girls Empowering Girls: Some programmes like Girls Empowering Girls focus solely on the vulnerable categories of females categorised by age which is a sign that they identify the unique aspects of gender associated with adolescents and young women. It is a direct income support programmes reaching approximately 1,500 girls in Kampala.

[82] MGLSD (2022). The Step-by-Step Guidelines for mainstreaming gender and equity in social protection (launched in March 2022).

NSSF and PSPS: Some programmes that are heavily dominated by the formal sector such as NSSF and the Public Service Pension Scheme carry a risk of leaving out some vulnerable groups including vulnerable categories of women, youth and PWDs that are less represented in the formal sector. Even with the amendment of the NSSF Act as well as the emphasis of the NSPP on inclusion of informal sector employees, more intentional efforts are necessary to promote gender and disability inclusion for such schemes dominated by formal sector where men are more dominant.

Complementary interventions such as the Youth Livelihood Programme and the Uganda Women Empowerment Programme have clear guidelines to ensure gender equality in their targeting mechanisms as well as implementation of programmes. Therefore, for some programmes, the focus is on gender participation while others follow a clear threshold in terms of targeting women and men or males and females in their programmes.

However, few programmes do follow a gender transformative social protection approach that goes beyond disaggregation of beneficiaries between males and females through thresholds or gender participation. The focus on comprehensive gender analysis and application of gender transformative approaches and tools is limited. Yet social and gender norms have a role in influencing the quality of benefits from social protection interventions. For example, the social analysis of the new programme (Generating Livelihoods Opportunities for Women project in Uganda) a partnership between Gou and the World Bank revealed that Women's entrepreneurship in Uganda continues to be constrained by prevailing social and gender norms, especially norm assigning the bulk of domestic duties to women, norms around asset ownership, control, and use, and moms supportive of men control over women. This assessment established that collectively, these norms, intertwined with stereotypes about the different capabilities of women and men, affect access to productive assets and resources, opportunities to develop human capital, livelihood opportunities, and time use. For example, discriminatory norms and customary laws related to the ownership and control of physical asset and financial resources which privilege men over women limit women's access to credit which profoundly restrict their ability to start and grow businesses.   Similarly, norms assigning most of unpaid household work to women constrain their capacity to devote time to viable, growth-potential enterprises as entrepreneurs, and to making the transition from informal enterprises to the formal economy. Further, norms that women should not be the primary breadwinner deters some women from exploring entrepreneurial opportunities and/or pursuing employment. Strikingly, some women who behave counter to this norm may encounter violent backlash response from their partners.[83] Also, if women anticipate intimate partner violence (IPV) or the destabilization of their relationship, this could dampen their participation in business activities.[84]

In addition, the Rapid Social Analysis Report on Generating Growth Opportunities for Women (Grow) Project (MGLSD and World Bank, 2021[85]) in Uganda found that norms that allow for or support men to maintain control over the behaviour of their female partners undermine women's agency and choice. Controlling behaviours limit women's mobility, social interactions with business peers[86], and limit women's access to diverse social networks and information that can support the growth and competitiveness of their business.[87] For example, in the 2021 National Survey on violence against women and girls (VAW) in Uganda, more than half of the women (ages 15-59 years) reported that their partners insisted on knowing where they were at all times (54%) and control how they spend their money (29%). A high proportion of women also reported that their partners accused them of unfaithfulness, did not permit them to meet female friends, and limited their contact with family (46%, 24% and 16% respectively). Nearly two in ten (19%) women reported that their partners get angry when they speak to other people.[88]

[83]Jayachandran, S (2021). Social Norms as a Barrier to Women's Employment in Developing Countries. IMF Econ Rev 69, 576–595 (2021). https://doi.org/10.1057/s41308-021-00140-w
[84]Jayachandran, S (2021).
[85]Rapid Social Analysis report: Rapid Social Analysis Report on Generating Growth Opportunities for Women (Grow) Project. MGLSD and World Bank.
[86]Studies show peers can be valuable for gaining informal skills as well as information about the market or customers.
[87]World Bank 2019 cited in the Rapid social analysis report on Generating Growth Opportunities for Women (Grow) Project in Uganda, MGLSD.
[88]Uganda Bureau of Statistics (2021). Uganda Violence Against Women and Girls Survey 2020. Uganda Bureau of Statics. Kampala, Uganda.

Furthermore, it was noted that there is less focus on the complexity of women especially the various social identities that women carry simultaneously that have potential to increase their risk and vulnerability. For example, women with disabilities face high barriers to entrepreneurship related to their limited access to education, resources, information, knowledge and finance in addition to discrimination. For example, many women entrepreneurs with disabilities (EwD) depending on the severity of the disability may experience challenges in obtaining start-up funding or loans that may be substantially different to non-disabled entrepreneurs. They may also have difficulty identifying a business opportunity and engaging with the available support infrastructure in a meaningful way. For women with speech, vision or hearing impairments, business communication can be challenging. Therefore, the extent to which the intersectionality lenses are being applied to foster gender sensitivity taking into account intersecting vulnerability and risks women face is limited. Social protection programmes should aim at being more gender transformative and take into account intersectionality lenses in their programming.

3.2. Fiscal allocations to Social Protection and the extent to which it is responsive to gender and disability

The summary of government and development partner investments in social protection in Uganda over the period covered by NDPII and NDP III, i.e., FY2015/2016 to FY2021/22 are given in this section. Future commitments for budgetary allocations are summarized, and simulations of the likely impacts of expanding the coverage of social protection schemes to ensure gender and disability inclusion are synthesized. We use data from the Medium-Term Expenditure Framework (MTEF) that had been approved for social development and social protection. The data were sourced from various "Backgrounds to the Budget" of the Ministry of Finance Planning and Economic Development (MFPED). Data were also synthesized from related study reports. The paper concludes with five options for increasing funding for social protection.

3.2.1. Overview of government investment in social protection programmes

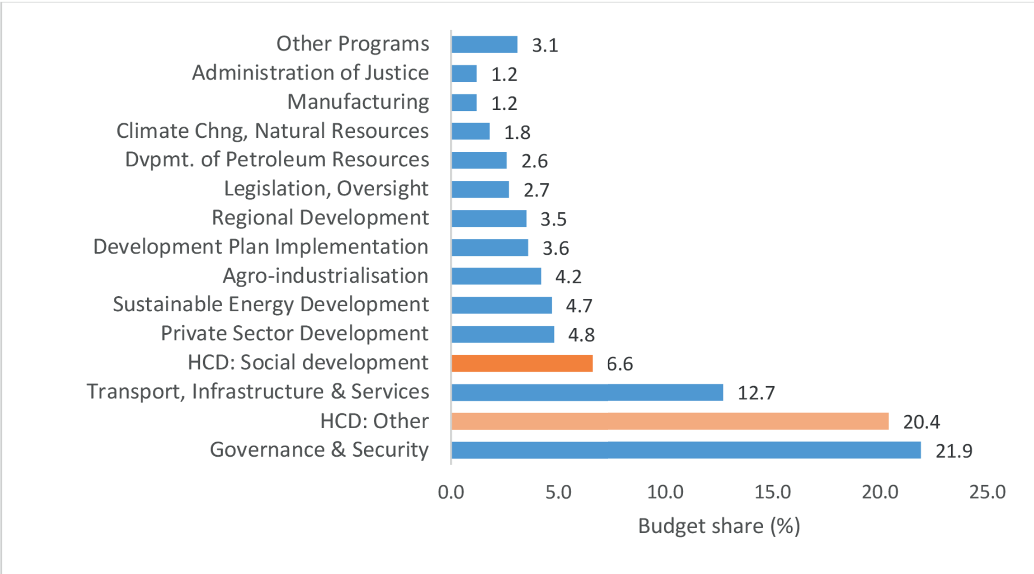
In the last 20 years, Uganda's flagship social assistance or Direct Income Support programmes (budget funded) have been the Senior Citizens' Grant (SCG), and the labour-intensive public works (LIPWs) programmes. Public Servants accrue entitlements under the non-contributory Public Service Pension Scheme (PSPS) with their benefits being funded from the Budget. There are also a few smaller direct income support programmes, such as the Girls Empowering Girls Social Protection Programme reaching approximately 1,500 girls in Kampala by 2021[89]. The other social protection initiatives, particularly under the social care and support services pillar, are embedded in various government programmes such as the Community-Based Rehabilitation (CBR) Programme for persons with disabilities and the associated disability grant, youth and Children Affairs programme and the resettlement of street children.

In the FY2015/2016 to FY2021/22, LIPW programmes were part of the Northern Uganda Social Action Fund Phase 3 (NUSAF 3) (2016-2021) and the Development Response to Displacement Impacts Project (DRDIP) (2016 - 2023). Before the implementation of the Third National Development Plan (NDP III) 2020/21 – 20024/25 started in FY2020/21, social protection actions had been collectively funded and implemented under the social development sector. In NDP III, social development is mainly part of the Human Capital Development (HCD) programme. The plan (NDP III) prioritizes Human Capital Development (HCD) Programme and sets a target of social protection reaching 50% of the vulnerable households[90,] However, the national budgetary allocations remain low. In the current budget FY2022/23, allocation to HCD social development was only 6.6% of the total budget (Figure 9). Most of allocations to social development are for livelihood programs. The allocations for the different social development actions from FY205/16 to FY 2021/22 are illustrated in Figures 11, 12 and 13.

[89] Expanding social Protection Programme Review (MGLSD, 2023).
[90] National Planning Authority. 2020. Third National Development Plan (NDPIII) 2020/21-2024/25

The social development sector was among the least funded sectors. Despite representations from Parliament, for example, to provide a supplementary budget for the SCG, final decisions about funding and budgetary allocations are proposed by MFPED and decided by the cabinet. The budget share of expenditures on the social development sector (excluding LIPWs and PSPS) declined from 0.74% in FY2016/17 to 0.48% in FY2021/22, despite the increasing budget size. Meanwhile, the budget share of PSPS expenditures increased from 0.66% in FY2016/17 to 2.0% in FY2021/22 (Figure 10). On average, allocations to PSPS increased by 35.6 percentage points annually over the last six years, while allocations to Direct Income Support (DIS) increased by 4.9%. The allocations were most affected in FY2020/21 due to COVID-19 pandemic effects on the economy and sources of government revenue.

Figure 10: Government of Uganda budget allocations, 2022/23 (HCD = Human capital development)91



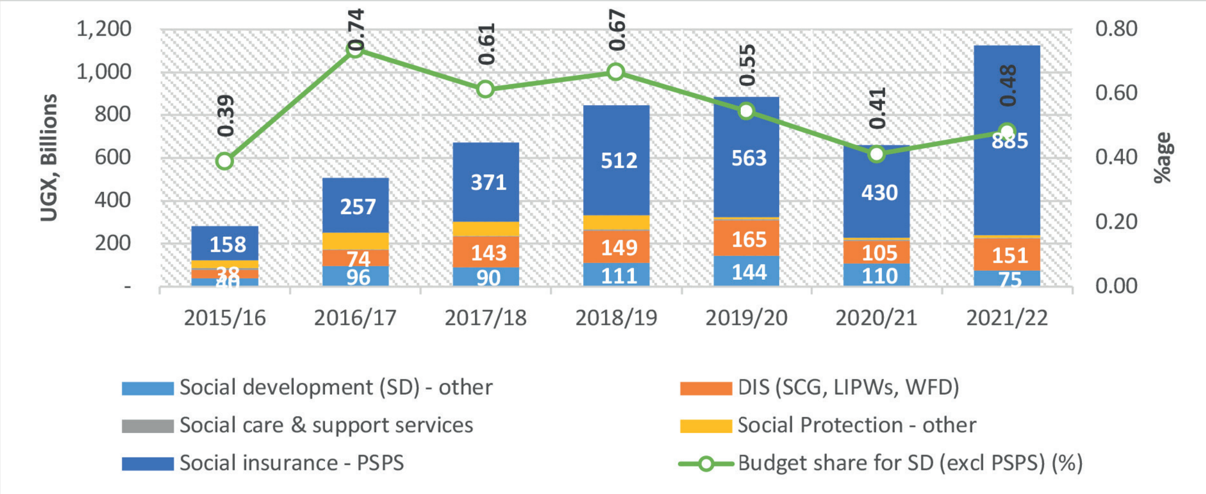
Source: Strategic review report on expanding social protection programme (ESPII), 2022.

The "other category" includes disability grant and the Youth Livelihood Programme (YLP) whose allocated amounts reduced as its direct funding reduced. Funding for the disability grant remained the same at around UGX 2.1 billion till FY2020/21 when a second grant "the Special Disability Grant" under MGLSD which was allocated UGX 9.6 billion in FY2021/22.

Overall, in terms of absolute amounts of funding, public financing, either using tax revenue or loans and grants, for direct income support increased from UGX 36 billion in FY2016/17 to about UGX 165 billion in FY2019/20 before the impact of COVID-19 pandemic, and the ending of NUSAF3 in June 2021 (Figure 11).

[91] It is important to note that under HCD, the sub-program is related to Gender and Social Protection and Labor and Employment services.

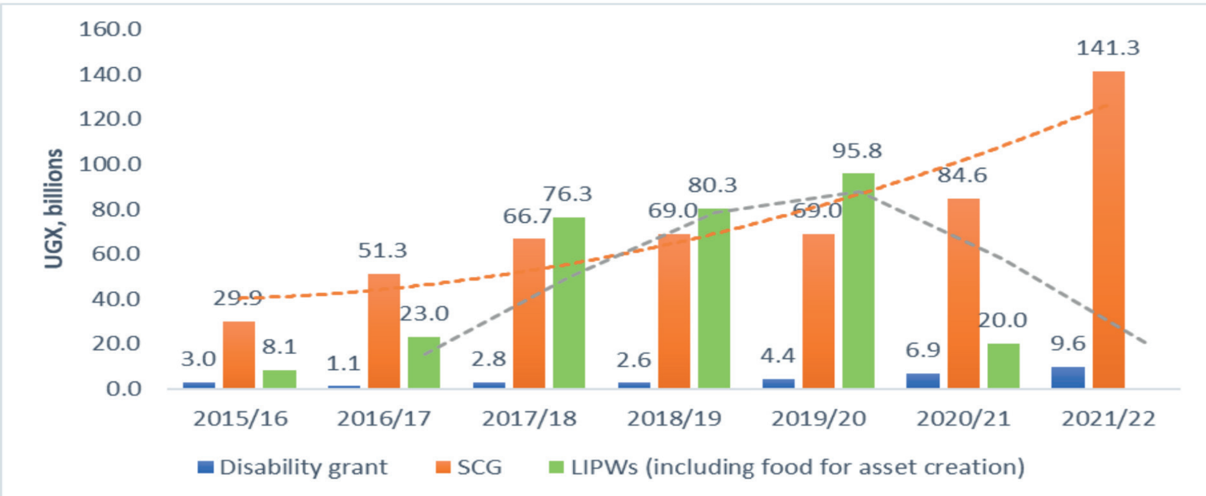
Figure 11: Social development sector allocations and aggregate allocations as a share of the national budget in FY2016/17 to FY2021/22 (*Data includes all types of funding)



Source: Strategic review report on expanding social protection programme (ESPII), 2022.

Nonetheless, there were some direct income support or food support programmes such as urban cash-for-work designed for post-COVID-19 lockdowns. Increases in absolute amounts of public allocations disaggregated for SCG, LIPW, and the disability grant are shown in Figure 12. The funding for both SCG and the disability grant have consistently increased in monetary terms over time while the funding for LIPWs dropped at the end of FY2019/20 as noted above, underscoring the challenges of projectized implementation of social protection.

Figure 12: Trends in public and donor-supported investments in direct income support programmes and the disability grant, a livelihood programme for persons with disabilities (*Data includes all types of funding)

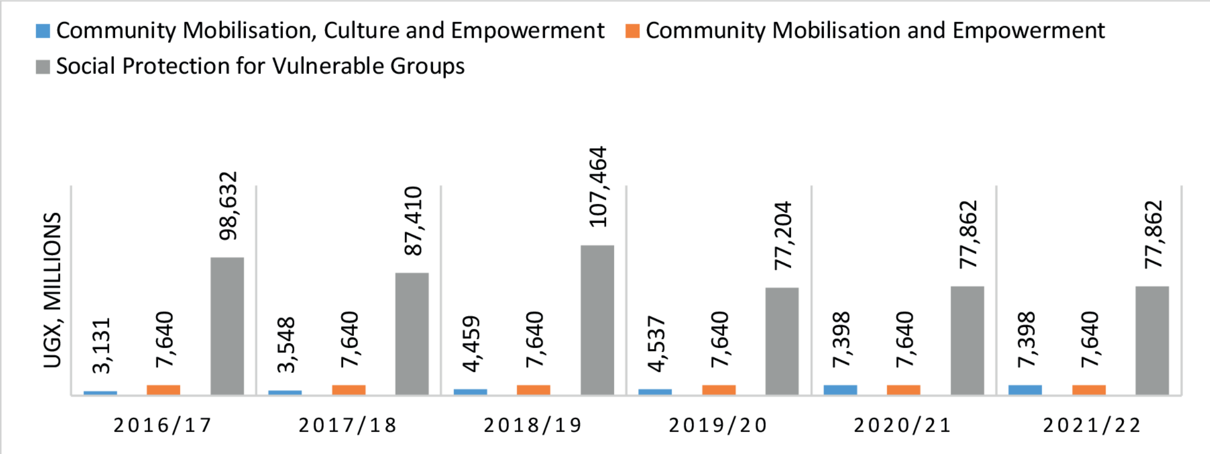


Source: Strategic review report on expanding social protection programme (ESPII), 2022.

3.2.2. Social Protection Programmes with some activities targeting persons with disabilities

Of the social protection programs implemented over the course of NDPII and the current NDPIII, of the social protection programs implemented, only five have activities to benefit PWDs: social protection for the vulnerable groups, disability grant, community mobilisation, culture and empowerment. The volume of resources allocated are given in Figure 13

Figure 13: Funding of the Social sector programmes with direct links to disability (UGX, Millions)

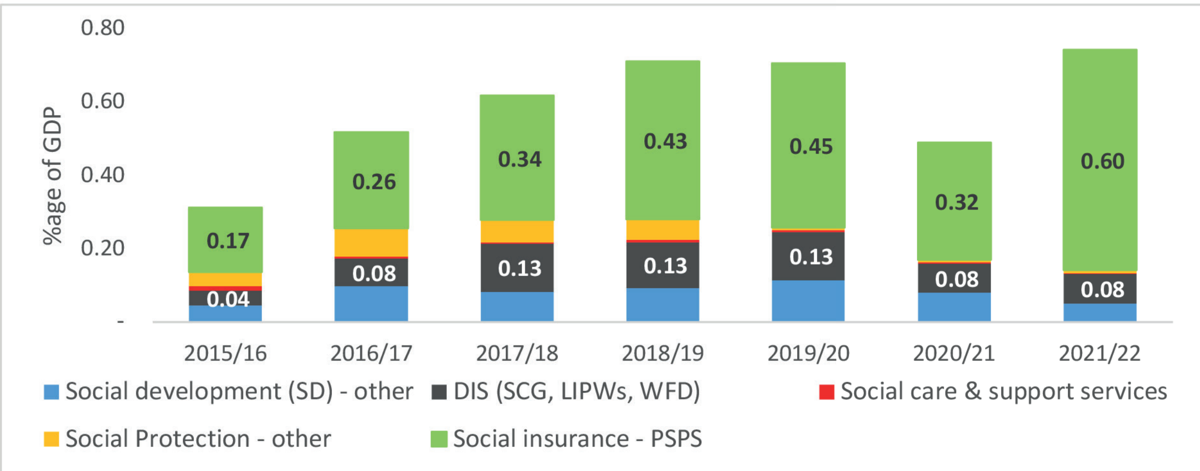


Source: Strategic review report on expanding social protection programme (ESPII), 2022.

3.2.3. Funding to social development sector as a share of GDP

In FY2021/22, total spending on social protection amounted to approximately 0.66% of the GDP with DIS (SCG and NUSAF 3, DRDIP) amounting to about 0.06% of GDP (or 0.04% of GDP if LIPWs are excluded) and PSPS amounting to 0.6% of GDP (Figure 14). Spending on other smaller programmes, notably the disability grant and the community-based rehabilitation programmes was lower than 0.01% of GDP; about UGX 13 billion in FY2021/22. These are low as compared to other countries in the region including Kenya, Tanzania, and Rwanda (Figure 14) according to ILO data which aims to compare country expenditures according to a common metric. For example, Rwanda has a similar GDP per capita but spent 1.7% of GDP on social assistance in 2021/22.

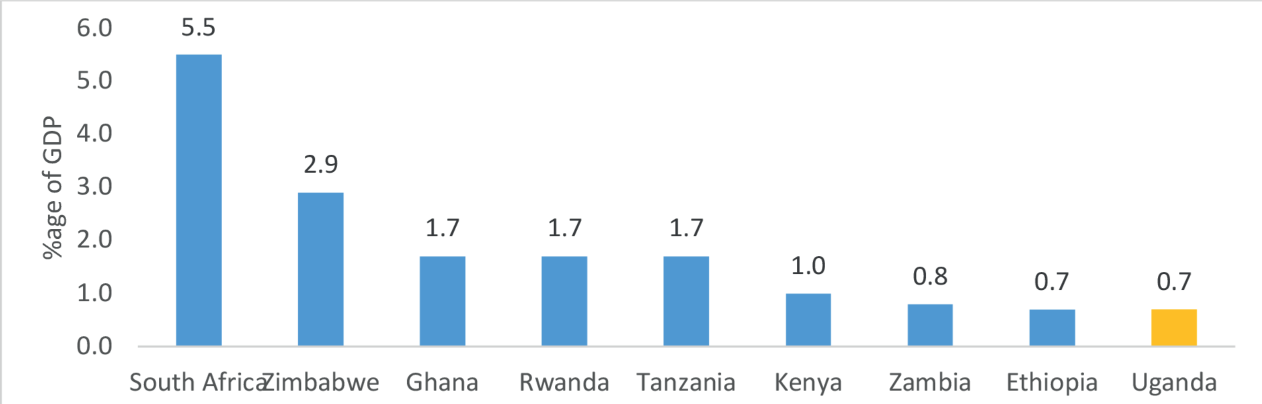
Figure 14: Spending on social development as a share of GDP



Source: Strategic review report on expanding social protection programme (ESPII), 2022.

Overall, despite social protection being increasingly institutionalized within national development plans and budgets, government spending on social assistance, as a percentage of GDP, has remained the same or tended to decrease in the last five years as the loan-financed NUSAF 3 project closed in FY2020/21. Overall expenditure is dominated by contributions to the PSPS which have increased because of a growing number of recipients, and amounts claimed.

Figure 15: Public Social Protection Expenditure as a percent of GDP Aggregate (excluding health sector) FY2020/22 (Data source: World Social Protection Report 2020-2022. ILO Geneva)

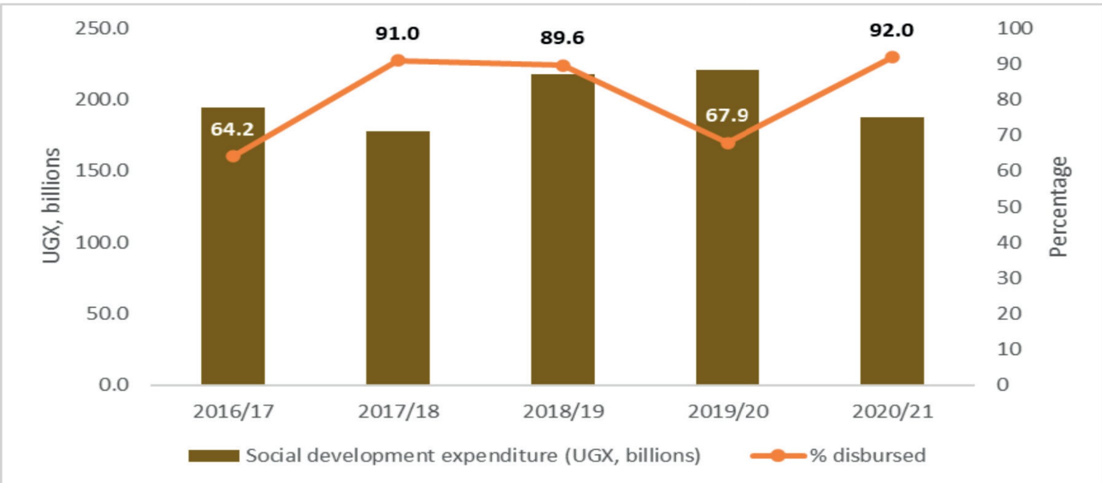


3.2.4. Budget Implementation for Social Development Sector

Based on data from MFPED budget framework papers, less than 100% of the budget allocated funds are usually released[92]. The proportion released for social development was 68% in 2019/20 notably due to COVID-19 pandemic-associated challenges. Overall, between FY2016/17 and FY 2020/21, only 80.0% of allocated funds for social development were released (Figure 16).

Failure to honour or raise funds for commitments by the government is one of the reasons for poor disbursement rates for SCG. In FY2020/21, the budgetary allocation for SCG was UGX 62.9 billion for which only UGX 49.7 billion was released. The PSPS has also faced similar challenges of releases; less than 75% of the pension arrears that had accumulated by June 2022 have been paid. And 30 % of PSPS arrears over previous years till June 2022 are yet to be cleared.

Figure 16: Social development sector approved budget and budget implementation for FY2016/17 to FY2020/21



Source: Strategic review report on expanding social protection programme (ESPII), 2022.

The expansion of the special grant for persons living with disabilities: A team at UNICEF and the Uganda Social Protection Platform (USPP)[93] in 2016 showed that a universal grant targeted at poor persons with disabilities will cost the government no more than 0.6% of GDP in the medium and long term. Similar simulations but a model for GDP adjusted to the current level of 3.4% shows that in a phased implementation of a disability grant to all the poor PWDs within the next five years will cost the

[92] The Budget Speech, Government of Uganda, FY 2019/2020.
[93] https://www.unicef.org/uganda/UgandaSPBCReport2016-FINAL-LORES.pdf

government no more than 0.9% of GDP. Based on the latest UDHS 2016[94], there are about 1.5 million PWDs. Similarly, simulations reported in the investment case for social protection in 2017 showed that a universal disability grant to all poor PWDs will only cost 0.6% of the GDP and will in return lead to a decrease in the poverty gap by 28% for every percent of GDP spent.

Table 2: Required funding (UGX, bns) for disability grants for children and adults, FY2022/23-2030/31

	Population size (based on UBOS population projections and UBOS 2018 – UDHS results)		Required funds at UGX35,000 per capita per month (UGX, billions)		Available/ committed (UGX, billions)	
Year	PWDs (0-17 years)	PWDs (18-79 years)	PWDs (0-17 years)	PWDs (18-79 years)	PWDs (0-17 years)	PWDs (18-79 years)
FY2022/23	698,274	1,603,295	234.62	538.71	0	15
FY2023/24	712,731	1,664,853	239.48	559.39	0	15
FY2024/25	727,212	1,735,154	244.34	583.01	0	15
FY2025/26	741,579	1,806,114	249.17	606.85	0	15
FY2026/27	755,697	1,877,039	253.91	630.68	0	15
FY2027/28	770,028	1,954,656	258.73	656.76	0	15
FY2028/29	784,371	2,023,565	263.55	679.92	0	15
FY2029/30	798,504	2,091,347	268.3	702.69	0	15
FY2030/31	812,037	2,159,482	272.84	725.59	0	15

Source: Strategic review report on expanding social protection programme (ESPII), 2022.

The self-contributing nature of the expanded SP; Rationale for expanding SP in Uganda

A recent simulation study on the Economic and Poverty Impacts of the ESP programme in Uganda, by Khondker, Matovu, and Athias (2019) in collaboration with MFPED, showed that expanding social protection in Uganda will be self-sustaining by FY2030/31 in that it will lead to increases in household income, household consumption, and employment rates. These increases or growth impacts will lead to the generation of additional tax revenue, which can be used to fund future cash transfers, minimizing reallocations from other investments.

3.3. Extent to which existing targeting mechanisms for Social Protection Interventions are Gender Sensitive and Disability Inclusive across the life cycle for social cohesion in Uganda

Targeting in SP programs involve direct and indirect costs borne by the provider (Government and its structures) as well as the beneficiaries. The direct costs mainly relate to the administrative expenses incurred by implementing and complying with the targeting mechanisms. Indirect costs are related to errors of exclusion and inclusion, private costs to beneficiaries (such as transport and time), social stigmatisation, tensions and potential political costs to the government. Therefore, the effectiveness, appropriateness and efficiency of the target mechanism for SP programmes are highly linked to the policy decision on whom target, the relative simplicity/complexity/transparency of targeting criteria, the programme design and implementation, and implementation of the targeting criteria. This study examined the extent to which existing targeting mechanisms for Social Protection are gender sensitive and disability inclusive across the life cycle for social cohesion in Uganda. Focus was put on specific SP programs including; SCG, LIPW, The Public Service Pension, National Social Security Fund and complimentary livelihood and employment intervention including YLP, UWEP and The Special Grant for Persons with Disabilities.

[94] UBOS, 2018. Uganda Demographic and Health Survey 2016. Kampala, Uganda.

3.3.1. The Senior Citizens' Grant (SCG)

The SCG is a tax-financed, old age pension that started as a pilot in 2011 during the first phase of the Expanding Social Protection (ESP I) programme, with funding from the United Kingdom's Department for International Development (currently Foreign Common Wealth and Development Office (FCDO), Irish Aid and UNICEF. In 2022, GoU took over the funding of scheme. The transfer value is currently worth UGX 25,000 per month. It is non-contributory social pension, designed to provide income support for older Ugandans who did not contribute to the formal sector. A crucial element of the design of the SCG is the operational simplicity. The SCG uses a universal categorical targeting approach based on simple demographic characteristic – age – and targets individuals over 80 years of age and do not receive a civil service pension. Therefore, upon attaining age 80 an eligible citizen[19] is enrolled by their parish chief into SAGE and entered the SAGE Management Information System (SAGEMIS). The targeting mechanism does not discriminate in relation to gender or disability.

Gender sensitivity: Of the 306,000 beneficiaries, 58.1% were women.[95] The current survey of beneficiaries conducted as part of this study showed no gender issues relating to the cash transfer delivery system, and targeting mechanism. However, the adequacy of UGX 25,000 was lower among women as compared to men as men were more likely to earn an extra income from properties or investments. The current survey showed that one in ten old women as compared to two in ten old men got an extra income from property or assets, dividends and interest, in the past 12 months[96]. Consequently, less than 5% of old women reported to have invested part of the SCG payment as compared to 10.3% of the old men. As the programme is intended to provide income replacement for those who can no longer work, the amount is clearly inadequate for the women who have no additional income sources, especially as the transfer value of UGX 25,000 gets eroded by inflation.

Beyond the numbers, there is also evidence that the SCG made an effort to identify key gender issues that impact on the programme and proposed measures to address these issues. For example, it was noted that "at the pay points men line up before women even when men come late, they tend to pass the women already in the line or push them out of the line…"[97]. In reaction to this, the SCG promoted the action of ensuring that all beneficiaries line up on first come first serve basis under close supervision of the CDOs and local leaders. Similarly, it was noted by program implementers that When an old person dies… Usually a son or grandson wants to pick the money on behalf of the family without giving the widow the right to do so…"[98].

As a strategy to address this gender challenge, the program issued guidelines that aimed at encouraging consideration of "the spouse of the deceased as next of kin". Another gender issue identified related to "Cash grant promoting gender-based violence. Men tend to engage in extra marital affairs causing domestic violence"; "Utilization of the cash grant among married couples. Women spend on productive assets men spend on leisure activities". The program promoted actions to promote joint decision making in households after receiving the cash grant and to engage in Continuous sensitization of beneficiaries on how to utilize the cash grant[99]. These are indicative of some of the intentional efforts to go beyond numbers of men and women benefiting from SCG to take deliberate steps to address some of the social and gender norms that affect gender equality and equity in social protection programming.

Despite these commendable efforts, it's not clear on the extent to which participation of elderly women translates into equal decision making given the gender norms related to power relations between men and women. Similarly, the extent to which the step-by-step guidelines for gender mainstreaming are

[95] We could not find up-to-date data disaggregated by disability. However, available literature indicates that the risk of disability increases with age (Gerschick, 2000). [Gerschick, TJ. 2000. Toward a Theory of Disability and Gender, Signs: Journal of Women in Culture and Society 25(4): 1263-1268. doi: http://dx.doi.org/10.1086/495558]
[96] This data is from the survey conducted as part of this current study.
[97] MGLSD (2017) Enhancing Gender Responsiveness and Equity in the Design and Implementation of Social Protection Interventions
[98] ibid
[99] MGLSD (2017) Enhancing Gender Responsiveness and Equity in the Design and Implementation of Social Protection Interventions

being applied systematically into the design and implementation of the SCG is not well documented and reported through the routine M&E systems.

For example, the complex bargaining process within the household always influence decision making and expenditure of the transfers may require systematic review and documentation to inform context specific interventions. Discussions with some key informants in revealed that female elderly tend to spend their transfers on benefiting their grandchildren and often take on the burden of taking care of grandchildren. In addition, access to and control over productive resources such as land among PWDs, elder persons and women is still a big concern. However, the extent to which these are considered in delivery of cash transfers under SCG is not yet clear.

> "Maybe particularly for the female because you find that many of them are still having dependants, their children either of their deceased children and you find that the biggest burden of taking care of such is upon the woman, the at times have limited access to resources as some are widows and also their role of taking care of orphans and other survivors, I think it would be fairer if the women were given more", (KII with Gender focal person, Kiryandongo).

> "Women have caring social aspect of it, there is more attachment to a grandmother compared to a grandfather, so I think It would be Okay to slightly increase the pay of an old woman, because a woman, she has to go back to buy food, those other basics that feed in every body, compared to some old men, there money is to go and drink, I mean they keep it in their pockets." (KII with the District Community Development Officer Kapelebyong District)

> "It's not gender sensitive because old women are overburdened with care of family needs, including grandchildren. They are the main breed winners yet they have limited access to valuable resources like land and big livestock like cattle, they only own small animals like goats, chicken, and ducks which fetch little money if even sold in the market", (KII with DCD, Napak).

> "When we look at our local context women seem to hold a lot more responsibility than men and so while yes we say we are looking at vulnerability but in terms of attention to women at a family level for example in terms of keeping orphans, in terms of taking care of them, in terms of house hold chores it's really women who are taking care." (KII with the Administrator SAGE Moroto District)

> "Access and ownership to resources especially land is still a challenge to women, PWDs, elder persons, women still have a problem in accessing and using land, you have to consult before use, there is a lot we still see property grabbing because someone is just a woman, a widow those are some of the challenges these people face, it really affects them in terms of ownership of those productive resources." (KII with the District Community Development Officer Kapelebyong)

Disability inclusion: In terms of expenditure, results from the survey show that the older persons with disabilities were more likely to spend on health care than those without disabilities (24.7% vs. 11.3%), and were less likely to invest the money (1.0% vs. 10.7%). It was noted that only 13.0% of older persons with disabilities are receiving any social care and support services at the community level. However, in Karamoja beneficiaries reported screening and treatment of eye sight at the SCG pay points. This is one of the ways the MGLSD has attempted to make SCG disability inclusive. In Karamoja, they worked with SightSavers International and mainly Moroto hospital. Payment of transfers was also perceived to be gender and disability sensitive. Participants noted that the payment process and enrollment of the beneficiaries puts into consideration the time, distance, age, and disability of beneficiaries. The programme takes payments closer to beneficiaries and allows for alternative recipients, thus reducing challenges of mobility.

> We do what we call home registration, enrollment, then we have also had to link our disable people to some other complementary services now in Karamoja we are working hand in hand with sight

savers. They have been helping us when we are doing payment, they are also offering services to people who are blind or who are trying to get blind trying to rescue the sight. That is what we basically do in terms of giving complementary services to people who are disadvantaged the vulnerable older persons who are disabled—KII with the Administrator SAGE Moroto

“If you look at SAGE when we are doing payments, the best we do is if the distance is long it should be 4km so we make sure that the payment point is near enough to the next point it should be 4km. When we start paying, the parish chiefs, LCss, who are active enough, older persons council and disability persons councils, they make sure they organize the disabled persons aside so that when the payment starts, we start with them so that they clear the lines and go in time”, (KII with PWDs representative, Napak).

“I can say it is very sensitive because if they can pay you from your home for those ones who have issues and cannot reach the centralization of payments, the pay points are brought closer to the community, those pay points suggestions actually came from them. There is also a provision of the person to nominate someone to pick money on their behalf, maybe if the distance you cannot reach then you can nominate a grandchild or anyone who can get money on your behalf that person is registered and keeps on picking money on your behalf, so I feel it is quite sensitive when you consider all those loopholes that someone may face to access funds”, (KII with gender focal person, Kiryandongo).

“The payment process is fairly sensitive to disability concerns because the pay points are nearer to the villages these have also provision for alternatives recipients to transact on behalf of the disabled beneficiaries, prior information is provided to the beneficiaries by the CDO and parish chiefs including dates of payments, location and how much to be paid. This usually backed up by radio announcements and letters to that sub-county with clear payment schedule”, (KII with DCDO, Napak).

“We provided an option of having another member of the family to pick the money. Under this we register the person and get their details and then whenever the old person cannot pick this money the next of kin then picks it on their behalf. We have also been moving to their homes mostly those who are sick and cannot move, those with mental issues and others and we would bring their money to them”, (KII with Focal Person Elderly and Person with Disability Kamwenge)

“We move with wheel chairs that is to support those who are not able to move quicker to the payment desk and two we designed these programs in such a way that for those who are disable and are not able to move to the pay point, we give them opportunity to choose the people to support them and, in our language, we call them alternative recipients, in the documentation we have these people captured and they keep picking the grants. And in terms of target when we are looking for these disable there are those who are far, sickly, disabled we take service to their homestead.” (KII with the Administrator SAGE Moroto)

“When it comes to payments all the elders in the community gather at the sub county and receive their money. However, we have also been having this extensional approach where we visit those who cannot come to the sub county to pick the money. We know there are people who have no relatives registered to pick money for them and they cannot come to the center because they are very old and unable to physically support themselves so we move to their homes.” (KII with Focal person Elderly and Person with Disability Kapelebyong District)

However, some participants felt that some elderly persons are excluded given the age limitations of 80 years and above.

“The current targeting mechanism is not sensitive to disability concerns because they basically use age as an access criterion. That means even if you are disabled, as long as you are not yet 80 years and above you cannot qualify for SCG” (KII with DCDO, Napak).

"When they are targeting the age is 80 years, they look at both persons of disabled and those who are not so it is inclusive with disability. For gender they do not look at male or female they provide for all across the board whether you are a man, woman, or disabled its inclusive as long as you meet the age of 80years." (KII with DCDO, Tororo)

Distribution of SCG beneficiaries by gender

Table 3 shows the distribution of SCG beneficiaries by gender. Most respondents had never been to school but the proportion of females (78.3%) is higher than that of males (49.5%). This distribution may imply higher vulnerability among those that never went to school but also a higher vulnerability among females than males. Most female beneficiaries were widowed (68.3%) compared to married male beneficiaries (55.1%). Most SCG beneficiaries were household heads (62.5% females vs 77.6% males). About 8 out of every 10 beneficiaries are in the informal sector (86.6% females vs 79.4% males) or they get their incomes from subsistence activities (65.8% females vs 70.1% males). These results point to a higher vulnerability among the study population. The main use of the SCG grant is purchasing food for most beneficiaries (69.2% females vs 56.1% males) – signifying a higher risk to vulnerability in terms of food shortage. Long distances were cited by about half of beneficiaries to be the most challenge in getting the SCG grant (49.2% females vs 42.1% males).

Table 3: Distribution of SCG beneficiaries by gender

	Female SCG beneficiaries	Male SCG beneficiaries	Total
N	120	107	227
Education Level			
Never been to School	78.3	49.5	64.8
Primary Level	19.2	38.3	28.2
Some secondary	2.4	12.1	7.0
Current marital status			
Single/Never Married	1.7	1.9	1.8
Married	18.3	55.1	35.7
Widowed/Widower	68.3	30.8	50.7
Divorced/Separated	11.7	12.1	11.9
Household head			
No	37.5	22.4	30.4
Yes	62.5	77.6	69.6
Has some form of disability	66.7	64.5	65.6
Type of disability	33.3	35.5	34.4
Physical impairment	15.0	14.0	14.5
Hearing impairment	12.5	10.3	11.5
Visual impairment	11.7	19.6	15.4
Occupation type			
Agricultural and Fishery Workers	11.7	17.8	14.5
Informal sector – other	86.6	79.4	83.3
Formal sector	0.8	2.8	1.8

	Female SCG beneficiaries	Male SCG beneficiaries	Total
Main sources of income in past 12 months			
Property/Asset income	7.5	15.0	11.0
Dividends or interest	1.7	2.8	2.2
Remittances	43.3	44.9	44.1
Income from Subsistence Activities	65.8	70.1	67.8
Challenges faced to collect the money			
No challenge	35.0	43.0	38.8
Long distance,	49.2	42.1	45.8
Time poverty	21.7	18.7	20.3
Have no phone,	19.2	13.1	16.3
Disability,	10.8	8.4	9.7
Being cheated	6.7	4.7	5.7
Fear someone following me to steal the money	5.8	5.6	5.7

Source: Survey data of beneficiaries

Perceptions about targeting the SCG

Most participants perceived the SCG programme to be appropriately targeting one of the most extremely vulnerable groups of people – the elderly. Many positive effects of SCG targeting were reported, both at individual and community level. While it is at times difficult to disentangle the effects of targeting per se from the effects of actual participation in the programme, the analysis below attempts to focus on what it meant to participants to have been selected for inclusion in the programme, and how this selection was perceived to have brought about social benefits. Key positive outcomes of the targeting the elderly include; promotion of social cohesion, strengthened social relations at household level, economic empowerment and improved access to services among women.

Participants seem to agree that the targeting/selection approach and processes has promoted spirit of togetherness among the elderly. Interactions with participants in FGDs, IDIs and KIIs indicated that there is improved social cohesion especially at community level. It was noted that the elderly had joined saving groups, and the regular cash disbursements had improved their self-esteem and living conditions. In addition, the programme provides an opportunity for the elderly to meet and interact with their old friends. In addition, targeting of the elderly has helped to maintain or strengthen social relations within their households. Participants observed that relations have improved with their children because the programme has relieved them from the burden of helping as well as the ability of the elderly to share the cash with the household members. The elderly are able to access basic needs including foods as well as providing support their family members.

> "The government gives money to the elderly who are in the programme of SAGE it has really helped the elderly because when they get the money, they use to feed their households and for cultivating their farms" (FGD with Male beneficiaries LIPWs, Napak)

> "I really appreciate this programme that is helping the elderly people because it has offloaded some burden of having everyone depending on me, like now my mother when she gets her senior citizen grant, she gives me some money to help in feeding the household and so the little I get from doing casual labour, I use for educating my children'—FGD with youth, Napak

> "These programs have helped especially the elderly people they are now receiving money and some months they bring flour which is given to the elderly women and men—FGD with male Non LIPWs beneficiaries, Moroto

"With this money it is not possible to access land but to keep them going, they can also be able to do small business-like selling silver fish tomatoes at a small scale but if someone can use that money profitably and get good profits, they can be able to buy land based on how they invest", (KII with DCDO, Tororo).

Limitations on Access to Health care services

Issues to do with access to health care services seem to be a is challenging for the elderly e due to long distances to health facilities. This is worsened by the, and absence of drugs at the facilities as most of the much-needed drugs are often out of stock requiring the elderly community members to privately buy drugs. However, it is important to note that SCG transfers have facilitated beneficiaries to access health services.

"Yes, they can be able to transport themselves with that money not only health but also nutrition it also helps them in nutrition it helps them feed well it helps them access clothes shelter basically the basic needs—KII with DCDO, Tororo.

"Sometimes our women don't find drugs at the health facility when they go for treatment and they come back home empty handed and you fine that even at home we don't have money. The health facility/clinic also don't have enough drugs Government is not supplying enough drugs to the health facility and the facilities is far", (FGD Male Beneficiaries LIPWs, Kiryandongo)

"There is nothing completely, the only support we get is drugs from the health center and in most cases, we don't even find their drugs if you find there Panadol that's it and if you don't find upon you", (FGD Male Beneficiaries LIPWs, Kiryandongo)

"Here in Akoromit, we don't have a hospital, Akoromit sub county and Akore town council, we don't have a government health facility. So, the women that go to Achowa HC you find that if you get hospitalized, the place is small; that means if people increase, there no proper services. There nurses but there is no medicine hence you get poor services as a mother. So at the end of the day, some mothers even end up losing children." (FGD Female with LIPW Beneficiaries, Kapelebyong)

Age Limitation to Access SCG:

However, some study participants felt that the eligibility age (80 years and over) is too high. The general perception is that there are many people below 80 years of age who are equally vulnerable. As such, the eligibility age of 80 excludes many poor and vulnerable 'older people—women and persons with disabilities. Similarly, it was noted that a number of older persons still miss on the beneficiary lists. This was attributed to limited updates of beneficiary registers as well as improper documentation of some of the older persons.

"We know that there is no one who receives money for elders and that programme has not yet reached gwara 1, actually all those whose names appeared in the list and they qualified to get the money are all dead, they died long time", (FGD with male beneficiaries LIPWs, kiryandongo)

"We need to give people information during registration so that they can direct us to the homes of those people who are really vulnerable and those who need the service. Then, I think we should also improve on the way we do targeting as we go out to register people for the new enrolment, we need really to scrutinize communities properly to tell us out of maybe the four thousand elderly people in Moroto how many are disable, I think we need that information clearly so that we capture them." (KII with the District Community Development Officer CDO Moroto District)

"There are those that their ages have reached but because their identity cards have wrong dates of birth, you find that in the IDs their ages a less that is why they do not get the SAGE money.

Secondly the money for people with disability we just hear about it, they register them but you later hear that the government program has not reached", (FGD with male Non beneficiaries LIPWs, kiryandongo)

"I think what they need to do is, first of all, when you see when you look at the age that Senior Citizen's is targeting is too high. So, I think, when you look at our life span, our life span has reduced from 80 ages to something like 60 years, actually between 60 to 70 years is our life span. People hardly pass that stage. So am requesting if possible, let the program age be adjusted from 80 to 60 and above for someone to qualify to benefit from the SAGE program. Yeah, because most of the PWD's are just within 50, 60 and 70. There are very few PWD's that are 80 and above, there very few." (KII with the District Probation Officer Kapelebyong)

"This can be done by reducing the age access from the current 80 years to 60 years so that many people can access. Also revise the amount to be increased for the old women and disabled beneficiaries because they have more demands and specific needs compared to the old men", (KII with DCDO, Napak)

These remarks highlight challenges in enrollment, registration and community mobilization that have potential to foster social inclusion of PWDs and older persons that need to be further explored to make social protection programmes more effective and efficient in targeting these vulnerable groups.

3.3.2. Labour Intensive Public Works (LIPW) Programmes

These include social transfer targeting the working-age population. It includes labour intensive infrastructure initiatives (e.g., construction and maintenance of roads, schools and health facilities). These contribute significantly to infrastructure development, including of community assets that have benefited women and persons with disabilities (e.g., water sources and save time). In Uganda, as part of the efforts for poverty eradication, a number of LIPW have been implemented. Some of these include, The Third Northern Uganda Social Action Fund (NUSAF3) programme with World Bank loan which had a component on LIPWs, which ended in June 2021. DRDIP, a 5-year project from 2019/2024 is designed on the same model as NUSAF III and is currently providing LIPW in refugee and host communities. The pilot for an urban cash for work in Arua city (West Nile) and in Kampala city supported by the International Labour Organisation. LIPWs in Uganda aims at creation of community assets, provision of food items to households affected by famine and transfer of cash to poor households with labour capacity. The targeting LIPWs programmes focuses on vulnerable labour capacity community members both male and female, youths and persons with disability. The National LIPW Guidelines clearly stipulate that at least 50% of the direct beneficiaries shall be female and 20% shall come from households with only vulnerable groups including persons with disability which clearly embraces the aspect of gender and disability inclusion.

Discussions with beneficiaries, show that the section process under the LIPW takes into account characteristics of age, gender, disability and vulnerability/poverty status. It was noted that all categories of people are employed including the elderly, disabled and women. Finding show that the targeting process takes into account the needs of both men and women, recognizes gender differences in poverty and education levels, women's time poverty, women and persons with disability mobility patterns and accessibility as well as underscores the need for affirmative action for women and persons with disabilities. These are assigned various task depending on their capabilities.

"*DrDIP as a programme has ensured that women also take part in the running productive activities to earn a living this equal development in the community. People living with disabilities have also been given a change to do some light tasks during the activities to also earn some wages at the end of the day hence being able to buy themselves necessities like food, shelter, and clothing*", (FGD Female LIPWs beneficiaries refugees, Isingiro).

"Yes, everyone benefited whether old or young, disabled or able. For the elderly and the disabled, their work was to distribute water to those working and carrying babies of the breastfeeding mothers at the site. Women were given lighter tasks of removing the mud and marram that the men had dug out. Our tasks were just to spread marram only" (FGD with female youth, Tororo).

"You should be the poor of the poorest, living along the road worked on at least 2kms. You need to have a national ID because we would feed it into the system. We use machines for registration and we were sensitive whether a man or woman PWD now PWD he would be given work which is called consummates to his potential, his ability. So if he was PWD, his work was to cook or wash plates for those who are working and would be paid the same to women who are pregnant and the elderly, you are all paid the same rate so those are some of the criteria we used and it worked for us", (KII with DCDO, Tororo)

"They are very short, like these public works does not take more than two hours. You find that when you come at 7:00am, at least by 9:00am you are already leaving. So, they are very sensitive and they put it into consideration. So, if you come like at 9:00am, you could be leaving like at 11:00am. They don't take the whole day there", (KII with gender focal person, Kiryandongo).

"First of all, they had to agree with families on the schedules and they were not working for the whole time because we had shifts. So, there are those ones who used to work in the morning the other ones in the afternoon so it was your choice through that work shifts it helped them to balance chores at home", (KII with DCDO, Tororo)

"We would make them in shifts for your own convince. Each used to be 3 to 4 hours. You pick the one at you convince for the two weeks. But for a day you think you are engaged; you can swap with a person on another shift so this person registers your name and they would also alert us that me am working on behalf of so and so. The other one works but this one is the one that puts the thumb print they had their local arrangements there we had no problem if you are sick send someone but not a minor", (KII NUSAF LIPWs staff, Tororo)

"These inequalities can be addressed. For example, last time inter AID gave support to the disabled and world food program is also giving money to the disabled every month they get 45000 Ugandan shilling only and people like us abled body including children we are getting 30000 Ugandan shilling", (FGD with Female Refugee beneficiaries of LIPWs, kiryandongo)

In addition, sensitisation on decision making at household level is also done. This facilitates women and PWDs to participate in the programmes. It was noted that LIPWs provides for a member to stand in for another member who does not have ability to work.

"*For people with disability we could get any person in their family who is able to do the work but not the real disabled person to go and do that work on their behalf especially when the weather is not favorable like when sun is hot, when it is raining.*" (KII with the Chairperson PWD Sothern Division Moroto)

"*We trained them and we had what we call group dynamics training and through the group dynamics training, we catered for that and ensured that we sensitize and train them on how decisions are made at home and how they should respect themselves. How husband and wife conflicts should be handled at home and how when they are in groups, they should maintain good work in groups so that they are sustainable. We also talked about saving groups loaning so that they invest that money they earn",* (KII with DCDO, Tororo)

"Depending on the size of the household, they used to send one person to work so that never arouse. We had instances where a man would come and work on behalf of the woman. If you are sick, you delegate and if the woman is also sick, she delegates. That is why issues never arouse after all the money was going in the same household, (KII NUSAF LIPWs staff, Tororo)

> *When the programme of NUSAF started, it was realised men and women were divided in the way they did their roles but later trainings were organised to enlighten men on the area of sharing roles and as of now men can do what was initially meant for women",* (FGD with Male Beneficiaries LIPWs, Napak).

Similarly, participants noted that relevant stakeholders including those promoting women's and PWDs rights at district and community levels are consulted involved in the selection process of beneficiaries for LIPW

> "During the selection these organisations are not consulted because it is in a way a community approach where we have community facilitators who are recruited specifically for that project so they are the ones who take charge in mobilisation, for us we do not participate", (KII with Labour officer kiryandongo).

> "We normally consult when you look at under NAWU. They formed structures of women network women movement network so that structure is right from the village to the district but that structure also includes the structure that government has formed, we have what we call under women council which is sectary organ of the government, they have elected their leaders right from the village level to sub county. we normal use women council structure which helps us in the selection, right from the village level and even at sub county level they are more pronounced because they also sign documents even at the district level we include them in any matter, they make any decision", (KII with DCDO, Tororo)

The targeting has contributed to economic empowerment of women, girls and PWDs. Participants noted LIPW has provided employment to the youths, women and PWDs. It was observed that the payments received has facilitated access to productive resources such as livestock, as well capital to start up small business.

> *Am grateful for the programmes that come to the sub county like NUSAF, which brought the idea of planting trees and Road construction and most of our youth were enrolled in this programme. The supervisors were cautioned to ensure the disabled were also incorporated even if they just go to sit and 10% was allocated to us*, (FGD males with disability, Napak).

> *"The programme of SAGE has helped the elderly, as they are able to access their basic needs whenever they receive their money. There was a time last year when we were affected by floods and the office of Prime Minister came in and gave us food, nets and Taplin",* (FGD Male Youth, Napak).

> *"Here when they are giving out money, they give it directly in the hands of those persons with disability, the women, the men so that we stay together in peace, the PWDs can eventually start up projects of sewing shoes. The government should bring in such programmes so that we earn a living",* (FGD with male non beneficiaries Moroto)

> *"Women who received the money were able to improve their livelihoods. Some used the money they received to start up small businesses",* (FGD Female senior citizens, Tororo)

> *"Most of them worked and their parents benefited especially on the LIPW program. They were only allowing youths above 18 years, those below were not allowed at the site",* (FGD with Female youth, Tororo).

> *"Our people treasure animals so much and when this programme of NUSAF started giving cows to both men, women and disabled came in, it has really addressed domestic conflicts because even women have power over their animals and they no longer struggle for men's animals",* (FGD with Females non LIPWS beneficiaries, Moroto).

Distribution of LIPW beneficiaries by gender

Table 4 shows that about half of LIPW beneficiaries had primary level of education (51.1% females vs 47.2% males) – pointing to a higher risk of vulnerability among females than males. Similarly, slightly more than half of non-LIPW beneficiaries had primary level of education. Majority of LIPW beneficiaries were married (68.1% females vs 80.5% males). Most LIPW beneficiaries were satisfied with access to health services (34.0% vs 41.5% males) and with access to sexual and reproductive health services (25.5% females vs 38.2% males).

Table 4: Distribution of LIPW beneficiaries by gender

	LIPW Beneficiaries			Non-LIPW		
	Female	Male	Total	Female	Male	Total
N	94	123	217	111	37	148
Education level						
Never been to School	36.2	16.3	24.9	33.3	24.3	31.1
Primary Level	51.1	47.2	48.8	54.1	54.1	54.1
Some secondary	12.8	36.6	26.2	12.6	21.6	14.9
Reasons for dropout						
School was too expensive	17.1	34.7	25.6	25.8	24.1	25.4
School was too far away	3.7	3.8	3.8	4.1	6.9	4.8
Had to help at home or family business	15.8	15.5	15.6	14.4	13.8	14.3
Parents did not want	26.8	16.7	21.8	21.6	3.4	17.5
Sickness or calamity in family	8.5	3.8	6.2	14.4	31.0	18.3
Pregnancy	8.5	0.0	4.3	8.2		8.2
Current marital status						
Single/Never Married	6.4	14.6	11.1	9.0	0.0	6.8
Married	68.1	80.5	75.1	74.8	97.3	80.4
Divorced/Separated	12.8	3.3	7.4	7.2	2.7	6.1
Widowed/Widower	12.8	1.6	6.5	9.0	0.0	6.8
Disability status	3.2	6.5	5.1	6.3	2.7	5.4
Physical impairment	97.9	96.7	97.2	4.5	0.0	3.4
Hearing impairment	100.0	99.2	99.5	100.0	100.0	100.0
Visual impairment	98.9	98.4	98.6	2.7	2.7	2.7
Caring for a household member with disability	20.2	16.3	18.0	14.4	13.5	14.2
sex of main carer of PWD						
Female	18.1	11.4	14.3	87.5	20.0	71.4
Male	2.1	4.9	3.7	12.5	80.0	28.6
Received SCSS from the government or NGO in the past 6 months	21.1	5.0	12.8	12.5	0.0	9.5
Aware of contributory pension schemes or provident funds	38.3	37.4	37.8	29.7	48.6	34.5
Interested in contributing to such schemes or funds?	17.2	28.6	23.7	26.9	21.1	25.8
LIPW Working hours						
1-2hours	9.6	4.9	6.9			
3-4hours	39.4	28.5	33.2			
5-6hours	17.0	15.4	16.1			

	LIPW Beneficiaries			Non-LIPW		
	Female	Male	Total	Female	Male	Total
7-8hours	12.8	23.6	18.9			
9-10hours	5.3	14.6	10.6			
Conducive working environment?						
Yes	64.9	63.4	64.1			
No	35.1	36.6	35.9			
Ease to access health care services						
Extremely Not Satisfied	12.8	2.4		7.2	13.5	8.8
Extremely Satisfied	19.1	20.3		12.6	16.2	13.5
Not Satisfied	10.6	9.8		20.7	10.8	18.2
Satisfied	34.0	41.5		35.1	29.7	33.8
Somewhat Satisfied	23.4	26.0		24.3	29.7	25.7
Satisfaction with access sexual reproductive health services						
Extremely Not Satisfied	13.8	10.6		4.5	10.8	6.1
Extremely Satisfied	9.6	9.8		4.5	10.8	6.1
Not Satisfied	12.8	13.0		17.1	8.1	14.9
Satisfied	25.5	38.2		35.1	27.0	33.1
Somewhat Satisfied	23.4	20.3		31.5	29.7	31.1
Not sure	14.9	8.1		7.2	13.5	8.8

Source: Survey results/primary from this study

Challenges about social protection in Uganda

a) **Gender Inclusiveness:** Our analysis reveals that majority of social protection programmes in Uganda are gender blind, with no ability to address specific risks of people that act as bottlenecks in social-economic development. For example, while vulnerable groups of people such as women and youth are prioritized by the government, the presence of structural and systematic factors limit the largest informal sector from benefiting from social protection programmes.

b) **Disability Inclusiveness:** There is a decline in funding that caters for people living with a disability. The Special Grant for Persons with Disabilities declined from 13% of funding to the Disability and Elderly sub-programme in FY2017/18 to 10% in FY2020/21.[100] Moreover, there is a challenge of accurately estimating the financial bulk allocated to people living with a disability. The analysis also reveals that the funding allocated to people living with a disability is obscured by lumping people living with a disability together with older persons who have special programmes. Lack of proper disaggregation obscures the objective of promoting disability inclusion and limits effective planning and budgeting for their benefit. Yet, people living with a disability face multiple challenges such as accessibility and attitudinal challenges which hinders their participation in social, economic and political life.

c) Further, there are gaps in the implementing some of the existing social protection policies and policy instruments for some formal social security programmes. For example, the auditor general has pointed out challenges related to delays in disbursement of funds to beneficiaries, disbursement of less-than-approved sums for implementation of programmes and projects, and misuse and mismanagement of funds.

[100] Inclusive Futures, 2021. Social Protection for disability inclusion in Uganda

d) There is a lack of monitoring and evaluation systems that track implementation of social protection programmes by disability status. This leads to limited data on vulnerable people including people living with a disability which can result to exclusion of people living with a disability from social protection programmes. Moreover, economic opportunities for people living with a disability are not inclusive yet they receive meagre resources. Therefore, social protection programmes for people living with a disability cannot favor people living with a disability to take advantage of economic opportunities and prevailing standard of living.

e) Social protection programme in Uganda often uses an impairment approach (often referred to as a medical approach) to determine people living with a disability. This approach is not in line with the UN Convention on the rights of people living with a disability – which considers an assessment of the extent to which social and environmental factors affect an individual's ability to carry out their daily activities.

e) Work burden-related issues - Household chores and time poverty on women: Despite the programme being sensitive to the time poverty among women, the socially assigned responsibility of domestic work often limit most women to participate in LIPWs. Balancing home care roles and strenuous construction work, heavy agricultural work, is challenging. Similarly, long working hours would sometimes delay women from attending to domestic work at home, resulting in disagreements and domestic violence.

"We have a lot of responsibility of feeding children; men who have left for us all the responsibilities. Our girls are also getting pregnant and they carry their children back home. Everything on us women, buying food, medication, paying school fees now our children are dropping out of and others can't continue to higher level", (FGD with Female Refugee beneficiaries of LIPWs, kiryandongo)

"Some of us have a lot of work at home and when you go to work, they pay you small money which cannot help you and your family. And also, the by the time you come back it will be late yet you have to fetch water collect fire wood. So, it was better to do your own business where you manage your time", (FGD with female LIPW beneficiaries, Tororo)

"For us women what makes us fail to get into some programs is when a child falls sick you decide to take your child to the hospital and you miss out on the program yet if you had gone for that program, you could have benefitted", (FGD with Female PWDS, Moroto)

f) Marital control and decision-making at the household level: Although community sensitisation on household informed and the join decision making is held, discussions with non-beneficiaries revealed that power relations at home deter them from participating in LIPWs.

"Some men are the ones that prevent these women from joining by warning them against joining these programmes hence those women normally miss out on those opportunities. And some of the women do not like the fact that they are asked to contribute some money for some activities and therefore they say they cannot afford", **(**FGD Female NON LIPWS Beneficiaries, Kapelabyong District)

"Women and the Youths are the most excluded category due to their low levels of decision making, lack of mobilization fee to join the programs as everyone must pay that fee as one of the requirements to join the programs", (FGD with Non LIPWs Female Refugees, Isingiro)

g) Negative social norms and attitudes: Participants held perceptions that there some jobs meant for men and not for women especially the manual labour that require a lot of energy. This however limits the potential of the women to contribute to productivity.

"Culture, in some cultures there are certain work which are not to be done by women and also when you look at persons with disability people think they are disabled completely and that they cannot contribute physically and mentally, so people normally don't have opinions on them. (KII with labour officer, Kiryandongo)

"The saying that women can't dig up to there, that's an attitude issue, it's not so that a woman can't do hard labour but women also tend to put themselves in the vulnerable box that I can't do something like that." (KII with the District Community Development Officer Kapelebyong District)

"No, it is just about the nature of the project that dictates that it is for men just as I told you. Most of them were public roads, so those roads were like the one of MUSAS. I remember. You cannot mark women to climb the rocks, they dictate automatically. The karachunas and the men will just say these are our projects, they are the only people who can do. Then looking at insecurity where some of the projects were, you cannot expose women to go there so I think we need to have ranging projects." (KII with the District Community Development Officer CDO Moroto District)

"At the start of these government programmes like NUSAF especially dam construction, the disabled, the young children like school going children, and the elderly were excluded because they are weak and have no enough energy to handle intensive works. The pregnant women are excluded because government laws do not want them to endanger their unborn children", (FGD with male Beneficiaries LIPWs Napak)

"I think it is not so gender sensitive because I look at the previous parts the way they were like now constructing access road close to a mountain where there are rolling stones, that is not gender sensitive. That needs now gentlemen who are a bit strong so when we are sometimes coming up with projects of labor intensive, we need to look at the gender sensitivity. Can women also do the same work? Because not all women of a certain category can do that kind of access road works can be done by women who are about eighteen to thirty because they are a bit energetic, about the ones who are forty and plus? It's a bit hectic for them to do that work." (KII with the District Community Development Officer CDO Moroto District)

h) Exclusion due to lack of proper documentation and limited access to information: Participants noted that some vulnerable community members are often excluded from participation due to lack of proper documentation especially National Identification Cards (IDs). Similarly, other requirements such as payment of some fees and being a member of that community also excludes some categories people especially refugees in refugee hosting districts.

"The time when they are registering people for programs, they will say you must have a national ID, they ask you to get the money for registration and when you don't have then you miss out. The issues of transport and how to get to that meeting place", (FGD with Female PWDS, Moroto).

"***Geographical locations of certain areas also affect some people especially the refugees who are just given pieces of land to stay in from being excluded in the program as leaders find it hard to reach such homes to tell them about the programs. Some refugees stay far and they could miss out on the information from the chairpersons hence being excluded from the social protection programs. There is some membership fee supposed to be paid while one joins the group. So, any person who has no membership fee is also excluded",*** (FGD female LIPWs beneficiaries' refugees, Isingiro).

Similarly, it was noted limited access to information about existing LIPWs also makes some eligible persons to miss out on the programmes. Women and PWDs are more likely to miss out given that they often stay home—with limited participation in community activities especially community meetings

"What may make some people be excluded is that sometimes when you appoint people to do mobilization in a particular village without giving instruction on which people to target, and as you know the people with disability are not staged in one place. You have to move longer distances therefore information to reach a specific person takes time", (FGD male non beneficiaries, Kiryandongo).

"Most people that are at risk of being excluded are the women, more so widows and single mothers. This is because they are always home to do house chores and care for children as this is their major role and that they don't have time to attend meetings like the men or youths." (FGD with Non LIPWs Female Refugees, Isingiro).

"Men are the first to get such information and they keep it from us, some men do not allow women to work", (FGD with female LIPW beneficiaries, Tororo)

Inadequate information about what programs are taking place and what exactly they offer to people in the community and failure of leaders reaching information to far areas in the community leaves some women and PWDs excluded", (FGD female Non LIPWs Refuges, Isingiro).

Overall, despite the challenges, it was noted that there are an existing and functional grievance reporting mechanisms in place at the different levels from the community to the district. They handle grievances on various issues affecting the community in relation to the program, the people are aware, and they have been trained and have a reporting mechanism for their activities at the different levels the sub-county, district and national level as explained in all the districts visited.

"We have the Grievance Regress Committees (GRCs). If it is a road construction, the community itself nominates the GRC who sit to handle grievances and at the project level we have them. Then we have a GRC at the sub county and district level. So, if issues are not resolved by the GRC at the community level, they connect to the sub county and if they are beyond the sub county they are forwarded to the district and then the district handles them. So, all these committees are in place", (KII with gender focal person, kiryandongo).

"Yes, we do we have grievance with the reporting mechanism in the district. They start from community level, at parish level then we have at the project level. At the project level we have a committee if it cannot handle some matters reported to them, they forward them to the district. So, we also have a district level committee", (KII with DCDO, Tororo)

"Yes, every project has grievance managing system where committees are formed and trained and given registers, and when there are cases, they report to the Sub County or town council. Then also under that we have Grievance Regress Committee and when that one fails then they refer to the district", (KII with Labour officer, Kiryandongo).

"Most of those grievances did not come this side because we had CPMCS like the chairpersons of the water shade other projects committee so they handled at that level and we would also continually check on them to see that everything was okay", (KII NUSAF LIPWs staff, Tororo)

"The LCs when instructed to register beneficiaries they left some people out. The poor ones are neglected. Then those doing who have some money are considered. There are no benefits for all honestly." (FGD Male Okungur Sub-County Kapelebyong)

"Yeah, we have grievance committees that handle issues at community level depending on the project design like during the construction works of schools, heavy projects funded by World Bank. Grievance committees are there, road constructions under the Chinese constructions, complains are handled by the grievance committee then also issues of payments; people have worked for ten days so you want to pay them for five days so we need a committee to really

strengthen them. This are some of the mechanisms which need to be strengthened. (KII with the District Community Development Officer CDO Moroto)

3.3.3. The Public Service Pension

The Public Service Pension (PSPS) is a tax-financed, non-contributory pension that covers public service employees (including lower local government staff such as Parish Chiefs). 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 gross salary[101].

Gender sensitivity: The indexing of pension amounts on wages instead of price indexation implies that women who often occupy low cadre jobs within public service get less pension amounts than men.

Disability inclusion: The PSPS covers a range of benefits, including a retirement pension; a disability benefit; a survivor's benefit; and an early retirement or redundancy payment (in the case of dismissal). Early retirement is possible for staff who have reached 45 years of age and who have worked for at least 10 years. [102] However, given that few PWDs enter labour-force and hence public service, many are inevitably left out of PSPS.

> "Pension is paid based on how long you have worked whether man or woman, and what was your salary scale for the job. Now withe arts and science teachers, but also the position held, assuming you are the head teacher and the other one is a cleaner or guard, so who is supposed to get more money? There is away they compute and come up with the amount its technical", (KII with NUSAF LIPWs staff, Tororo) "There is no difference because government uses a standard procedure and method of calculating the pension regardless of whether you are a man or a woman, what matters is the salary scale that a person is in at the time of retirement", (KII with DCDO, Napak)
>
> "Now this looks particularly at your salary scale whether you are male or female it doesn't look at gender", (KII with gender focal person, kiryandongo).
>
> "What I know with this pension scheme is that it depends on how much you were earning before you left or how long you have worked. I do not think there is anything they can change because they base on two things duration of work and your salary", (KII with Labour officer Kiryandongo)
>
> "You retire and you are paid according to the scale, then this will now bring us to the point they say, when you are in public service, I think you work hard to go through the ladders so that by the time you retire you retire at a good scale. Now if am to retire on U1, I get better pay but if my officer attendant is a man and he retires on U5, he will not be paid so it means while in public service we need to work hard to climb all the ladders that are there. We upgrade so that we all retire the same way." (KII with the DCDO Moroto)
>
> "No, pension is calculated according to what your salary scale was, it's not different, if you were all mid wives, you get the same." (KII with the DCDO Kapelebyong)

3.3.4. National Social Security Fund

The National Social Security Fund (NSSF) is a mandatory pure defined contribution provident fund for retirement. The contribution rate to NSSF is 15% shared at 5% and 10% between the employee and employer, respectively. The scheme aims to protect formal employees against uncertainties of social and economic life. However, as it is currently designed, it is a one-off lump sum payment from the accumulated savings of the beneficiary, which likely means that the money is spent immediately, negating any security in the longer term.

[101] Kunsa S.K. (2009): Pensions Reform: Its Implications for The Public Service Pension Scheme of Uganda
[102] https://www.ugandalaws.com/p/pensions-act.

Gender sensitivity: Similar to PSPS, the indexing of contribution on wages implies women who often occupy low cadre jobs accumulate less amounts than men. Further, more women than men work in informal economy, and hence not included in NSSF. In 2021, of about 2.2 million members, only 25.6% were female members.[103] Further, more women than men work in informal economy, and hence not included in NSSF.

Disability inclusion: The programme provides both an old age benefit and an invalidity benefit, both of which can be important means of support for persons with disabilities. In most cases old age is associated with disability.

Overall, a mandatory contribution provident fund for all workers, the of workers in the country are not covered given that they are employed in the informal sector. Most of the people who work in the informal sector includes women and girls. This means that the greatest part of the workforce including women and girls is expressly excluded when it comes to provision of social security in form of old age replacement income since almost all schemes concentrate entirely on the formal sector. Although the scheme introduced voluntary savings, this has not been widely taken up by the workers in the informal sector. There is need to have deliberate effort to ensure workers in the informal sector participate in the saving scheme.

> ***"I think we need to come up with a deliberate effect especially if at all the labour office will be empowered also not only the labour office but also a law whereby if someone does not submit that money they are punished. So now we need to ensure that enforcement of that law must go down and reach every employer at the site establishment so every employee establishment should ensure that all the employees whose money are deducted should is remitted to NSSF",*** (KII with DCDO, Tororo)

> ***"Let them first increase salary, because if we begin contributing and also if they can put some flexibility like the way the NSSF does when you reach a particular age you are allowed to access part of your pension, that can be good, they should plan early like when you are 50 years of age you can get some bit of it",*** (KII with gender focal person, Kiryandongo).

> "Informal sector, NSSF first of all that contributory fund is a team of elite class, people hardly know about NSSF, it's maybe people in business, but If you took a survey here, information alone, I don't think they are aware about it, currently people save for immediate use, for current use, the way people are saving is make sure you have your heads of cattle so that just in case of anything you can sell your assets." (KII with the DCDO, Moroto)

> "I think the first thing that government needs to do is to come out clearly with programme and sensitize the community as to why the informal sector should get registered. To make sure the packages are more attractive there. should be awareness given to people to know more about the scheme, because in the informal sector you may have a business today and may be in 3years time what if the business goes down How will you be able to access finances?? How can I get this money and it get more capital for which I can restart again." (KII with CSO staff Kapelebyong)

> "Maybe first of all they first need to do a lot of sensitizations and also creating a mindset change for these people, you know at old age, some of them are rigid, even if you tell them we want to do this and this, they will not accept. It's better we die with our money even if it's small, they don't want to even anything about that." (KII with the District Probation Officer Kapelebyong)

[103] https://urbra.go.ug/download/pension-digest-2021/ Accessed in December 2022

3.3.5. Complimentary livelihood and employment intervention

Complementary interventions in Uganda including Youth Livelihood Programme, Uganda Women Entrepreneurship Program (UWEP), ***Emyooga***[104], and The Special Grant for Persons with Disabilities among others play an important role in tackling the gender and disability biases.

The Special Grant for Persons with Disabilities is a livelihoods programme which provides one-off grants to groups in support of various activities to enhance income generation. The objective of the grant is to improve the incomes of persons with disabilities through the creation of employment and increased productivity. The Special Grant is funded through an envelope of ear-marked funding for activities for persons with disabilities, which also includes funding for Community Based Rehabilitation. Out of the UGX 7.64 billion transferred from the Ministry of Finance to DLGs, the Special Grant is the largest envelope within the budget, taking up 28 per cent of the funding, or about UGX 2.14 billion per year. At district level, this figure translates to about UGX 15 million per district. The guidelines also specify that organisations must have the ability to "effectively utilise the grant for the stated purpose and that all categories of impairments should benefit." Participants acknowledged that there are grants targeting PWDs. It was noted that groups received about 5 million which translated to about UGX 500,000 per person. The funds have supported PWDs to access services including health as well as education for their children.

> We even have a specialized program for disabled people, at the district through Ministry of Gender, we get specialized grants for PWDs and then also at central level, they also get support, and then most interventions, we are directed, those are the categories, those are the targets." (KII with the District Community Development Officer Kapelebyong District)
>
> "Disabled, these are all special interest groups but because now the social protection aspect, for us we always advocate for equal participation of these categories in all government programs, even when we are distributing resources, we try to distribute equally, so for example like the disabled at the district level here, we have the PWD council, we always sit every quarter to discuss issues about disability ,like for this year, we were able to form about 14 groups for PWDs and Each group got 5 million, was approved, these groups opened accounts in the bank and any time they will getting that money," (KII with District Probation Officer Kapelebyong District)
>
> "There is money which has come for PWDs from the ministry through CDOs, the CDO calls her people the counsellors saying some little money has come in try and call some PDWS like 10 of them they get this money like 500,000/= to go and buy goats and each disabled person is given one but this was long ago", (FGD with Female PWDs, Moroto)
>
> "What has helped are the associations they can borrow money and after that, you can send your child to school. We always sit as group members and we do carry out some savings and when we get the money, we send the children to school and because I don't have a man at home, the group supported me I have been able to construct a house and even built a latrine. And I stay there it's even where I get a livelihood because of the group." (FGD Women with Disabilities Kahunge Town Kamwenge District)

However, there is no specific process for assessing disability to prove eligibility for the benefit, nor is there any process for ensuring the inclusion of a range of impairments. Data from the programme MIS (Government of Uganda, 2019) shows that about 6,770 young persons with physical disabilities (persons with other disabilities are not mentioned) and 27,164 women with disabilities benefited from the programme[105,106]. This lack of guidance and processes means that people with invisible disabilities,

[104] Emyooga is a presidential initiative on wealth and job creation in Uganda, targeting mainly the informal sector that comes together in groups in form of savings and credit co-operative societies.

[105] Government of Uganda. (2019). Youth Livelihood Programme (YLP): Status of Implementation Report. Ministry of Gender, Labour and Social Development, Kampala. Kampala: Government of Uganda.

[106] MoGLSD. (2020). Situation Analysis of the Persons with Disability in Uganda. Kampala: Government of Uganda

including mental disabilities, are more at risk of being excluded and women with disabilities do not find the programme very accessible or inclusive. The fund is only for income generating activities such as agricultural production, metal work, tourism, and woodwork and the funding is limited—very few groups in a district can benefit at a time. Similarly, some participants noted that the process of accessing funds is bureaucratic and this makes some PWDs not to participate in the programme.

> "The process which we go through to get that money is tiring, the government can help us by bringing those services closer to us as you have come here, we have not been troubled a lot to come here in Kahunge, but moving here up to Kamwenge is hard." (FGD Women with Disabilities Kahunge Town Kamwenge District)

Parish Development Model (PDM)

The PDM seeks to improve household incomes; enable inclusive, sustainable, balanced and equitable socio-economic transformation; and increase accountability at local levels. The PDM is premised on nine principles among which inclusion and equity are prime. Therefore, special vulnerable groups, including women, youth, and PWDs, are also prioritized for its implementation. However, by the time of the study, participants are yet to benefit from the program. Participants noted that they have received information about PDM and some of them have already registered and participated in the training for the program. None the less, participants observed that participation and selection process is so far gender sensitive and disability inclusive. Both men and women as well as persons with disabilities are encouraged to participate.

> "Actually, most of our people have registered to PDM but I don't know when will PDM start because that's the only place that can help them that they will get their moneys for doing their businesses but now at the moment they are struggling for themselves like brewing but not commonly because now everybody is brewing so you find that on that side, they are very bad." (KII with Chairperson PWD South Division Moroto)

> "Parish development model design is sensitive to gender issues and disability issues because the different categories are catered in the allocation. They also participate in parish development governance. The challenge is in the ownership of land for farming purposes since most old women and people with disabilities do not own land. Here they have access to land for farming purposes, to register meaningful benefits it requires supporting old women and PWDs to own land", (KII with DCDO, Napak).

> "That program found us in our villages, they would come to our village and train us about the Parish Development Model, registrations and even selection of the committees. We started from the village and then to the Parish and from the Parish, we don't know what will happen afterword, but at least everyone was reached. They said they will keep on updating us on the progress of the programme and we will be happy." (FGD Women with Disabilities Kahunge Town Kamwenge District)

> "Parish Development Model operates under different categories for example in enterprise selection, they selected enterprises that encourage involvement of both males and female like in Nkomo sub county they selected Coffee growing, diary production, maize growing, poultry farming and banana plantation. We made sure that all the groups that were selected involved women, men, youth and the disabled. In group formation, if a group has 15 members, 4 are youth, 2 are persons with disabilities 6 women and 4 men. Therefore, everyone will be included. Since the PWDs are very few, we encourage them to mix up with other groups within their villages because it may not be possible to make their own group." (KII with Nkoma Sub-County Chief Kamwenge District)

> "The selection of people is done through groups formed, if you if you are not in any group, you are not considered a beneficiary. Sometimes they come and run a survey to establish those that benefited from the previous programmes, and then they can decide on who should be the next beneficiaries, sometimes they consider the condition in some homes, bad or critical conditions as well as the children who are hunger stricken and so they will decide to include them in the next beneficiary programme." (FGD Female with LIPW Beneficiaries Akoromit County Kapelebyong District)

However, despite the positive prospects of the programme, participants noted that it's a clear strategy to ensure effective participation of women, youths and PWD including sensitization and awareness about the programme that targets and reaches all potential beneficiaries. There is also need to ensure that skilling for women, youth and PWDs is done to ensure proper investments for the funds.

4.0 Conclusion

Overall, gender has been integrated in most of the social protection policies and programmes. Gender mainstreaming has also extended to gender budgeting and creating thresholds for women, men and youth as well as people with disabilities in some of the social protection programmes. Most policy and programming frameworks including the Vision 2040, the NDP III and the NSPP clearly recognize gender equality and sensitivity in the policy prescriptions and actions. Specifically, the National Social Protection Policy (NSPP) 2015 highlights expansion of contributory social security schemes to the informal economy that employs most of the women and young people as one of its priorities. Gender sensitivity is further supported by several policies and affirmative action programs, notably, the Uganda Women Entrepreneurship Program (UWEP) and program delivery models such as the Parish Development Model (PDM) that provides thresholds to ensure that women benefit.

However, there are gaps in translation of these policies and laws into practice due to limited funding, weaknesses associated with the institutional framework, limited capacity to diagnose and assess the severity of the various types of disability. Further, the extension of the laws and policies to the informal sector where majority of women and persons with disabilities (PWDs) work is weak. These have left the majority of women and PWDs vulnerable in their old age, especially between ages of 65-79 years, before qualifying for senior citizens' grant. The implementation of disability inclusive social protection policies faces a number of problems that limit their ability to reach the vast majority of people with disabilities including physical barriers, communication barriers, attitudinal barriers, a lack of sensitivity or awareness, low coverage, lack of data, insufficient budgets, programmes designed with a focus on charity rather than empowerment (a perceived incapacity to work) and use of the medical model of disability in targeting mechanisms for PWDs for SP programmes which tends to inadequately take into consideration the social and structural barriers that increase risk, vulnerability and social exclusion of PWDs as well as inadequate attention to the role of complementary programmes that address social and structural drivers of risk and vulnerability affects the success of social protection programmes targeting PWDs.

Complementary interventions such as the Youth Livelihood Programme and the Uganda Women Entrepreneurship Programme have clear guidelines to ensure gender equality in their targeting mechanisms as well as implementation of programmes. However, some programmes that are heavily dominated by the formal sector such as NSSF and the Public Service Pension Scheme carry a risk of leaving out some vulnerable groups including vulnerable categories of women, youth and PWDs that are less represented in the formal sector.

Similarly, few programmes do follow a gender transformative social protection approach that goes beyond disaggregation of beneficiaries between males and females through thresholds or gender participation. The focus on comprehensive gender analysis and application of gender transformative approaches and tools is limited. Yet social and gender norms have a role in influencing the quality of benefits from social protection interventions.

There is less focus on the complexity of women and men especially in relation to the various social identities that women carry simultaneously that have potential to increase their risk and vulnerability. Therefore, the extent to which the intersectionality lenses are being applied to foster gender sensitivity taking into account intersecting vulnerability and risks women face is limited. Social protection programmes should aim at being more gender transformative and take into account intersectionality lenses in their programming.

5.0 Recommendations

1. There is need to increase focus on comprehensive gender analysis and application of gender transformative approaches and tools that go beyond disaggregated of beneficiaries between males and females.

   Responsible Actor: MGLSD, Ministry of Local Government, CSOs, UN Agencies

2. There is need to increase focus on the complexity of women and men especially in relation to the various social identities that women carry simultaneously that have potential to increase their risk and vulnerability. This requires capacity building among key stakeholders at various levels in the application of the intersectionality lens social protection policy and programming.

   Responsible Actor: MGLSD, Ministry of Local Government, CSOs, UN Agencies

3. There is need to review the current social protection Policy (2015) to update it to capture the changes in the context that have heard a bearing on risk and vulnerability including the various shocks. This will help to align the policy to particularly address the shock responsive social protection dimensions.

   Responsible Actor: MGLSD, Ministry of Justice and Constitutional Affairs, Parliament, Ministry of Local Government, CSOs, UN Agencies

4. There is need to advocate for translation of policies and laws that guarantee the rights of PWDs to social protection into practice including the weaknesses associated with the institutional framework, limited capacity to diagnose and assess the severity of the various types of disability.

   Responsible Actor: MGLSD, Ministry of Justice and Constitutional Affairs, Parliament, Ministry of Local Government, CSOs, UN Agencies

5. There is need for invest in improving coverage and intensity of social protection programmes targeting social inclusion of PWDs. These programmes should address the social and structural barriers that increase risk and vulnerability of PWDs. They should address the major problems that limit their social inclusion such as physical barriers, communication barriers, attitudinal barriers, a lack of sensitivity or awareness, low coverage, lack of data and insufficient budgets.

   Responsible Actor: Ministry of Finance Planning and Economic Development, MGLSD, National Council for the Older Persons, National Council for Persons with Disabilities, Ministry of Justice and Constitutional Affairs, Parliament, Ministry of Local Government, CSOs, UN Agencies

6. There is need to be intentional in social protection programming in increasing the pace of transiting from the medical model of disability to the social model of disability that take into consideration the social and structural barriers that increase risk, vulnerability and social exclusion of PWDs. This calls for also increasing the share of PWDs benefiting from complementary interventions that address some of the structural issues that drive risk and vulnerability for PWDs.

   Responsible Actor: MGLSD, National Council for the Older Persons, National Council for Persons with Disabilities, Parliament, Ministry of Local Government, CSOs, UN Agencies

7. As part of increasing application of the life cycle approach to social protection for PWDs, there is need to develop and implement a child disability grant given that the current disability programmes are more focussed on adults and young people. This grant will go a long way in social inclusion of children with disabilities from an earlier age.

   Responsible Actor: MGLSD, National Council for the Older Persons, National Council for Persons with Disabilities, Parliament, Ministry of Local Government, CSOs, UN Agencies

8. Much as Uganda has progressively increased investments in social protection, it lags behind most of the countries in the region in terms of its investment in social protection as a percentage of GDP. There is need for advocacy for Uganda to double its investment in social protection in order to have a greater impact in reducing poverty, risk and vulnerability for people across the life cycle.

Responsible Actor: Ministry of Finance, Planning and Economic Development, MGLSD, National Council for the Older Persons, National Council for Persons with Disabilities, Parliament, Ministry of Local Government, CSOs, UN Agencies

9. There is need to periodically review the current monthly stipend that is given to the beneficiaries in light of economic shocks including rising inflation rates in the country.

   Responsible Actor: Ministry of Finance, Planning and Economic Development, MGLSD, National Council for the Older Persons, National Council for Persons with Disabilities, Parliament, Ministry of Local Government, CSOs, UN Agencies

10. There is need to disaggregate data especially on the categories of people living with a disability (PWDs) who are benefiting from the various social protection interventions or programmes. This would facilitate equity and ensure that PWDs with severe and multiple disabilities access social protection programmes.

    Responsible Actor: MGLSD, Uganda Bureau of Statistics (UBOS) National Council for the Older Persons, National Council for Persons with Disabilities. Ministry of Local Government, CSOs, UN Agencies

11. There was an effort to have a central database that tracks progress for every indicator on social protection (including indicators on gender and disability) – where each responsible agency reports achievements, this is not yet in place and information is fragmented and difficult to obtain. For this reason, there is need to structure and establish a central database that captures achievements for all indicators from all responsible MDAs.

    Responsible Actor: UBOS, MGLSD, National Planning Authority, National Council for the Older Persons, National Council for Persons with Disabilities, Ministry of Local Government, CSOs, UN Agencies

12. There is need to strengthen efforts aimed at reducing unpaid care work through systematic advocacy efforts that address issues related to recognition, reduction, redistribution, and representation. This will enable women and girls to benefit meaningfully from social protection programmes.

    Responsible Actor: MGLSD, National Council for the Older Persons, National Council for Persons with Disabilities, Parliament, Ministry of Local Government, CSOs, UN Agencies

13. Expansion of the Social Assistance Empowerment Programme to integrate a regular transfer for Persons with severe Disabilities across age groups.

    Responsible Actor: Ministry of Gender, Labour and Social Development, National Council for Persons with Disabilities, Members of Parliament.

14. There is need to explore opportunities to strengthen the delivery of social protection interventions through the structures and systems being set up under the PDM particularly at the local government and community levels.

    Responsible Actor: National Planning Authority, Ministry of Finance, Planning and Economic Development, MGLSD, National Council for the Older Persons, National Council for Persons with Disabilities, Parliament, Ministry of Local Government, CSOs, UN Agencies

Annex I: List of documents reviewed

- MGLSD, 2015. The National Social Protection policy
- National Planning Authority, 2020. The National Development Plan III
- MGLSD, 2019. The Social Protection Review 2019
- Sector and Local governments plans/budgets
- World Bank, 2010. The Uganda Public Expenditure Review
- MGLSD, 2022. Expanding Social Protection Programme (ESPII): Strategic Review
- MGLSD, Development Pathways, Save the children, 2021. Child-Sensitive Social Protection in Uganda. An Analysis of Direct Income Support
- Asiimwe, W and Khondker, B.H, 2021. Uganda Macro-economic impacts of social protection on poverty, inequality, and economic recovery. Macro-economic Policy Department, MFPED, Kampala Uganda.
- Bazlul Haque Khondker, 2021. Role of Social Protection in Addressing the Perils of COVID 19 in Uganda: Application of Macro-Micro Simulation Approach. DAI, Ministry of Gender, Labour and Social Development, Kampala, Uganda
- Development Pathways, 2017. Mapping of the Social Protection Management Information Systems (MISs) in Uganda. Development Pathways Ltd, UK
- DFID, 2015. Abridged Business Case: Expanding Social Protection in Uganda – Phase II, 2015/16 - 2019/20. DFID Uganda
- Draft National Social Protection Strategy, 2022-2027, MGLSD
- Khondker, B, H, Matovu, J & Athias, D, 2019. Economic and Poverty Impacts of the ESP programme in Uganda: Results from a SAM Modelling Approach. Development Pathways, UK
- McClanahan, S, Nantambi-A, R, Peebles-B, A, 2019. Building a multitiered social security system in Uganda. Development Pathways, UK
- MGLSD and ESP. Undated. Social Assistant Grants for Empowerment (SAGE): programme transforms lives of beneficiaries.
- MGLSD, 2019 a. Design and development of the Single Registry for Social Protection. Ministry of Gender, Labour and Social Development, Kampala, Uganda
- MGLSD, 2019 b. Independent Comprehensive Review of the Delivery of Cash Transfer Payments to SAGE beneficiaries by Centenary Rural Development Bank. Expanding Social Protection Programme II, Ministry of Gender, Labour and Social Development, Kampala, Uganda
- MGLSD, 2022 a. 2nd Independent Comprehensive Review of the Delivery of Cash Transfer Payments to SAGE beneficiaries by Centenary Rural Development Bank. ESP II Programme, Ministry of Gender, Labour and Social Development, Kampala, Uganda
- MGLSD, 2022 b. The Senior Citizen's Grant (SCG) Draft Beneficiary Survey Report. ESP II Programme, Ministry of Gender, Labour and Social Development, Kampala, Uganda
- World Bank, 2019. Uganda Social Protection Public Expenditure Review. World Bank, Kampala Uganda.

Annex II: Study Tools

ANNEX III: Qualitative Tools

FGD Guide: SP Program beneficiaries and non-beneficiaries (Male and Female)

INTRODUCTION AND INFORMED CONSENT

Read the following to the respondents.

Good Morning/ Good afternoon. My name is ___________________, and we are conducting a study on Building gender sensitive and disability inclusive social protection systems in Uganda on behalf of Uganda Debt Network (UDN). The information generated will support the government of Uganda in building gender-sensitive and disability- inclusive social protection systems and programmes for all while ensuring financial sustainability and macroeconomic stability. Specifically, the study seeks to

- To establish the extent to which the existing Legal and Policy framework for Social Protection is gender sensitive and disability inclusive;
- To assess the fiscal allocations to Social Protection and the extent to which it is responsive to gender and disability in line with the priorities of NDP III and Local Government budgets;
- Assess the extent to which existing targeting mechanisms for Social Protection are Gender Sensitive and Disability Inclusive across their life cycle for social cohesion in Uganda
- Share key learnings and key recommendations to enhance gender-sensitive and disability-inclusive social protection systems

All the information is strictly confidential. I also have a recorder that will help me to capture the discussion to ensure that I do not miss anything. May I use it? ***[Moderator seeks consent]***.

I would also like to clarify that this interview is entirely voluntary and that you have the right to withdraw from interview at any point without consequence.

Thank you very much. At this time, do you have any questions? Are you willing to participate in this study?

Yes 1) Proceed

No 2) Thank any beneficiaries that object and ALLOW THEM TO LEAVE

May I begin the discussion now?

Instructions to RA: Please Record

FGD Category:

District:

Sub County: ....Parish .... Village.........................

Date:

#	Participant ID	Sex	Age	Marital status	Main source of income	Disability status

Extent to which the existing Legal and Policy framework for Social Protection is gender sensitive and disability inclusive

- What are the main gender and disability concerns in your community? Probe for education, health, protection and economic/livelihood concerns
- What social protection programmes are in place to address the gender and disability concerns in your community? Probe for
    - Knowledge of policies and programs
    - Social protection programmes supporting vulnerable women, youths, elderly and persons with disabilities. Including; SAGE, LIPW and Disability grant among others
- How have gender and disability issues been given attention in the current SP policies and programmes?
- In your opinion, does the Parish Development Model (PDM) address the needs and concerns of women, children, youths, elderly and persons with disabilities. Probe for

Extent to which existing targeting mechanisms for Social Protection are Gender Sensitive and Disability Inclusive across the life cycle for social cohesion in Uganda

- How have the current programmes addressed gender inequality and disability concerns? Probe for
        - Improved/equal access to resources among men and women and PWDs
        - Improved access to health and education
        - Response to gender and disability needs (including, delayed marriages, reduced GBV
        - Enhance voice and agency (Including improved decision making, participation in community activities
        - Enhanced economic empowerment for women and girls and PWDs (financial autonomy, reduced domestic work burden and care work, access to financial services
    - [document success stories and challenges]
- Are there women, children, youths, elderly and persons with disabilities excluded in participating/ benefiting for current SP program interventions yet they should be the real target of the programme? Probe for
    - Who are the most excluded categories of women, youths, elderly and persons with disabilities?
    - What factors put women and persons with disabilities at risk of being excluded from the SP programme Probe for:
        - Social attitudes and behaviours
        - Cultural and gender norms and practices
        - Gender, refugee status, disability status, poverty or social status etc
        - Laws, policies and institutional practices
- In your opinion, how have the gender or disability concerns/needs influenced the selection process of beneficiaries for social protection programmes in your community? Probe for

- How are beneficiaries of SP programmes selected in your community? What are the requirements to benefit from the SP programmes?
- How does gender and disability inform the criteria for selection of beneficiaries of SP programs in your community?
- What is the composition of the selection committees for SP programs in your community? Probe for gender and disability representation
- What is your view about the selection criteria of the beneficiaries of SP programmes in your community especially in addressing the needs/concerns of women, elderly and persons with disabilities?
- Are there any other issues/eligibility criteria that you think should be considered for inclusion in the programme? Which ones and why?

- Who decides on the requirements/eligibility criteria for participation in the programme, and how do they do this?
- What mechanisms are available to ensure that all eligible persons benefit from the SP programmes? What are the available mechanism for providing feedback and handling grievances related to selection process/participation in the SP programmes?
- How have community leaders such as women and PWDs representatives been involved/ consulted in the planning and delivery of SP?
- Are you aware of any of women's rights organisations, disability persons' rights organizations and gender equality and social inclusion advocates in this community? During the selection process of beneficiaries, how are women's rights organisations, or disability persons' rights organizations consulted in the planning and delivery of SP?

Suggestions to build gender-sensitive and disability-inclusive social protection systems and programmes for all

- SP programmes seek to ensure that all vulnerable persons such as women, children and Persons with disabilities overcome vulnerabilities across the lifecycle. Do you think this is happening in reality?
    - If so, is there anything than can be further improved? If not, what would work better?
- What might be done to improve the participation of vulnerable persons such as women, children and Persons with disabilities in SP programmes? What can be done to address the barriers that limit the participation of vulnerable persons such as women, youths and Persons with disabilities in SP programmes? Probe for
    - Any policy or institutional changes to enhance participation of vulnerable persons such as women, children and Persons with disabilities in SP programmes

End

Thank participants for their time, and ask if they have any questions or further suggestions.

KII Guide: District level programme implementers, authorities and service providers

INTRODUCTION AND INFORMED CONSENT

Read the following to the respondents.

Good Morning/ Good afternoon. My name is ___________________, and we are conducting a study on Building gender sensitive and disability inclusive social protection systems in Uganda on behalf of Uganda Debt Network. The information generated will support the government of Uganda in building gender-sensitive and disability- inclusive social protection systems and programmes for all while ensuring financial sustainability and macroeconomic stability. Specifically, the study seeks to

- To establish the extent to which the existing Legal and Policy framework for Social Protection is gender sensitive and disability inclusive;
- To assess the fiscal allocations to Social Protection and the extent to which it is responsive to gender and disability in line with the priorities of NDP III and Local Government budgets;
- Assess the extent to which existing targeting mechanisms for Social Protection are Gender Sensitive and Disability Inclusive across the life cycle for social cohesion in Uganda
- Share key learnings and key recommendations to enhance gender-sensitive and disability-inclusive social protection systems

All the information is strictly confidential. I also have a recorder that will help me to capture the discussion to ensure that I do not miss anything. May I use it? *[Moderator seeks consent]*.

I would also like to clarify that this interview is entirely voluntary and that you have the right to withdraw from interview at any point without consequence.

Thank you very much. **At this time, do you have any questions? Are you willing to participate in this study?**

Yes 1) Proceed

No 2) Thank any beneficiaries that object and ALLOW THEM TO LEAVE

May I begin the discussion now?

Instructions to RA: Please Record

District: ______________________________________

Location: _____________________________________

Date: ____

Gender: ______________________________________

Institution: ___________________________________

Position: _____________________________________

Extent to which the existing Legal and Policy framework for Social Protection is gender sensitive and disability inclusive

- To what the extent does the current Legal and Policy framework for Social Protection address the gender and disability concerns

- What is the current institutional/organisational framework for delivery of SP? How is the current framework gender sensitive and disability inclusive?
- How are investments in SP programmes likely to provide benefits and opportunities equitably to vulnerable groups such as women (especially the poorest women), youth, and persons with disabilities?
- How are reforms such as the Parish Development Model (PDM) gender sensitive and disability inclusive. Probe for
  - How does it fulfil national and local commitments to gender equality, social inclusion?
- What are the gaps/challenges in the current SP legal, policy and institutional frameworks to achieve gender sensitive and disability inclusive SP programmes?

Extent to which existing targeting mechanisms for Social Protection are Gender Sensitive and Disability Inclusive across the life cycle for social cohesion in Uganda

- To what extent do women, elderly and persons with disabilities participate in the SP programs in this community? Probe for
  - Who are the most excluded categories of women, elderly and persons with disabilities?
- What factors put women, elderly and persons with disabilities at risk of being excluded from the SP programme Probe for:
  - Social attitudes and behaviors
  - Cultural and gender norms and practices
  - Gender, refugee status, disability status, poverty or social status etc
  - Laws, policies and institutional practices
- How have the current programmes address gender inequality and disability concerns? Probe for
  - Improved/equal access to resources among men and women and PWDs
  - Improved access to health and education
  - Response to gender and disability needs (including, delayed marriages, reduced GBV
  - Enhance voice and agency (Including improved decision making, participation in community activities
  - Enhanced economic empowerment for women and girls and PWDs (financial autonomy, reduced domestic work burden and care work, access to financial services
- In your opinion, how have the gender or disability concerns/needs influenced the selection process of beneficiaries for social protection programmes in your community? Probe for
  - How are beneficiaries of SP programmes selected in your community? What are the requirements to benefit from the SP programmes?
  - How does gender and disability inform the criteria for selection of beneficiaries of SP programs in your community?
  - What is the composition of the selection committees for SP programs in your community? Probe for gender and disability representation
  - What is your view about the selection criteria of the beneficiaries of SP programmes in your community especially in addressing the needs/concerns of women, elderly and persons with disabilities?

- Are there any other issues/eligibility criteria that you think should be considered for inclusion in the programme? Which ones and why?

- Who decides on the requirements/eligibility criteria for participation in the programme, and how do they do this?
- What mechanisms are available to ensure that all eligible persons benefit from the SP programmes? What are the available mechanism for providing feedback and handling grievances related to selection process/participation in the SP programmes
- How have community leaders such as women, youth, and PWDs representatives been involved/consulted in the planning and delivery of SP?
- Are you aware of any of women's rights organisations, disability persons' rights organizations and gender equality and social inclusion advocates in this community? During the selection process of beneficiaries, how are women's rights organisations, or disability persons' rights organizations consulted in the planning and delivery of SP?

Suggestions to build gender-sensitive and disability-inclusive social protection systems and programmes for all

- SP programmes seeks to ensure that all vulnerable persons such as women, children and Persons with disabilities overcome vulnerabilities across the lifecycle. Do you think this is happening in reality?
    - If so, is there anything than can be further improved? If not, what would work better?
- What might be done to improve the participation of vulnerable persons such as women, children and Persons with disabilities in SP programmes? What can be done to address the barriers that limit the participation of vulnerable persons such as women, youths and Persons with disabilities in SP programmes? Probe for
    - Any policy or institutional changes to enhance participation of vulnerable persons such as women, children and Persons with disabilities in SP programmes

End

Thank participants for their time, and ask if they have any questions or further suggestions.

KII Guide: National level Programme implementers, authorities and service providers

INTRODUCTION AND INFORMED CONSENT

Read the following to the respondents.

Good Morning/ Good afternoon. My name is ___________________, and we are conducting a study on Building gender sensitive and disability inclusive social protection systems in Uganda on behalf of Uganda Debt Network. The information generated will support the government of Uganda in building gender-sensitive and disability- inclusive social protection systems and programmes for all while ensuring financial sustainability and macroeconomic stability. Specifically, the study seeks to

- To establish the extent to which the existing Legal and Policy framework for Social Protection is gender sensitive and disability inclusive;
- To assess the fiscal allocations to Social Protection and the extent to which it is responsive to gender and disability in line with the priorities of NDP III and Local Government budgets;
- Assess the extent to which existing targeting mechanisms for Social Protection are Gender Sensitive and Disability Inclusive across the life cycle for social cohesion in Uganda
- Share key learnings and key recommendations to enhance gender-sensitive and disability-inclusive social protection systems

All the information is strictly confidential. I also have a recorder that will help me to capture the discussion to ensure that I do not miss anything. May I use it? ***[Moderator seeks consent]***.

I would also like to clarify that this interview is entirely voluntary and that you have the right to withdraw from interview at any point without consequence.

Thank you very much. **At this time, do you have any questions? Are you willing to participate in this study?**

Yes 1) Proceed

No 2) Thank any beneficiaries that object and ALLOW THEM TO LEAVE

May I begin the discussion now?

Instructions to RA: Please Record

Name of respondent: _________________________

Institution: ___________________________________

Position: _____________________________________

Date: ____

Gender: ______________________________________

Contact: _____________________________________

1. To what the extent does the current Legal and Policy framework for Social Protection address the gender and disability concerns
2. What is the current institutional/organisational framework for delivery of SP? How is the current framework gender sensitive and disability inclusive?

3. How are investments in SP programmes likely to provide benefits and opportunities equitably to vulnerable groups such as women (especially the poorest women), youth, and persons with disabilities?
4. How are reforms such as the Parish Development Model (PDM) gender sensitive and disability inclusive. Probe for, How does it fulfil national and local commitments to gender equality, social inclusion?
5. What are the gaps/challenges in the current SP legal, policy and institutional frameworks to achieve gender sensitive and disability inclusive SP programmes?
6. How has gender or disability influenced the targeting approaches for social protection.
7. What is the criterial for targeting of the different SP programs?
8. What are the role of government sectors responsible for gender equality and disability inclusions in the delivery of SP?
9. What are the role of women's rights organisations, disability persons' rights organizations and gender equality and social inclusion advocates in the planning and delivery of SP?
10. What efforts been made to ensure participation of vulnerable persons, such as women and persons with disability, or their representatives at districts and community levels consultations?
11. What factors put women, youths, and persons with disabilities at risk of being excluded from the SP programme? How have the current SP programmes addressed the barriers/ gender inequality and disability concerns?
12. What are the necessary institutional/and organisational structural adjustments required, at national and local government level, to build gender-sensitive and disability-inclusive social protection systems and programmes for all while ensuring financial sustainability and macroeconomic stability?

End

Thank participants for their time, and ask if they have any questions or further suggestions.

SURVEY QUESTIONNAIRE

District: ___________________

Group: 1 = SCG Beneficiaries 2= LIPW Beneficiaries 3= LIPW non-beneficiaries 4 = Disability grant beneficiaries

	SOCIO-DEMOGRAPHIC CHARACTERISTICS	CODING CATEGORIES	SKIPS
101	Sex of respondent?	MALE FEMALE	
102	How old are you (Age in complete years)	AGE______ DON'T KNOW OWN AGE	
103	What is the highest level of formal education you have attended	1= Primary Level 2= Ordinary Level 3 =Advanced Level 4= Tertiary/TVET Level 5=University Graduate and above 8=Never been to School 99= Don't Know	
104	What were the reasons that you did not attend school or complete school?	01= Completed desired schooling 02= Further schooling not available 03= Too expensive 04= Too far away 05= Had to help at home 06= Had to help with farm work 07= Had to help with family business 08= Poor school quality 09= Parents did not want 10= Not willing to attend further 11= Poor academic progress 12= Sickness or calamity in family 13= Pregnancy 14=No funding 15 = disabled 16 = displaced, 88= other	
105	What is your current marital status?	1= Single/Never Married 2 = Married 3= Divorced/Separated 4= Widowed/Widower 99 = No response	
106	Are you the household head?	1= Yes 0 =No	
107	What is your relationship to the household head?	1= Husband / Wife 2 =Father/ Father 3= Eldest son/ daughter 4 =Son / Daughter 5 =Uncle / Aunt 6= Father/ Mother in law 7 =Brother/ Sister 8 =Cousin 88 Other (specify)	

108	What is the sex of the household head?	Male Female	
109	How many people currently live (eat and sleep) in this household?	NUMBER:	
200	VULNERABILITY AND DISABILITY	CODDING CATEGORIES	SKIPS
201	Do you have any impairment with yourself?	Physical impairment Hearing impairment Visual impairment Intellectual impairment Psychosocial impairment (for example autism, mental disorders, behavioral problems) Multiple impairments Other (such as epilepsy, albinism etc.)	
202	Would you say your impairment affected/has affected your schooling outcome?	No, not all Yes, somewhat negatively Yes, negatively Yes, somewhat positively	
203	If, yes, and negatively: To what extent?		
204	Would you say your disability affected/has affected your livelihood options?	No, not all Yes, somewhat negatively Yes, negatively Yes, somewhat positively	
204a	Please, elaborate how?		
205	I feel socially isolated because of my disability	Disagree completely Disagree Don't disagree, not agree Agree Agree completely	
205a	Please, elaborate why?		
206	People think I cannot do good work because of my disability	Disagree completely Disagree Don't disagree, not agree Agree Agree completely	
206a	Please, with some examples of what people ever said to you or other persons with disabilities		
207	Are you looking after any household member who has some form of disability?	1 = Yes 0 = No	

208	Who is the main caregiver to this member with a disability?		
209	Have you received any social care and support from the government or NGO in the past 6 months for this person with a disability?	1 = Yes 0 = No	
	Health Care		
300		Where do you and your family mainly go for health care?	Government health facility Private not-for-profit/NGO health facility Private for-profit clinic Other (specify)
301		Do you pay any money for the services offered?	Yes, Official fees Yes, As a token of thanks No Don't know
302		How do you make the payment?	Directly, out of pocket Community-based initiative/ savings Health insurance from the employer Health insurance – private Other _(specify) ___________
304		What challenges do you face accessing healthcare?	
305		Do know health insurance for paying for his/her health care?	1 = Yes 0 = No
306		Are you covered by any health insurance?	1 = Yes 0 = No
307		If Yes, what type of insurance cover do you have?	1= Fully paid by Employer 2= Partially paid by Employer 3=Fully by household
308		Have you ever heard of pension schemes or provident funds where you can contribute (indirectly through an employer or directly by self-deposits) savings for old age or to mitigate shocks?	1 = Yes 0 = No
309		Are you already a member of such a scheme?	1 = Yes 0 = No
310		What is the name of the scheme you are participating in?	
311		How much do you contribute per month? [convert weekly or annual contributions to monthly equivalents]	____________________
312		Would you be interested in contributing to such schemes or funds?	1 = Yes 0 = No
313		Why not?	

314	What other social protection schemes do you know of?	
315	For each mentioned, ask: do you know how you can be a member of this scheme?	
315	What challenges do you face contributing to the scheme?	___________________
	Income sources and expenditure	
400	What is his usual occupation?	1=Legislators, Senior Officials, Managers and Administrators 2=Professionals (Graduates) 3=Associate Professionals (Diploma & Certificate Holders) 4=Clerks 5=Service Workers, Shop and Market Sales Workers 6=Agricultural and Fishery Workers 7=Craft and Related Workers 8=Plant, Machine Operators, and Assemblers 9=Elementary Occupations 98= Don't Know
402	What is your average weekly personal expenditure in Ugandan shillings?	<10,000 10,001 – 20,000 20,001 – 30,000 30,001 – 50,000 50,001 – 80,000 80,001 – 100,000 100,001 & ABOVE
401	What was your most important source of earnings during the last 12 months? (RANK UP TO 3 IN ORDER OF IMPORTANCE)	A = Crop farming (small scale) I = Livestock farming (Small scale) B = Commercial farming C = Wage employment D = Non-agricultural enterprises E = Property income F = Transfers (pension, allowances, social security benefits,) I=Senior Citizen's Grant (SCG) J = Domestic Remittances K=International remittances H = Organizational support (e.g. food aid, WFP, NGOs etc.) I=Casual work – e.g., LIPWs X = Other (specify)

403	Did you receive any income from [SOURCE] in the last 12 months? [Indicate Yes or No]	Property Income 1=Rental income from buildings 2=Net rent received from land/ equipment 3= Royalties 4=Interest received/ Dividends 5= Income from treasury bills 6= Pension 7=Senior Citizen's Grant (SCG) 8= Insurance 9 =Family allowances and other social security benefits 10 =Internal Remittances and assistance received from others 11 = Remittances and assistance received from others abroad 12= Income from sale of assets excluding livestock 13 = Income from house-hold-based enterprises 14 = Non-Household-based Enterprises 15= Income from Subsistence Activities 16 =Crop farming 17= Livestock 20= Income from salaries and wages 88 = Other (specify)
404	In different households, different people make decisions regarding finances. By this, I mean decisions including the purchasing of goods and services in this household and how/where to save invest, or spend their money. Do you make such kinds of decisions?	INVOLVED IN DECISION MAKING 1= I make the decisions alone 2= I make the decision in consultation with partner/spouse 3= I make the decision in consultation with other family or household members 4= I make decisions with extended family members NOT INVOLVED IN DECISION MAKING 5= Household head makes the decision 6= Spouse (wife/husband) makes the decisions alone 7= Parents/other elders in the family make the decision 8= Children make the decisions 9= Other members (not listed) make decisions.
	LIPW beneficiaries	
500	In the last three years, have you ever participated in public works where you earned some money?	1 = Yes 0 = No
501	What were the main reasons that you did not participate in any public works?	1= Not interested 2= Not aware 3 = Not eligible (I was excluded because I did not qualify) 8=Other (specify)_____________

501a	What disqualified you from participation?	501 =3
501b	Did you qualify for a direct cash transfer?	
502	When was the last time you participated?	___________
503	What was the nature of the work you participated in the last time?	road construction, building, watershed/water tank/dam construction Other (specify)
504	What specific tasks/activities were you involved in?	___________________
505	Why did you choose this/these specific activities and not others?	
506	Were there work activities/tasks that were dominated by men or women only?	
507	If yes, which activities?	
508	In your opinion, why do you think this domination happened?	
510	What were the working hours?	
511	How conducive was the working environment?	
512	For women/girls only: What challenges did you face in participating in these public works?	1= Marital control, 2 =Heavy load of home chores and time poverty, 3 =Long working hours, 4= Inconducive work environment (e.g lack of WASH facilities, bad language at work, etc.) 5= Mainly men's work is available 88 = Other (specify)
513	For women/girls only: Who made the final decisions about the use of the money you earned?	Self, Self and spouse, spouse only, another family member OTHER
514	Comparing women and men from your community, do you think they had equal opportunities of being involved in these public works?	1 = Yes 0 = No
515	What challenges were unique to men and women to accessing and participating in the different work tasks?	_______________
516	What were the main expenditure items for the money you received from the public works	Food, School fees, Household assets purchase, purchase of livestock/investment in agriculture, clothing, healthcare,

517		Apart from SCG payments, have you re-ceived any social care and support from the government or NGO in the past 12 months?	1 = Yes 0 = No
518		Do you own any agricultural or non-agri-cultural land either alone or jointly with someone else?	1 = Yes 0 = No
		SCG beneficiaries [repeat similar questions for disability grant beneficiaries]	
600		When was the last time you received your SCG payment?	From 403
601		Who collects the money for you?	
602		Are there any challenges and risks you face in the process of collecting your money?	Disability, Long distance, have no phone, time poverty, others – specify
603		If, yes, what are they?	
604		Are there any challenges you face in con-trolling the use of your payments?	1 = Yes 0 = No
605		If, yes, which challenges?	
606		When you receive the payment, what are your main expenditure items	Food for the household Food for the extended family Fees for children/grandchildren, Purchase of livestock/investment in agriculture, Clothing, Healthcare,
607		Is there anyone who helps you to decide on how to use your SCG payment?	1 = Yes 0 = No
608		If yes, who?	
609		Apart from SCG payments, have you re-ceived any social care and support from the government or NGO in the past 12 months?	
610		Do you own any agricultural or non-agri-cultural land either alone or jointly with someone else?	
	SATISFACTION WITH ACCESS TO HEALTHCARE		
801	FOR EACH OF THE FOLLOWING BASIC SOCIAL SERVICES LISTED BELOW, PLEASE INDICATE ON A SCALE OF 1 TO S HOW SATISFIED ARE YOU WITH SERVICES IN YOUR COMMUNITY. Where 5 shows you are very satisfied and 1 means you are not satisfied'		
	On a on a scale of 1 to 5 how easy is it to access health care services whether in private/ public facility in your community.	(1)EXTREMELY SATISFIED (2)SATISFIED (3)SOMEWHAT SATISFIED (4)NOT SATISFIED (5)EXTREMELY NOT SATISFIED AT ALL	
	[Only 15-49 years] On a on a scale of 1 to 5 how satisfied are you with access sexual reproductive health services whether in a private/ public facility in your community.	(1)EXTREMELY SATISFIED (2)SATISFIED (3)SOMEWHAT SATISFIED (4)NOT SATISFIED (5)EXTREMELY NOT SATISFIED AT ALL	
	On a on a scale of 1 to 5 how satisfied are you with access to financial services especially credit services in your community.	(1)EXTREMELY SATISFIED (2)SATISFIED (3)SOMEWHAT SATISFIED (4)NOT SATISFIED (5)EXTREMELY NOT SATISFIED AT ALL	

For additional information contact:

Uganda Debt Network Uganda Debt Network

Plot 153-155 Ntinda Road, Ntinda | :+256 414 543 974/533 840

:info@udn.or.ug | : www.udn.or.ug

:@ugandadebtnet | :@ugandadebtnetwork