



THE REPUBLIC OF UGANDA

# **SOCIAL PROTECTION GENDER AND EQUITY STRATEGY**

**Enhancing Gender Responsiveness  
and Equity in the Design and  
Implementation of Social Protection  
Interventions**

**December 2017**

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# Acronyms and Breviations

<b>ACDO</b>	Assistant Community Development Officer
<b>CBHI</b>	Community Based Health Insurance
<b>CBO</b>	Community-Based Organisation
<b>CBR</b>	Community-Based Rehabilitation
<b>CBSD</b>	Community-Based Services Department
<b>CDO</b>	Community Development Officer
<b>CSO</b>	Civil Society Organisation
<b>DFID</b>	Department for International Development (UK)
<b>DIS</b>	Direct Income Support
<b>ECD</b>	Early Childhood Development
<b>EOC</b>	Equal Opportunities Commission
<b>ESP</b>	Expanding Social Protection Programme
<b>FBO</b>	Faith-Based Organisation
<b>GBV</b>	Gender-Based Violence
<b>G&amp;E</b>	Gender and Equity
<b>GoU</b>	Government of Uganda
<b>HIV</b>	Human Immune Virus
<b>HMIS</b>	Health Management Information System
<b>IDP</b>	Internally Displaced Person
<b>ILO</b>	International Labour Organisation
<b>LG</b>	Local Government
<b>LIPW</b>	Labour Intensive Public Works
<b>LLG</b>	Lower Local Government
<b>MARPS</b>	Most At Risk Populations
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MDAs</b>	Ministries, Departments and Agencies
<b>MFPED</b>	Ministry of Finance, Planning and Economic Development
<b>MGLSD</b>	Ministry of Gender, Labour and Social Development
<b>MIS</b>	Management Information System
<b>MoU</b>	Memorandum of Understanding

<b>MOH</b>	Ministry of Health
<b>MoLG</b>	Ministry of Local Government
<b>MoPS</b>	Ministry of Public Service
<b>NDP</b>	National Development Plan
<b>NHIS</b>	National Health Insurance Scheme
<b>NIMES</b>	National Integrated Monitoring and Evaluation Strategy
<b>NPA</b>	National Planning Authority
<b>NSPPI</b>	National Strategic Programme Plan of Interventions for OVCs
<b>NSSF</b>	National Social Security Fund
<b>NUSAF</b>	Northern Uganda Social Action Fund
<b>OPM</b>	Office of the Prime Minister
<b>OVC</b>	Orphans and Vulnerable Children
<b>PLHIV</b>	People Living with HIV
<b>PLWHA</b>	People Living With HIV/AIDS
<b>PPI</b>	Programme Plan of Interventions
<b>PSPS</b>	Public Service Pension Scheme
<b>PSR</b>	Poverty Status Report
<b>PWD</b>	Persons with Disability
<b>SACCO</b>	Savings and Credit Cooperative Organisation
<b>SAGE</b>	Social Assistance Grant for Empowerment
<b>SCG</b>	Senior Citizens Grant
<b>SDG</b>	Sustainable Development Goals
<b>SDP</b>	Social Development Sector Plan
<b>SHR</b>	Sexual Reproductive Health
<b>SIGI</b>	Uganda Social Institutions and Gender Index
<b>UBOS</b>	Uganda Bureau of Statistics
<b>UDHS</b>	Uganda Demographic Health Survey
<b>UNHS</b>	Uganda National Household Survey
<b>UNMHCP</b>	Uganda National Minimum Health Care Package
<b>UNICEF</b>	United Nations Children Emergency Fund
<b>UPE</b>	Universal Primary Education
<b>URBRA</b>	Uganda Retirement Benefits Regulatory Authority
<b>URSB</b>	Uganda Registration Services Bureau
<b>NDP</b>	National Development Plan
<b>NHPS</b>	National Housing and Population Census
<b>NSPP</b>	National Social Protection Policy
<b>VFG</b>	Vulnerable Families Grant
<b>VSLAs</b>	Village Savings and Loans Associations
<b>WFP</b>	World Food Programme

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# Foreword

The National Social Protection Policy (NSPP) and Programme Plan of Intervention (PPI) approved by Cabinet in November 2015, as the framework to guide implementation of social protection programmes in Uganda. The Policy established social protection as a basic social service in Uganda and a human right that enhances the ability of all people to live in dignity, irrespective of their gender, age, geographical location, ethnicity or socio-economic status. The PPI highlights mainstreaming of Gender and Equity as a prerequisite for effective delivery of Social Protection services.

As an institution mandated by the Constitution of the Republic of Uganda to take affirmative action in favour of marginalised groups, my Ministry found it necessary and prudent to develop this Gender and Equity Strategy for social protection. This strategy clearly identifies gender and equity gaps across social protection components and provides a guide to addressing them from a gender and equity perspective. It is a key document for ensuring that gender and equity is explicitly addressed in all social protection programmes, plans and budgets.

This strategy was formulated through a comprehensive analytical and consultative process involving key social protection implementing agencies and other stakeholders at national and local government level, including some beneficiaries who participated in focus group discussions. As a result, the priority actions articulated herein are designed to respond to the critical gender issues and equity concerns that are often overlooked in the course of implementing Government programmes in general and social protection initiatives in particular.

Effective implementation of this strategy will enhance access to equitable social protection services for men and women, boys and girls of all categories and guarantee the contribution of social protection to inclusive growth as envisaged by the National Development Plan. I therefore, call upon all social protection actors to utilize this strategy to ensure that their interventions are gender responsive and equitable in order to achieve maximum results for the benefit of all Ugandans but more especially the vulnerable groups.



Pius Bigirimana

**PERMANENT SECRETARY  
MINISTRY OF GENDER, LABOUR  
AND SOCIAL DEVELOPMENT**

# Executive Summary

The Government of Uganda formulated a National Social Protection Policy (NSPP) to provide a framework for transforming the population of Uganda into a society where all individuals are socially secure and resilient to socio-economic risks and shocks. The policy defines Social Protection as ‘public and private interventions to address risks and vulnerabilities that expose individuals to income insecurity and social deprivation, leading to undignified lives.’ It articulates the role of social protection in national development and provides a foundation for establishing a comprehensive social protection system for Uganda with three components, namely: contributory social security; direct income support; and social care and support services. The ultimate focus of the Policy is to reduce poverty and inequalities for inclusive development.

Many social protection programmes are gender blind and are grossly inadequate to cover all the vulnerable groups that require social protection. As a result, the implementation of social protection interventions must consider factors that exacerbate vulnerability such as gender inequality and inequity. In order to address these challenges this Gender and Equity Strategy has been developed to guide all stakeholders to develop and implement gender-responsive and equitable social protection interventions in Uganda.

Gender and equity issues and concerns affect all people at every stage of growth and development. Social vulnerabilities are generally associated with demographic characteristics such as age and sex. People are exposed to various risks and vulnerabilities at every stage of life which if not addressed may limit their capacity to harness their full potential.

This Strategy is anchored on the Constitution of the Republic of Uganda and various laws enacted to operationalize the constitutional provisions enjoining the state to put in place affirmative action to redress gender imbalances, social exclusion and regional disparities in key socio-economic indicators. It is further anchored on national and international development frameworks which include: The Uganda Vision 2040, the National Development Plan (NDP) and the Agenda 2030 Sustainable Development Goals (SDGs).

The strategy seeks to enhance access to equitable social protection services for men and women, boys and girls of all categories through strategies and priority actions aimed at achieving the following four objectives:

- i) Guide stakeholders to design gender responsive and equitable social protection interventions.
- ii) Address gender inequalities and equity concerns in the delivery of social protection services.
- iii) Build capacity of duty bearers to effectively implement gender responsive and equitable social protection interventions.
- iv) Develop and strengthen institutional systems for delivery of gender responsive and equitable social protection interventions.

The above objectives will be achieved through implementation of the following complementary strategies:

- i) Design and implement evidence-based social protection programmes
- ii) Develop gender and equity responsive social protection interventions
- iii) Strengthen the targeting mechanism for social protection interventions
- iv) Review implementation modalities for social protection to address gender and equity
- v) Strengthen linkages between social protection and other complementary interventions
- vi) Strengthen capacity of Social Protection implementing partners for gender and equity responsive programming
- vii) Strengthen systems and structures for coordination of gender responsive and equitable social protection interventions

Effective implementation of this Strategy requires multiple actors to address the various gender and equity issues. This will be achieved through a well-coordinated institutional mechanism that runs from the national to lower local government level. In order to ensure adequate capacity for implementing this Strategy, the staffing gaps at national and Local Government level shall have to be filled and existing staff trained to acquire the requisite technical skills. This strategy shall be implemented with active involvement of state and non- state actors. The different roles and responsibilities of the stakeholders engaged in the implementation of social protection interventions are reflected in the Implementation Framework Section.

This strategy shall be implemented with resources provided by Government of Uganda as well as support from Development Partners. Local Governments, civil society organizations, private sector shall also mobilize funds for implementation of this strategy as part and parcel of their social protection programmes. Civil Society Organizations shall continue advocating for adequate resources for equitable and inclusive delivery of social protection services.

Monitoring and evaluation of the Strategy will be based on specific indicators incorporated in the NSPP M&E Plan. Targets shall be set against the indicators to systematically track progress in implementing equitable and inclusive social programmes. The Social Protection M&E data and reports shall capture sufficiently disaggregated data by gender, age, location, socio-economic status and other key parameters such as disability to effectively monitor progress in reducing gender disparities and promoting equity and social inclusion.

# 1. Background

## 1.1. Social Protection in Uganda

The Government of Uganda formulated a National Social Protection Policy (NSPP) to provide a framework for transforming the population of Uganda into a society where all individuals are socially secure and resilient to socio-economic risks and shocks. The policy defines Social Protection as ‘public and private interventions to address risks and vulnerabilities that expose individuals to income insecurity and social deprivation, leading to undignified lives.’ It articulates the role of social protection in national development and provides a foundation for establishing a comprehensive social protection system for Uganda with three components, namely: contributory social security; direct income support; and social care and support services. The ultimate focus of the Policy is to reduce poverty and inequalities for inclusive development.

A Programme Plan of Interventions (PPI) was developed to operationalize the NSPP in the medium-term. The PPI aims at increasing access to social protection services through; expanding the scope and coverage of contributory social security, expanding provision of direct income support to vulnerable individuals and households; enhancing provision of holistic social care and support services to individual and families at risk of social exclusion, neglect or abuse as well as strengthening the institutional framework for delivery of coordinated social protection services.

Social protection can make important contributions to gender equality outcomes, but many social protection programmes are gender blind and fail to apply a gender lens to understand the gendered risks and opportunities of the programme. In addition, existing social protection interventions are grossly inadequate to cover all the vulnerable groups that require social protection. For example, the majority of

chronically ill persons, child headed households, PWDs, widows, internally displaced persons, ethnic minorities are not accessing any social protection services. Even contributory social security schemes cover only the working population in the formal sector, leaving the rest of the labour force extremely vulnerable to socio-economic shocks in the event of unemployment or retirement.

Therefore, the implementation of social protection interventions must consider factors that exacerbate vulnerability such as gender inequality and inequity. In order to address these challenges this Gender and Equity Strategy has been developed to guide all stakeholders to develop and implement gender-responsive and equitable social protection interventions in Uganda.

## 1.2. Rationale for the Strategy

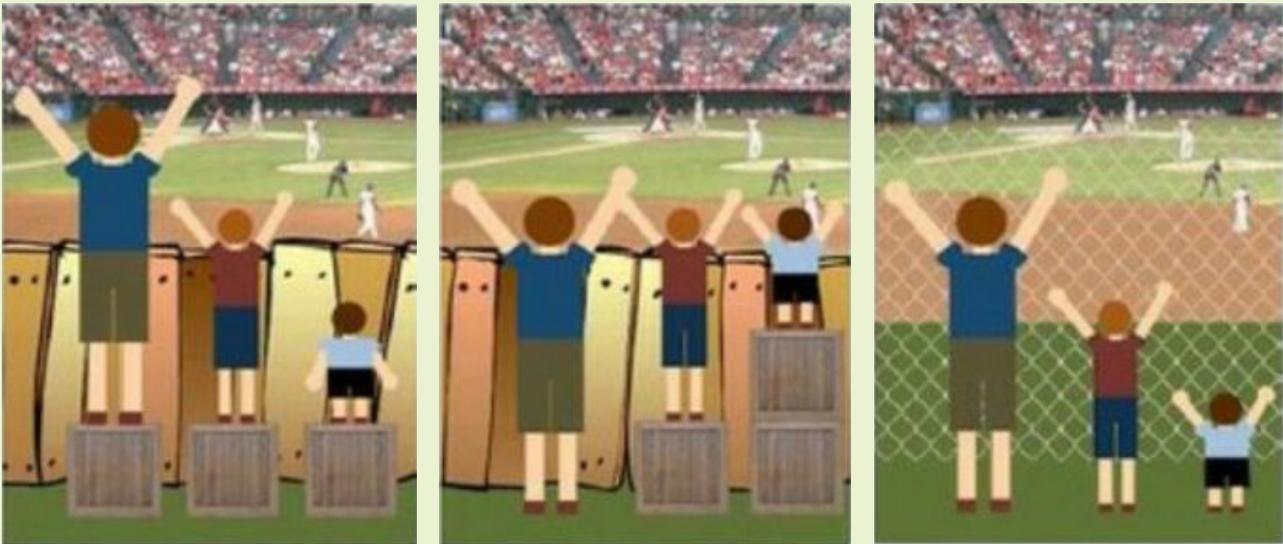
Affirmative action has been implemented in several sectors like education, justice law and order, land, water, health and governance to redress gender imbalance, equity concerns and social exclusion in access to services and means of production. Despite these policies and interventions, gender and equity disparities still persist across the Country. Socially constructed norms influence gender roles

thus leading to inequalities between men and women. The traditional/cultural beliefs and practices that discriminate against women explicitly exclude women from participating in and benefiting from the development process, thus exacerbating the different forms of vulnerabilities. In addition to this, certain external forces like geographical location, status in society deny enjoyment of enjoyment of rights as well as access to opportunities and resources by working age population.

Gender and equity issues and concerns affect all people at every stage of growth and development. Social vulnerabilities are generally associated with demographic characteristics such as age and sex.

People are exposed to various risks and vulnerabilities at every stage of life which if not addressed may limit their capacity to harness their full potential.

### EQUALITY VERSUS EQUITY



In the first image, it is assumed that everyone will benefit from the same supports. They are being treated equally

In the second image, individuals are given different supports to make it possible for them to have equal access to the game. They are being treated equitably.

In the third image, all three can see the game without any support or accommodations because the cause of the inequity was addressed. The systemic barrier has been removed.

## 1.3. Legal Policy and Development Framework

Gender and Equity is anchored on other legal and policy frameworks including; the Constitution of the Republic of Uganda (1995), Children Act Cap 59, NSSF Act (Cap 222), Pensions Act (Cap 286) Uganda Retirement Benefits Regulatory Authority Act (2011). The policies include: the Uganda Gender Policy (2007), the National Equal Opportunity Policy (2006), the National Disability Policy (2006) the National Orphans and Other Vulnerable Children Policy (2004), the National Policy for Older Persons (2009), the National Employment Policy (2011), the Uganda National Youth Policy (2016 ), the Integrated Early Childhood Development Policy (2016), the National Health Policy (2010), the National Policy for Disaster Preparedness and Management (2010). The strategy is further anchored on national and international development context, these include; the Uganda Vision 2040, the National Development Plan (NDP) (2015/16-2019/20) and the Agenda 2030 Sustainable Development Goals (SDGs).

## 1.4. Structure of the Strategy

The Strategy is structured as follows: Section One is the introduction and background; **Section Two** presents the situation analysis of gender, equity and social inclusion in Uganda in the context of social protection; **Section Three** outlines the strategic direction of the strategy; Section Four is the implementation framework and financing and Section Five provides for monitoring and evaluation of the strategy.

# 2. Situation Analysis

## 2.1 Introduction

The population of Uganda stands at 34.6 million people (UBOS, 2014 NHPC) of which 49.1% are males and 50.9% females. The population is predominantly young with the productive age (working age) (15-64 years) constituting 49.2%. About 78.6% of the population live in rural areas compared to 21.4% in urban (UBOS, 2014 NHPC).

## 2.2 Reform of the Public Service Pensions Scheme

Access to formal social protection remains extremely limited for older persons. The Public Service Pension scheme benefits 72,227 pensioners (MoPS September, 2017).

The Public Service Pension Scheme (PSPS) lacks mechanisms for protecting the rights and interests of spouses and children at the time of accessing benefits. The scheme does not explicitly require the consent of a spouse or any child on the decision regarding signing away retirement benefits. Currently, submission or preparation of pension plans is not a requirement under the public service pension scheme, which leads to poor planning and mismanagement of benefits by pensioners after retirement.

It is evident that the majority of men occupy higher positions in the public service and therefore they retire with better pension income than women who occupy the low cadre and less paying jobs. This results in lower income benefits and wide gender income gaps among pensioners.

Formal pension systems themselves may not always be adapted to the evolving needs of women: earnings-related pension schemes normally mirror the gendered earnings and employment gaps, reflecting lower opportunities for women to accrue full pension rights since their participation and compensation are normally lower.<sup>1</sup> Maternity and child-care benefits and disability benefits are not always fully embedded in social insurance schemes. Gender-sensitive and inclusive social insurance depends overall on appropriate labour market legislation and enforcement; recognition of the care economy; innovative policy design in payment options and simplified administrative procedures; and investment in inclusive and gender-sensitive delivery capacity.

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<sup>1</sup>EC (2008, 37-39); Luttrell and Moser (2004, 14)

## 2.3 Social Security for Private Formal Sector Workers

Retirement is a form of vulnerability especially when a person is unable to continuously access income. The statistics indicate that existing retirement schemes cover only 7% of the labour force, with the result that a large number of workers in the formal sector do not access social security. The NSSF has 1.4 million registered members but only 561,343 are actively making contributions (NSSF Report November 2017). The National Social Security Fund (NSSF) covers private sector employees working in organizations with a minimum of five people. As a result, it is estimated that only 5 percent of the working age population or 29 percent of wage earners contribute for retirement. This implies that the majority of employees are not targeted to save with NSSF and this largely affects women who are engaged in such employment with attendant risk of non- accessibility to social security.

The NSSF is a provident fund that pays a lump sum upon retirement rather than a guaranteed monthly pension. The danger of lump sum payment arises if a beneficiary invests in a business venture with low returns or spends the benefits on basic or personal needs.

In addition, NSSF lacks mechanisms to protect the interests of spouses and children at the time of accessing benefits. Therefore, the direct beneficiaries may receive payment and use it without the knowledge or involvement of other family members making the family vulnerable to income insecurity.

Accessibility of the benefits is limited due to the level of benefits that are currently provided. The social security contributions are not portable and therefore, if a person transfers his or her labour from one country to another, the benefits are accessed as immigration benefits and may not be utilized efficiently to achieve the required social security objectives.

Most women who are employed in the private sector are occupying lower paying jobs, implying that the contributions they make for social security is grossly inadequate for addressing any socio-economic shock they may encounter upon retirement. Whereas the principle of equal remuneration for men and women for work of equal value is upheld in the public sector, gender -wage differentials still exist in the private sector. The median monthly earning of workers in the private sector is Ug Shs 100,000 for male workers and Ug Shs 66,000 for female workers as opposed to Ug Shs 350,000 and Ug Shs 300,000 for their male and female counterparts in Government. Apart from low wages, working conditions in the private sector are largely characterised by absence of formal contracts, sexual harassment, unfair dismissals, long working hours without overtime pay and increasing casualization of labour.

In effect lower earnings by women restricts the level of contributions they can make towards retirement benefits compared with their male counterparts. A larger pay gap and much smaller social security contributions during working life between men and women will have a big negative effect at retirement. For instance, a woman who works full-time over a 40-year period loses a large income in a lifetime compared to a male compatriot due to the wage gap. The income gap translates directly

to lower incomes for women from Social Security and pensions since the retirement benefits are determined by wage history.

This hampers the capacity of women to save enough for retirement. Since women typically live longer than men, expenditure over savings often must be stretched across more years of retirement. That makes pay inequity and a retirement security a double jeopardy for women. Given the above factors, it's therefore not a surprise that women are left with greater economic insecurity in retirement than men.

## 2.4 Social Security for Informal Sector Workers

Employment is the most critical pathway to economic empowerment of both men and women in Uganda. According to the UNHS 2012/13, Uganda has a working age population of 16.4 million people, of whom 13.9 million are engaged in economic activities. The rest of the working age population, constituting about 2.5 million people are either the youth aged between 15 years and 22 years who are still pursuing their education or the unemployed labour force. Out of the economically active population of 13.9 million people, 7.9 million are gainfully employed, while 6 million are engaged in subsistence production for their own consumption. The statistics indicate that 3.5 million people or 58 percent of the labour force engaged in subsistence production are women.

Generally, about 85 percent of the labour force is employed in the informal sector. The statistics further reveals that 92.6 percent of women and 83.4 percent of men in the labour force work in the informal sector. Employment in the informal sector is characterized by absence of formal contracts, leading to high level of job insecurity, harsh working conditions, low pay and lack of access to any form of social security, since the law governing the National Social Security Fund (NSSF) does not cater for informal sector workers. Female informal sector workers cannot make meaningful economic progress because the majority of them work in household enterprise as unpaid family workers or are engaged in activities with low returns such as petty trading.

Extending social security to informal sector workers remains a challenge due to a variety of reasons. The informal sector is diverse and comprises a multiplicity of economic activities, with different levels of organization among the employers and workers. While some of the business owners and workers in the informal sector subscribe to associations, which have been established to advocate for their interests, the majority of the informal sector workers do not belong to any organization. However, the solidarity of the members of existing informal sector organizations is usually threatened by poor governance, coupled with lack of transparency and accountability.

A number of mutual support groups have been established in various communities with the objective of members supporting and protecting one another in the event of a socio-economic shock. These informal social protection initiatives, which include merry-go-arounds, neighbourhood support groups and Village Savings and Loans Associations (VSLAs) have been instrumental in providing material and financial to the members on agreed terms and conditions, but due to the weaknesses in enforcing compliance many of such groups collapse after a while. In many instances, the groups have excluded some members of the community who are unable to contribute consistently.

Women workers, who are often clustered in the informal sector, may be particularly excluded from both pension systems and health insurance and thus at particular risk while people with disabilities, who are often deprived of productive work opportunities, may also remain on the margins. Informal contributory risk-management systems may exist, but are often of limited scope and may not be equitable for the poorest or most marginalized who cannot contribute.

## 2.5 Health Insurance Scheme

Ill-health has two implications for the wellbeing of men and women, boys and girls. First, it interrupts the economic activities of households as a result of days lost in the course of illness or taking care of a sick family member. Secondly, catastrophic expenditure on medical treatment either reduces the disposable income of households or compels them to adapt negative coping mechanisms like sale of assets including land, livestock or any other available physical property to meet the cost of medical treatment, thus rendering them more vulnerable to shocks in the future.

The health care system in Uganda is characterized by long distances to health facilities and limited number of medical personnel. Government health facilities have been rendered inadequate due to the high population growth and insufficient public funding. Therefore, a significant proportion of households access health services from private health facilities, which charge fees for all the services rendered. It has been established by the Ministry of Health that over 41% of the health care costs in Uganda are borne by households. Since women bear a greater burden of seeking health services for themselves and their children, the time and resources they spend on health care adversely affects their capacity to engage in productive activities and is a major impediment to their economic empowerment.

Health insurance coverage in Uganda is very low, with less than one percent of the population subscribing to private health insurance services or Community Based Health Insurance (CBHI) Schemes. Currently, there are 21 active CBHI schemes covering 138,000 members in 17 Districts in Central and South Western regions. There is lack of uniformity in the premiums paid by the members across the different CBHI schemes in the country and women bear the sole burden of enrolling themselves and their children in the scheme in families where the men are not willing to participate in the scheme.

It is estimated that 700,000 people are covered under private commercial health insurance arrangements, mostly purchased for workers by employers as one of the fringe benefits under their terms and conditions of employment. Most private health insurance firms offer individual packages at an average premium of Ug. Shs. 400,000 per person annually, which the majority of Ugandans cannot afford. In addition, they market products that cover up to 4 people in a family, implying that some of the family members in households with larger sizes may be denied access to the health insurance services, especially if the employers are the ones responsible for paying the health insurance premium. Private health insurance service providers also offer selective packages, whereby some diseases and age groups are not insured. For instance, some of the insurance companies don't cover chronic illness, children below 3 months or people aged 60 years and above. The benefits provided under the schemes are usually capped to contain costs.

## 2.6 Direct Income Support for Vulnerable Groups in Need

In Uganda, risks and vulnerabilities associated with age, gender, disability, unemployment, ill-health, poverty, environmental, and natural disasters impact negatively on the well-being of different demographic groups. Aging is accompanied by gradual deterioration in physical strength, increased incidences of ill-health and diminishing productivity. As people grow older, the reduced capacity to work or generate income through other activities as well as the growing risk of serious illness increase their vulnerability to poverty, regardless of their original economic status.

Uganda has experienced a steady reduction in the incidence of poverty in recent years, from 38.8% in 2002/3 to 24.5% in 2009/10 and 19.7% in 2012/13. Despite the general decline in poverty rates, the Uganda Household Survey Report of 2012/13 indicates that around 20% of the population, representing some 6.7 million people, is living below the poverty line. There is wide regional disparity in poverty rates, ranging from 4.7% in Central region, 8.7% in Western, 24.5% in Eastern, and 43.7% in the North.

The Poverty Status Report produced by the Ministry of Finance, Planning and Economic Development (MFPED) estimates that, besides 20% of the people living below poverty, about 43% of the population are living barely above the poverty line and are at risk of falling below the poverty line in the event of a socio-economic shock. This indicates that nearly two-thirds of the population of Uganda is either living in poverty or at risk of falling into poverty, thus suggesting a potentially wide-ranging need for resilience-building intervention. Apart from the obvious needs of the Northern region, the Eastern region has suffered adverse climatic conditions, a high dependency ratio, and population pressures leading to land fragmentation and soil degradation.

Recent evidence demonstrates that natural disasters and weather-related hazards such as flooding, landslides and extended periods of drought have different impacts on men and women (Rohr 2009). These calamities affect women more adversely due to their responsibility for fetching water, picking firewood, availing food, need nutritious foods during pregnancy and demands related to taking care of children, older persons and the sick. Floods and drought are mainly prevalent in the Karamoja and Teso Sub-regions, landslide frequently occur in the Elgon and Rwenzori sub-regions and water shortages are major problems in the cattle corridor.

Direct Income Support is non-contributory regular, predictable cash or in-kind transfers that provide relief from deprivation to the most vulnerable individuals and households in society. One of the direct income support programmes implemented by the Government of Uganda is the Social Assistance for Empowerment (SAGE). The SAGE programme targets older persons aged 60 years and above in the Karamoja Sub-region and those aged 65 years and above in the rest of the sub-regions in the country. Currently, the programme covers 43 districts out of 117 in the country and benefits only 149,473 older persons of whom 60,397 are males and 89,076 are females (SAGE MIS May, 2017).

During the pilot phase, which ran from 2011 to 2015, the SAGE programme enrolled all eligible older persons in every selected sub-county in 15 districts. However, in an effort to expand the programme to cover more districts in the country rapidly, enrollment of beneficiaries has been restricted to 100 oldest persons in every sub-county in 28 districts that have been brought on board in the roll-out phase. Based on the demographic structure of the population of Uganda, the programme enrolls only 10% of older persons in every roll-out sub-county. In addition, the different eligibility age limits applied for districts in other sub-regions leads to social exclusion of many older persons aged between 60 and 64 years who are equally vulnerable.

Long distances to points of delivery of services required by older persons compels them to spend a lot of money on transport and leaves them with less disposable income to use on basic needs. The situation of older persons with disabilities is exacerbated by the fact that most of them lack assistive devices, while others need guides or the support of strong and able-bodied people to access physical facilities or locations which have been designated for provision of social services to the communities such as administrative offices, health centers and SAGE pay points. In spite of the challenges faced by older persons with disabilities like high costs of assistive devices, additional expenditure on transporting guides wherever they go and heightened need for medical attention, they receive the same amount of SAGE grant as the ones who do not have serious impairment.

Although, the SAGE targeting mechanism does not discriminate beneficiaries based on gender, it has been observed that access to information by older women on programme activities such as sensitization, registration, enrollment and payment is limited. Usually older women receive information from their spouses who may also be beneficiaries of the programme or other persons in the community who may have heard it over the radio or from the Local Council Chairperson. This information asymmetry hampers effective participation of older women in programme activities.

While it is anticipated that other members of older person's households should be indirect beneficiaries of the SAGE grant, it is reported that in households with an older man and older woman, both benefiting from the programme, older women spend their benefits on the family, while the men spend it on their personal needs. There are even incidents whereby some older women have received their benefits from the payment service providers and handed the money over to their spouses while they are still at the pay point. In such cases it is obvious that it is the man who is responsible for making decisions concerning the use of the grant received by both of them.

In order to provide direct income support to poor and vulnerable households with able-bodied members who can participate in construction and rehabilitation of community assets, Government has designed Labour Intensive Public Works (LIPW) programme. Apart from providing temporary employment, LIPW programmes reduce poverty principally through its positive impacts on agricultural productivity through improved land management practices and soil and water conservation, which raises the water table and increases vegetation cover and forage, thus improving crop and livestock yields.

Since Labour Intensive Public Works Programme (LIPW) target households, it could easily lead to child labour if not regularly monitored. Due to intra-household gender dynamics, the LIPW programmes may attract male headed-households where the man works, receives payment and uses the income received from the programme without benefiting other household members. Conversely, women and children may provide the labour, while the men collect and make all the decision on use of the benefit.

Besides, the focus on people with the capacity to work implies that persons with disabilities, older persons and chronically ill persons may not benefit from LIPW programmes. Furthermore, unless a special quota is reserved for female headed household, the LIPW may benefit only male headed households.

## 2.7 Social Care and Support Services

For a long time, the majority of vulnerable groups in Uganda have received emotional, material and financial support from traditional social protection mechanism, including family, kinship and the clan system. Specifically, both nuclear and extended families have acted as the first line of care and support for orphans, widows, persons with disabilities (PWDs), older persons and the chronically ill. This cultural system was based on respect for individual rights to dignity and well-being in compliance with norms and traditions governing the family and kinship. While the society still upholds the moral responsibility of caring for the vulnerable members, the traditional social protection system has greatly declined.

### 2.7.1 Children

Children 0-17 years constitute 55.1% of the national population, corresponding to about 19.0 million people (NPHC 2014). A significant proportion of children are vulnerable due to various challenges which include poverty, neglect, abandonment, exploitation, early marriage, teenage pregnancy, conflict with the law, orphanhood and child labour.

Children from poor households and those living on the streets are more exposed to physical, mental, psychological and sexual abuse. Parents and adult caregivers are the most common perpetrators of physical violence against children aged 13 to 17 years. Children exposed to physical violence are more likely to perform poorly in education and are more likely to leave school, develop substance abuse and engage in abusive relationships themselves. (The Lancet, vol. 387, p. 2432). More than one in three females and one in six males experienced sexual violence in childhood. About one in three females (34%) and males (36%) experience emotional violence in childhood, with many of them experiencing multiple incidents. For both males and females, the perpetrator of the first incident of emotional violence in childhood was most often the mother or stepmother.

For children in conflict with the law, the facilities are inadequate and conditions in the existing facilities are not conducive. There is only one national rehabilitation center and only 7 remand homes. Consequently, in most districts, children in conflict with the law are detained with adults. The diversion mechanism which entails handling minor cases through the local council courts is not fully operational. Due to this gap, the pressure on remand homes continues to exist. In 2015 alone, 126 children out of 139 were removed from adult prisons (UNICEF 2016). Children in institutional care are deprived of parental care and social safety nets.

The term “child labour” is used to refer to the subset of children’s work that is injurious, negative or undesirable to children (UBOS 2014). Thirty-one percent of children corresponding to 2.4 million people aged 6-13 years are in employment. The share of children aged 14-17 years in employment is much higher at 57 percent. By the age of 17 years, 13.7% of children (14.4 male and 12.9 female)

are in employment exclusively, while 43.0 % (44.0 male and 42.0 female) combine employment and schooling. It is worth noting that girls are often disproportionately represented in less visible and therefore underreported forms of child labour such as domestic services in third party households. Employment estimates therefore may under state girl's involvement in employment relative to that of boys. On the other hand, children in rural areas (2.3 million or 34%) are three times more likely to be in employment than their peers in town (106,000 or 11%).

## 2.7.2 Youth

Youth in Uganda are facing a number of challenges, namely drug abuse, unemployment, sexual exploitation and limited access to reproductive health services and information.

UDHS 2016 indicates that 25 percent of adolescents aged 15-19 in Uganda have begun childbearing. Adolescent childbearing is more common in rural than in urban areas, with 27 percent of teenagers aged 15 to 19 years in rural areas having begun child bearing compared 19 percent in urban areas. There is regional variation, with Teso sub-region having the highest proportion of adolescent mothers and Kigezi sub-region having the lowest (31 percent and 16 percent respectively). The proportion of teenagers who have started childbearing decreases with increasing level of education: slightly more than one third of teenagers aged 15-19 with no education (35 percent) have begun childbearing compared with 11 percent of those who have more than secondary education. Teenagers in the lowest wealth quintile tend to begin childbearing earlier than those in the highest quintile (34 versus 15 percent, respectively).

Alcohol and substance abuse especially among the adolescents is on increase in Uganda. The percentage of adolescents who had ever drunk alcohol stands at 14%. Percentage of adolescents who drink alcohol is higher in urban relative to rural setting, irrespective of sex and age. However, among older adolescents in urban settings, having ever drunk alcohol was higher in females (41.1%) relative to males (20.7). The main source of alcohol is from older persons (47%) and peers (21%) while some obtain it from shops (13%) and other sources (17%).

## 2.7.3 Older Persons

Older persons have increased incidences of diet-related, chronic and non-communicable diseases such as diabetes, hypertension and stroke, yet public health facilities lack comprehensive geriatric services. More so, there are very limited specialized services for older persons eg. Health care services such as: geriatrics, drugs, insurance schemes etc, and gerontologists. Some older persons have been abandoned and there is need to establish residential facilities for them. Another challenge faced by older persons is property grabbing especially land which deprives them of their means of livelihood.

People with chronic health problems such as cancer, diabetes, cerebral palsy, terminal stage of AIDS, drug addicts, sickle cells and chronic heart disease, need palliative care, but access to the services is limited.

## 2.7.4 Disability

Disability is defined as permanent and substantial functional limitation of daily life activities caused by physical, mental or sensory impairment and environmental barriers resulting in limited participation. Overall, the disability prevalence rate for the population aged 2 years and above is 12.4 percent while for 5 years and above, it was 14 percent. Disability is higher among women (13.7%) compared to men (11%). The disability prevalence rate was higher among those living in the urban areas (13.3%) compared to those in the rural areas (9.3%). The disability rate among children is approximately 13%, (MGLSD 2014). About 9% of boys and girls of school going age with disabilities attend primary school and only 6% of them continue studying in secondary school. Analysis of the results indicates that 5.6% are severely disabled (NPHC 2014).

Persons with disabilities in Uganda face various forms of barriers ranging from extreme conditions of poverty, limited opportunities for accessing education, health, and suitable housing, employment opportunities and negative societal attitude. Disability among women makes them more vulnerable to abuse, stigma, discrimination and social exclusion making it extremely difficult for them to access services. There are limited services for persons with disability in terms of assistive devices and specialized care for mental disability.

Disability limits the capacity of PWDs to access health services and is associated with additional costs such as increased need for private transport, assistive devices, rehabilitation services and personal care and support. The main challenges faced by PWDs in accessing health services include unfriendly physical facilities, negative attitudes of health workers, long queues at the health facilities, long distances to the health facilities, high costs of services and absence of health workers with the requisite skills and experiences to handle PWDs.

Persons with disabilities require assistive devices like wheel chairs, clutches and spectacles, yet these are still limited. Assistive devices and services such as guiding and interpretive are costly. It is even more challenging for children because they are ever growing and require new assistive devices at every stage of life. Orthopedic services are lacking, particularly at local and regional hospitals. For instance, disability assessment is not conducted in health centers, the service is centralized yet there are trained people available. More so, there is no disability assessment tool.

There are inadequate mental and palliative care services coupled with limited access to information due to institutional barriers. PWDs have limited opportunities for employment due to added costs associated with their challenges, such as aides, devices, etc. Women with disabilities suffer most especially through sexual harassment while children with disabilities are voiceless and suffer significantly. Among the PWDs, there is discrimination against people who got involved in accidents, people living with albinism and little people.

## 2.7.5 Ethnic Minorities

Uganda is home to a large number of diverse ethnic and linguistic groups. Today, some ethnic groups continue to be disproportionately affected by Uganda's development problems, including regional conflicts, uneven development, and inadequate health care and poor education provision. Ethnic minority groups are scattered across Uganda, but are specifically found as follows: in the north –Alur,

Ik (Teuso), Kakwa, Karamojong cluster, Lugbara, Luluba, Ma'di, Nubian; in the east –Bagungu, Bakenyi, Bavuma, Ik (Teuso), Soo; and in the west –Abayanda (Batwa), Ba'amba, Bakonzo. Since more than three-quarters of Uganda's population live in rural areas, most of Uganda's minorities lead a rural existence; however, even within this rural context, minorities are often the most disadvantaged. Their situation is steadily deteriorating with increasing competition for natural resources in their areas, the effects of climate change (such as drought) and growing impoverishment.

In addition to the little knowledge and research about the complex cultural, legal, political and socio-economic problems of minorities, institutions and structures are very poorly equipped and financed to deal with issues affecting ethnic minorities. Ethnic minorities face stigma and marginalization, Limited Social Amenities associated with long distances to service centers.

Interventions to address the problems of minority groups include clearly defining and recognizing ethnic minorities in the country and putting in place specific laws and guidelines for ethnic minority protection. In addition, there is need to put in place a quota system on all levels of political participation to enforce affirmative action for ethnic minorities in Uganda including their representation in key bodies such as the Equal Opportunities Commission to ensure equal participation in the decision making processes, especially those that affect them.

There is need to investigate all kinds of rights abuses of ethnic minorities including sexual abuse, and initiate general, individual measures and continuous contacts to remedy such abuses. The government should work with ethnic minorities and cultural leaders to find lasting solutions to social problems such as poverty and underdevelopment.

Strategic approaches should be taken to address historical injustices meted against ethnic minorities in Uganda and ensure their right to access and occupy their historical sites especially those located in protected areas. In the short term, there is need to take urgent steps to promote peaceful coexistence with other ethnicities as well as target to eradicate the discrimination and persecution of minorities.

## 2.7.6 Gender

Women in Uganda provide the bulk of unpaid care work especially child care and caring for family members. As highlighted in the Uganda Social Institutions and Gender Index (SIGI), (UBOS 2014), such high levels of female unpaid care work, limits women's opportunities and labour productivity. Women from 15 – 49 years are more vulnerable to poor nutrition, preventable diseases, uncontrolled fertility, and violence. This is attributed to insufficient education, poor housing and sanitation, long hours of work and poor working conditions.

Gender based violence remains a critical human right, public health and economic concern. Gender based violence disproportionately affects women and girls. According to the UDHS 2011, 56% of women reported having experienced physical violence by the age of 15 years while 28% of women aged 15 - 49 cited having ever experienced sexual violence compared to 9% of men in the same age group. In addition, economic violence still exists in the country. The report further indicates that, among the married women aged 15 – 49 years who have access to cash, 53% decide its usage, 31% decide jointly as a couple, while 14% indicated that the decision is made solely by the husbands. Economic violence leads to loss of capacity to work, social and psychological trauma and impaired ability to provide child care or welfare for the family.

UDHS 2016 indicates that women in Uganda are more than twice as likely to experience sexual violence as men. More than 1 in 5 women aged 15-49 years (22 percent) report that they have experienced sexual violence at some point in time compared with fewer than 1 in 10 (8 percent) men. Thirteen percent of women and 4 percent of the men reported experiencing sexual violence in the 12 months preceding the survey. Women aged 15-19 years are less likely (5 percent) to report recent experience of sexual violence than older women (13-16 percent). Women in urban areas (9 percent) are less likely than other women to report recent experience of sexual violence, compared to 4 percent in rural areas. Experience of sexual violence is lowest among women with more than secondary education. Despite widespread incidences of GBV, GBV programmes cover only a few districts in Uganda.

## 2.7.7 HIV/AIDS

GoU is committed to addressing HIV/AIDS and has put in place laws, policies, plans and programs to this effect. Uganda adopted the global guidance to end the HIV epidemic including goals to end AIDS by 2030. The objectives of the HIV/AIDS Prevention and Control Act 2015 include prevention, control, protection, counseling, testing of persons living with HIV. The National Aids Policy (2010) and the AIDS revised National Strategic Plan provide guidelines to strengthen the HIV&AIDS response. The guidelines for male engagement in Sexual Reproductive Health (SHR) programme delivery has a special focus on addressing major bottlenecks in uptake of services especially in the rural areas. In addition, The MARPS framework is in place to address HIV prevention and care. Programmes on psychosocial support, protection and empowerment for Youth, PLHIV and OVCs are being implemented.

Guidelines for HIV/AIDS prevention, care and support for workers have been developed and are being implemented. The National Policy on HIV/AIDS and the World of Work covers all workers and prospective workers, all employers and prospective employees from the public and private sectors both formal and informal. It also covers all workplaces and contracts of employment including the informal sector and the self-employed as well as all practices related to human resources that form part of the policy component of any organization. A Handbook on HIV/AIDS has been developed for judges and other legal professionals and the HIV/AIDS Multi-Sectoral Resource Mobilization Strategy 2015/16-20 is also in place.

The National AIDS Documentation and Information Centre, an online National HIV Knowledge Management Portal was established to serve as a one stop center for all HIV information. It houses the country wide stakeholder e-mapping database which provides information on who is doing what and where up to sub-county level; the local research repository and an online public access catalogue.

The Ministry developed an Action Plan on Women Girls, Gender Equality and HIV/AIDS 2011/2012-2015/2016 to guide partners in their interventions. The Government also signed the UN General Assembly & its resolution 65/277 – a political declaration on HIV/AIDS & reinvigorated on-going efforts particularly in Elimination of Mother to Child Transmission. In an effort to further reduce the prevalence of HIV/AIDS, there are wide spread campaigns and provision of free services like the distribution of IEC material on HIV/AIDS, distribution of condoms by placing them at convenient public areas for easy consumption.

The MGLSD has targeted cultural institutions in the areas of HIV/AIDS, Maternal Newborn Child mortality and the Girl child. This is aimed at enabling the cultural institutions engage in community

dialogue, design cultural based pronouncements on epidemics like HIV/AIDS and conduct research on the behavioral changes that need to happen in a bid to fight HIV/AIDS. Government of Uganda has renewed its commitment to eliminating HIV in Uganda; championed by His Excellency, the President of the Republic of Uganda who launched the Fast Track Initiative in June 2017. This initiative elaborates male engagement in HIV commitment, control care and support.

Despite the above measures, the country continues to have a high burden of the disease as indicated by a high prevalence rate of 7.3% in the general population among adults 15 to 49 years as well as high infections in specific sub-populations and sub-regions. The number of persons in the country living with HIV has increased from 1.4 Million in 2013 to 1.5 Million in 2015 (MoH, 2015). Studies indicate that HIV prevalence is highest (40%) among fishing communities and 37% among sex workers; 18% in the partners of sex workers, 13% in men with a history of having sex with men and 18.2% among men in uniformed services according to the NSP (2015/16-2019/20).

Mental health has been recognized to be not only a clinical problem but also a serious public health problem in the country and has therefore been included as one of the components of the UNMHCP. Government has a draft mental health policy. In addition, a number of strategies have been put in place to strengthen mental health services in the country. An office for coordination of mental health services exists at the MoH under the Department of Clinical Services. Government has also decentralized mental health services to the Regional referral hospitals, created separate wings for women and these have improved access for women.

## **2.8 Refugees and People in Refugee Hosting Communities**

Protracted conflicts in neighboring countries and the continued influx of refugees into Uganda underscores the need to align national development initiatives with humanitarian response. Uganda is host to over 1.2 million refugees from South Sudan, Somalia, Burundi and Democratic Republic of Congo. Refugees and asylum seekers who are displaced for protracted periods of time are caught between the inability to return to their home countries and a lack of durable solutions in their settlements. Children, who make up to 60 percent of the refugee population, suffer more adverse consequences of conflict and displacement.

## **2.9 Institutional Capacity for of Social Protection Services**

The current social protection interventions do not fully address gender and equity issues. This is due to the limited capacity of implementers to effectively mainstream gender and equity in social protection. The result is that the desired outcomes for vulnerable groups are not realized.

The challenges in mainstreaming gender and equity in social protection include; limited capacity among the SP implementing partners, inadequate gender disaggregated data for social protection interventions, systems and structures for coordination are also inadequate, limited emphasis on gender in existing social protection policies and programmes coupled with inadequate financing and partnerships for addressing gender in social protection. The bottlenecks to effective integration of gender and equity are linked to gender and equity responsiveness in design, implementation and monitoring and evaluation of social protection programmes, as well as to overarching bottlenecks existing among stakeholders in their efforts to mainstream gender and equity within the social protection system. Capacity development to address those specific bottlenecks is necessary. To ensure collection/ analysis of sufficiently disaggregated data to assess gender and equity goals; and to identify appropriate indicators for monitoring.

# 3. Strategic Interventions

## 3.1. Purpose

This strategy seeks to guide all stakeholders to develop and implement gender-responsive, equitable and inclusive social protection interventions.

## 3.2. Guiding Principles

- 🍏 **Human rights based approach;** implementation of social protection services shall follow human rights principles.
- 🍏 **Responsiveness;** Social protection programmes shall be gender, equity and inclusion responsive, to actual needs of beneficiaries.
- 🍏 **Non-discrimination-** implementation of social protection programmes will take deliberate effort to ensure that all categories of vulnerable groups are covered.
- 🍏 **Partnership building;** implementation of social protection programmes will draw on the input of various stakeholders through establishment of partnerships at various levels.
- 🍏 **Dignity;** Beneficiaries of social protection services shall be treated with respect and provided with information and support to empower themselves.

## 3.3. Goal

The strategy seeks to enhance access to equitable social protection services for men and women, boys and girls of all categories.

## 3.4. Objectives

*Specific objectives are to:*

- i. Guide stakeholders to design gender responsive and equitable social protection interventions.
- ii. Address gender inequalities and equity concerns in the delivery of social protection services.
- iii. Build capacity of duty bearers to effectively implement gender responsive and equitable social protection interventions.
- iv. Develop and strengthen institutional systems for delivery of gender responsive and equitable social protection interventions.

## 3.5. Strategies and Actions

**Objective 1:** Guide stakeholders to design gender responsive and equitable social protection interventions.

### *Strategies*

#### ***1.1 Design and implement evidence - based social protection programmes***

In order to design and implement programmes that effectively address gender and equity, it is important that research is duly conducted, in order to build an evidence base to guide implementers of social protection programmes. Programmes are not static and lessons are learnt throughout the implementation cycle, and in-building research component that is focused on gender and equity including data collection, analysis and reporting. The following actions are thus identified:

- Identify specific topical areas of research
- on social protection gender and equity responsive programming
- Conduct gender and equity analyses to understand the multiple nature of risks and vulnerabilities in particular contexts
- Collect, analyze and disseminate gender and equity disaggregated data.
- Strengthen collaboration with the Uganda Bureau of Statistics (UBoS) to gather data on risks and vulnerabilities disaggregated by gender, age, disability and location for social protection programming.

#### ***1.2. Develop gender and equity responsive social protection interventions***

Overtime, a number of social protection interventions have been implemented by both state and non-state actors including community structures. These interventions are generic in nature, without special attention to the needs of the various categories of vulnerabilities. The Gender and Equity strategy seeks to address the special gender and equity needs through the following actions:

- ♣ Design and implement other alternative social protection interventions targeting older persons
- ♣ Support the establishment and implementation of appropriate social security schemes for informal sector workers.
- ♣ Support the expansion of community based health insurance scheme in the country with a focus on extending coverage to women, PWDs, older persons, youth, children in child headed households and indigents.
- ♣ Review the design and implementation of public work programmes to incorporate activities that take into account specific roles and vulnerabilities of women, PWDs, older persons, youth and children in child headed households.
- ♣ Design and implement holistic social care and support services for the various vulnerable groups.
- ♣ Mobilize adequate resources to expand coverage of direct income support programmes

**Objective 2:** Address gender inequalities and equity concerns in the delivery of social protection services.

## **Strategy**

### **2.1 Strengthen the targeting mechanism for social protection interventions**

There are multiple forms of vulnerabilities and risks faced by men and women, boys and girls due to the different geographical, climatic, social, economic and household contexts and the available social protection interventions do not factor in these contexts during the targeting processes, leading to excluding those that would need social protection support. Therefore, there is need to identify measures of strengthening effective targeting mechanisms for social protection interventions in order to address gender inequalities and equity concerns. The following actions will be undertaken;

- ▶ Eliminate all forms of discrimination in the selection criteria to ensure effective targeting of all categories of men and women, girls and boys in need of social protection interventions.
- ▶ Review social protection interventions to address specific geographical, climatic, socio-economic and household contexts.
- ▶ Create awareness on initiatives to address gender and equity concerns in social protection interventions.
- ▶ Harmonize the targeting criteria of direct income support programmes across all the regions and sub-regions in the country
- ▶ Link social protection to all humanitarian response targeting refugees and the hosting communities

### **2.2 Review implementation modalities for social protection to address gender and equity issues**

The strategic interventions articulated below are aimed at reviewing communication mechanisms among government MDAs, the private sector and CSOs implementing social protection programmes to ensure that issues of gender and equity are taken into consideration during situation analysis, program design, implementation, monitoring and evaluation. Implementing partners will be assisted by the Ministry of Gender, Labour and Social Development to engender and make inclusive their communication materials, tools and principles to remove barriers for vulnerable men, women, boys and girls. Affirmative action in favour of vulnerable groups in order to promote equitable access to social protection programmes they provide. The interventions of different implementers of social protection programmes shall be expected to incorporate appropriate grievance mechanisms to address any social, economic or environmental disruptions among vulnerable communities, groups and individual as a result of social protection programme interventions to benefit them directly or any other persons within or outside their communities. The following actions have been identified:

- 🍏 Review communication mechanisms for social protection programmes to address communication barriers faced by men and women, boys and girls of all categories.
- 🍏 Strengthen affirmative action to facilitate equitable access to social protection services by men and women, boys and girls of all categories.
- 🍏 Establish appropriate grievance mechanisms that address particular needs and concerns of men and women, boys and girls of all categories.

## ***2.3 Strengthen linkages between social protection and other complementary interventions***

Social protection interventions are very broad, involving a wide range of state and non-state actors. Addressing gender and equity issues in social protection requires multi-sectoral collaboration, coordination, networking and partnerships among the different stakeholders. This calls for creating and strengthening linkages between specific social protection and other complementary services through identification of gender and equity responsive sectoral plans and budgets. The following actions shall be undertaken:

- ♣ Establish effective referral mechanisms for delivery of complementary services to social protection beneficiaries.
- ♣ Develop gender and equity responsive implementation guidelines for social protection at all levels.

**Objective 3:** Build capacity of duty bearers to effectively implement gender responsive and equitable social protection interventions.

### ***Strategy***

#### ***3.1 Strengthen capacity of social protection implementing partners for gender and equity responsive programming***

Capacity of partners and stakeholders on gender and equity in social protection is key in achieving the desired outcomes. The strategy sets out to enhance the capacity of central and Local Governments, other actors, communities and beneficiaries to plan and implement gender and equity concerns in all social protection programmes and interventions. In order to attain the required capacity in gender and equity for implementation of social protection interventions, necessary efforts should be made to:

- Recruit and deploy adequate human resource with knowledge and skills in gender responsive and equity focused programming to support implementation of social protection interventions
- Build the capacity of all the stakeholders involved in the implementation of social protection programmes on gender and equity

**Objective 4:** Develop and strengthen institutional systems for delivery of gender responsive and equitable social protection interventions

### ***Strategy***

#### ***4.1 Strengthen systems and structures for coordination of gender responsive and equitable social protection interventions***

To effectively address gender and equity in social protection interventions, strong and efficient systems are necessary. The existing systems that deal with gender and equity in social protection will therefore need to be strengthened and where non exist, new ones will be established. It will also require strong coordination mechanisms being strengthened and operational as well as regular monitoring to

measure progress in gender and equity mainstreaming in social protection programming. The actions are highlighted below:

- ▶ Strengthen the social protection gender and equity task team as well as the technical working groups established under the different social protection pillars.
- ▶ Conduct regular monitoring and periodical evaluation of the efforts to address gender issues and equity concerns in social protection programmes.
- ▶ Develop gender and equity sensitive indicators to monitor programme processes and outcomes.
- ▶ Establish and strengthen strategic partnerships for effective implementation of social protection services.
- ▶ Promote active involvement of target groups, duty bearers and communities in the design, implementation, monitoring and evaluation of social protection interventions.

# 4. Implementation Framework

Effective implementation of the Strategy requires multiple actors to address the various gender and equity issues. This will be achieved through a well-coordinated institutional mechanism that runs from the national to lower local government level. In order to ensure adequate capacity for implementing this Strategy, the staffing gaps at national and Local Government level shall have to be filled and existing staff trained to acquire the requisite technical skills. This strategy shall be implemented with active involvement of state and non- state actors. The different roles and responsibilities of the stakeholders engaged in the implementation of social protection interventions are shown in the table below.

Stakeholders	Roles and Responsibilities
Parliament	<ul style="list-style-type: none"> <li>🍏 Ensuring social protection services are gender responsive and equitable.</li> <li>🍏 Raising awareness on the importance of providing inclusive, equitable and gender responsive services.</li> <li>🍏 Appropriating financial resources for mainstreaming gender and equity.</li> </ul>
MoGLSD	<ul style="list-style-type: none"> <li>🍏 Oversee the mainstreaming of gender and equity in the social protection interventions</li> <li>🍏 Coordinating the implementation of the Gender and Equity strategy;</li> <li>🍏 Popularizing of the Gender and Equity among all the stakeholders;</li> <li>🍏 Providing technical guidance on mainstreaming and implementation and leadership of G&amp;E;</li> <li>🍏 Initiating the review of social protection policies and laws to ensure G&amp;E sensitivity.</li> <li>🍏 Setting standards and guidelines on delivery of gender responsive and equitable services;</li> <li>🍏 Building the capacity of stakeholders in G&amp;E</li> <li>🍏 Monitoring and evaluating Social Protection interventions to ensure G&amp;E responsiveness.</li> <li>🍏 Integrate G&amp;E in the social protection MIS and in the National Integrated Monitoring and Evaluation System.</li> <li>🍏 Conducting studies on status, effectiveness and impact of G&amp;E in social protection.</li> </ul>
EOC	<ul style="list-style-type: none"> <li>🍏 Provide equity disaggregated data.</li> <li>🍏 Monitor adherence to gender and equity in social protection interventions.</li> </ul>

Stakeholders	Roles and Responsibilities
National Planning Authority (NPA)	<ul style="list-style-type: none"> <li>🍏 Integrating G&amp;E issues in the national planning frameworks.</li> </ul>
Ministry of Finance, Planning and Economic Development	<ul style="list-style-type: none"> <li>🍏 Mobilize resources for delivery of G&amp;E responsive social protection services from Government, development partners and the private sector;</li> <li>🍏 Allocate and release resources for implementing G&amp;E specific interventions;</li> <li>🍏 Integrate G&amp;E into budget monitoring and accountability processes.</li> </ul>
Ministry of Local Government	<ul style="list-style-type: none"> <li>🍏 Integrate G&amp;E into service delivery standards</li> <li>🍏 Review and integrate equity and social inclusion into the gender awareness module for local governments.</li> <li>🍏 Embedding G&amp;E in the local government assessment tools.</li> </ul>
Ministry of Local Government	<ul style="list-style-type: none"> <li>🍏 Ensuring implementation of G&amp;E guidelines in the local governments;</li> <li>🍏 Integrating G&amp;E interventions in District Development Plans.</li> </ul>
Local Governments	<ul style="list-style-type: none"> <li>🍏 Ensuring implementation of G&amp;E guidelines in the local governments;</li> <li>🍏 Integrating G&amp;E interventions in District Development Plans.</li> </ul>
Ministry of Health	<ul style="list-style-type: none"> <li>🍏 Provide health insurance that addresses needs of women, girls, PWDs, older persons, children, ethnic minorities and PLWHAs.</li> <li>🍏 Integrating targeted interventions for vulnerable groups and informal sector workers; and</li> <li>🍏 Building capacity for health service providers to implement a gender and equity responsive Health Insurance Scheme.</li> </ul>
Ministry of Public Service	<ul style="list-style-type: none"> <li>🍏 Lead the process of reforming the Public Service Pensions' Scheme to address G&amp;E concerns;</li> <li>🍏 Integrate G&amp;E sensitive pensions products;</li> <li>🍏 Maintain and update public service pensioner's database disaggregated by gender, disability and location.</li> </ul>
Ministry of Works and Transport (MoWT)	<ul style="list-style-type: none"> <li>🍏 Integrate G&amp;E in the design, operations and maintenance of community infrastructure;</li> <li>🍏 Strengthening monitoring and supervision of ongoing public works to ensure gender sensitivity and equity;</li> <li>🍏 Build the capacity of staff to integrate and implement G&amp;E responsive interventions.</li> </ul>

Stakeholders	Roles and Responsibilities
Ministry of Water and Environment	<ul style="list-style-type: none"> <li>🍏 Integrate G&amp;E in the design, operations and maintenance of community infrastructure;</li> <li>🍏 Strengthening monitoring and supervision of ongoing public works to ensure gender sensitivity and equity responsiveness;</li> <li>🍏 Build the capacity of staff to integrate and implement G&amp;E responsive interventions.</li> </ul>
Ministry of Agriculture, Animal Industry and Fisheries	<ul style="list-style-type: none"> <li>🍏 Providing G&amp;E responsive agricultural extension services to social protection target groups;</li> <li>🍏 Supplying improved agricultural inputs to social protection target groups and hard to reach areas;</li> </ul>
Uganda Retirement Benefits Regulatory Authority	<ul style="list-style-type: none"> <li>🍏 Mobilize the informal sector to participate in social security schemes.</li> <li>🍏 Develop and promote products that address G&amp;E concerns.</li> </ul>
Office of the Prime Minister	<ul style="list-style-type: none"> <li>🍏 Monitoring and evaluation to ensure gender responsive, equitable and inclusive social protection interventions.</li> <li>🍏 Integrating social protection gender and equity responsive indicators in the National Integrated Monitoring and Evaluation System;</li> </ul>
Uganda Bureau of Statistics	<ul style="list-style-type: none"> <li>🍏 Integrate G&amp;E concerns in national surveys tools.</li> <li>🍏 Conduct surveys on G&amp;E in social protection.</li> <li>🍏 Generate G&amp;E disaggregated data.</li> </ul>
Civil Society Organizations	<ul style="list-style-type: none"> <li>🍏 Advocate for G&amp;E responsive social protection policies and legislation;</li> <li>🍏 Participate in the planning, implementation, and monitoring of social protection programmes to ensure G&amp;E Responsiveness;</li> <li>🍏 Sensitize the population on gender and equity responsive social protection services;</li> </ul>
Development partners:	<ul style="list-style-type: none"> <li>🍏 Mobilize resources for implementation of the G&amp;E responsive social protection interventions;</li> <li>🍏 Provide technical assistance for G&amp;E responsive social protection;</li> <li>🍏 Participate in the design, implementation, and management of G&amp;E responsive social protection programmes;</li> <li>🍏 Document and share experiences, lessons, and best practices from other countries; and</li> </ul>

Stakeholders	Roles and Responsibilities
	<ul style="list-style-type: none"> <li>🍏 Harmonize funding for G&amp;E Responsive social protection interventions.</li> <li>🍏 Incorporate gender and equity in their terms of reference.</li> </ul>
Private sector:	<ul style="list-style-type: none"> <li>🍏 Provide financial support for G&amp;E responsive social protection interventions.</li> <li>🍏 Build capacity of the staff to address gender and equity in all their social protection related services;</li> <li>🍏 Initiate and promote services that, take care of issues of disadvantaged men and women, PWDs, ethnic minorities, PLWHAs and hard to reach.</li> <li>🍏 Extend corporate social responsibility to vulnerable and disadvantaged groups.</li> <li>🍏 Support publicity for promotion of social protection services.</li> <li>🍏 Provide inclusive employment to all social groups, irrespective of age, disability, sex, location, religion, and tribe.</li> </ul>
Communities	<ul style="list-style-type: none"> <li>🍏 Providing care to all vulnerable members of the family and the community;</li> <li>🍏 Participating in the identification of eligible target groups to benefit from social protection interventions;</li> <li>🍏 Identify and report emerging issues affecting women, PWDs, ethnic minorities in the delivery of social protection services.</li> <li>🍏 Initiating community level social protection interventions that address the needs of men and women of different categories; and</li> <li>🍏 Participating in planning, implementation and monitoring of social protection programmes to ensure that they address concerns of men and women of different categories.</li> </ul>

# 5. Financing

Funds for implementation of this strategy shall be provided by Government with additional support from Development Partners. Local Governments, civil society organizations, private sector shall also mobilize funds for implementation of this strategy as part and parcel of their social protection programmes. Civil Society Organizations shall continue advocating for adequate resources for equitable and inclusive delivery of social protection services.

# 6. Monitoring and Evaluation

The implementation of this strategy will be monitored in a participatory manner. Indicators to monitoring this strategy will be incorporate in the NSPP M&E Plan. Targets shall be set against the indicators to systematically track progress in implementing equitable and inclusive social programmes. The Social Protection M&E data and reports shall capture sufficiently disaggregated data by gender, age, location, socio-economic status and other key parameters such as disability to effectively monitor progress in reducing gender disparities and promoting equity and social inclusion.

- ♣ Monitoring progress in the implementation of this strategy will be done on an ongoing basis;
- ♣ A baseline survey shall be conducted to generate baseline-data for evaluating the impact of this strategy;
- ♣ **Quarterly monitoring and reporting:** Data collection tools and reporting formats will be reviewed to ensure that data is disaggregated by gender, equity and social inclusion at time collection and analysis. The data will be collected from both men and women on a quarterly basis to show the extent to which they are participating in and benefiting from social protection interventions;
- ♣ **Participatory Monitoring and Evaluation:** The MGLSD will promote participatory monitoring and evaluation of all social protection interventions. Social protection implementers, beneficiaries and community members will be involved in monitoring and evaluation of the programmes to, among other things, corroborate data gathered on the level of compliance with gender, equity and social inclusion requirements.
- ♣ In order to ensure availability of up-to-date and M&E information on the progress in implementation of this strategy, the Ministry will incorporate social protection gender and equity issues into existing and future Social Development Sector reporting and evaluation systems.
- ♣ Every Social Protection sub-sector will be responsible for reporting on the implementation of their GES responsive outputs and activities on an annual basis which will be incorporated into the sector performance reports.
- ♣ For this purpose, social protection indicators will be reviewed to make them gender responsive and equity sensitive. The Gender and Equity task team will provide technical guidance to sectors on monitoring and evaluation of this strategy with support of the MGLSD. The issues emerging from the reporting exercises will be presented to the Social Protection Thematic Committee for review and action by actors. Follow up action will be the responsibility of the respective actors;
- ♣ The Ministry will commission a mid-term and final evaluation to assess the impact of implementingof this strategy.

## Results Framework 2017/2018 -2020/2021

Objective	Outcome	Indicator	Means of Verification	Assumptions
♣ Guide stakeholders to design gender responsive and equitable social protection interventions	Evidenced based gender responsive and equitable SP Programmes	Number of social protection	M&E Reports	Availability of Resources Stakeholder willingness
♣ Address gender inequalities and equity concerns in the delivery of social protection services	Gender balance and equity in delivery of Social Protection services	Number of programmes delivering social protection services equitably	M&E Reports	Availability of Resources Stakeholder willingness
♣ Build capacity of duty bearers to effectively implement gender responsive and equitable social protection interventions	Enhanced capacity of duty bearers to identify, analyze and mainstream gender issues and equity concerns in social protection programmes	percentage of duty bearers with adequate capacity to identify, analyze and mainstream gender issues and equity concerns in social protection programmes	Survey Reports Research Reports	Availability of Resources Willingness of relevant institutions to capture disaggregated data
♣ Develop and strengthen institutional systems for delivery of gender responsive and equitable social protection interventions	Functional institutional mechanism for delivery of gender responsive and equitable social protection interventions	Number of functional partnership and coordination fora	Stakeholder engagement reports	Willingness of Stakeholders to participate in the partnership fora

## Annex I: Detailed Costing of the Strategy

Strategies	Priority Actions	Activities	Output Indicator	Unit Cost in 000's UgShs	Quantities					Values (UgShs)				
					2017/18	2019/20	2020/21	2021/22	2022/23	2017/18	2019/20	2020/21	2021/22	2022/23
<b>Objective 1: Guide stakeholders to design gender responsive and equitable social protection interventions</b>														
Strategy 1.1: Design and implement evidence-based social protection programmes	Identify specific topical areas of research on Social Protection gender and equity responsive programming	integrate gender and equity issues in social protection research agenda	Number of national consultation meetings	10,000	1					10,000	-	-	-	-
			Number of regional consultation meetings	30,000	2					60,000	-	-	-	-
	Conduct gender and equity analyses for evidence based SP programming	Research on gender and, equity issues	Number of Studies	81,000		1	1	1	1	-	81,000	81,000	81,000	81,000
			Number of dissemination meetings	10,000		1	1	1	1	-	10,000	10,000	10,000	10,000

Strategies	Priority Actions	Activities	Output Indicator	Unit Cost in 000's UgShs	Quantities					Values (UgShs)				
					2017/18	2019/20	2020/21	2021/22	2022/23	2017/18	2019/20	2020/21	2021/22	2022/23
		Identify and build partnerships for research, funding, technical assistance and capacity building.	Number of collaborative studies conducted	81,000	1	1	1	1	1	81,000	81,000	81,000	81,000	81,000
	Conduct gender and equity analyses for evidence based SP programming	Identify and build partnerships for research, funding, technical assistance and capacity building.	Number of collaborative studies conducted	81,000		1	1	1	1	81,000	81,000	81,000	81,000	81,000

Strategies	Priority Actions	Activities	Output Indicator	Unit Cost in 000's UgShs	Quantities					Values (UgShs)				
					2017/18	2019/20	2020/21	2021/22	2022/23	2017/18	2019/20	2020/21	2021/22	2022/23
	Collect, analyse and disseminate disaggregated data on gender and equity	Desk review of Monitoring Reports and analysis of secondary data	Number of Reports	20,000	2	2	2	2	2	20,000	20,000	20,000	20,000	20,000
	Strengthen collaboration with the Uganda Bureau of Statistics	Produce Analytical Reports based on UBOS Surveys	Number of Reports generated	100,000	1	1	1	1	1	100,000	100,000	100,000	100,000	100,000
		Conduct gender and analysis of risks and vulnerabilities in particular contexts.	Number of Studies dissemination meetings	81,000	1	1	1	1	1	-	81,000	81,000	81,000	81,000
			Number of dissemination meetings	30,000			1	1	1	-	-	30,000	30,000	30,000

Strategies	Priority Actions	Activities	Output Indicator	Unit Cost in 000's UgShs	Quantities					Values (UgShs)				
					2017/18	2019/20	2020/21	2021/22	2022/23	2017/18	2019/20	2020/21	2021/22	2022/23
		Review grants to address various structures and composition of households	Number of Studies	81,000		1	2	2	2	-	81,000	-	-	-
			Number of dissemination meetings	30,000			1	1	1	-	-	30,000	30,000	30,000
<b>Strategy 1.2:</b> Develop gender and equity responsive social protection interventions	Design and implement other alternative social protection interventions targeting older persons	Identify alternative social protection for older persons	Number of Studies conducted	140,000	1	1	0	0	0	140,000	140,000	-	-	-
			Number of Consultations held	30,000	5	5				150,000	150,000	-	-	-
	Support the establishment and implementation of appropriate social security schemes for informal sector workers	Mobilize and Sensitize informal sector workers to enrol in appropriate social security schemes	Number of workplaces reached	500	2,150	2,150	2,150	2,150	2,150	1,075,000	1,075,000	1,075,000	1,075,000	1,075,000

Strategies	Priority Actions	Activities	Output Indicator	Unit Cost in 000's UgShs	Quantities					Values (UgShs)				
					2017/18	2019/20	2020/21	2021/22	2022/23	2017/18	2019/20	2020/21	2021/22	2022/23
		Raise awareness on Social security	Media Campaign package	434,000	1	1	1	1	1	434,000	434,000	434,000	434,000	434,000
	Support the expansion of community based health insurance scheme in the country with a focus on extending coverage	Review health insurance packages to provide for critical health services required by women and children	Number of Consultations held	30,000		5	5			-	150,000	150,000	-	-
Number of studies			81,000			1				-	-	81,000	-	-
Number of District meetings			5,000			30	30	30			-	-	150,000	150,000
		Mobilize beneficiaries to participate in and benefit	Number of Communities Mobilized	200	0	5,200	5,200	5,200	5,200	-	1,040,000	1,040,000	1,040,000	1,040,000

Strategies	Priority Actions	Activities	Output Indicator	Unit Cost in 000's UgShs	Quantities					Values (UgShs)				
					2017/18	2019/20	2020/21	2021/22	2022/23	2017/18	2019/20	2020/21	2021/22	2022/23
		from CBHI schemes Develop linkage between CBHI and direct income support schemes	Number of Consultations held	10,000		4				-	40,000	-	-	-
			Number of studies	81,000		1				-	81,000	-	-	-
			Number of District meetings	5,000			30	30	30	-	-	150,000	150,000	150,000
	Review the design and implementation of Labour Intensive Public Works programmes	Design women friendly Labour Intensive public works programmes	Number of Consultations held	10,000	4					40,000	-	-	-	-
			Number of studies	81,000	1					81,000	-	-	-	-
			Number of dissemination meetings	10,000		4				-	40,000	-	-	-

Strategies	Priority Actions	Activities	Output Indicator	Unit Cost in 000's UgShs	Quantities					Values (UgShs)					
					2017/18	2019/20	2020/21	2021/22	2022/23	2017/18	2019/20	2020/21	2021/22	2022/23	
		Engender and disseminate Labour intensive public works guidelines	Number of Consultations held	10,000	4						40,000	-	-	-	-
			Number of studies	81,000	1						81,000	-	-	-	-
			Number of dissemination meetings	10,000		4					-	-	-	-	-
		Monitor the implementation of Labour intensive public works programmes from a gender perspective	Number of M&E Reports	20,000	2	2	2	2	2	40,000	40,000	40,000	40,000	40,000	40,000
		Design and implement labour intensive public works interventions targeting excluded	Number of Consultations held	10,000	4						40,000	-	-	-	-

Strategies	Priority Actions	Activities	Output Indicator	Unit Cost in 000's UgShs	Quantities					Values (UgShs)				
					2017/18	2019/20	2020/21	2021/22	2022/23	2017/18	2019/20	2020/21	2021/22	2022/23
	Design and implement holistic social care and support services	and marginalised groups	Number of studies	81,000	1					81,000	-	-	-	-
			Number of dissemination meetings	30,000		4	4	4	4	-	120,000	120,000	120,000	120,000
		Identify and document the different social care needs and support services for the various vulnerable groups.	Number of Consultations held	20,000	2	2	2	2	2	40,000	40,000	40,000	40,000	40,000
			Number of studies	81,000	1					81,000	-	-	-	-
			Number of dissemination meetings	30,000		5				-	150,000	-	-	-
		Design and implement comprehensive social care	Number of Consultancies	81,000		1				-	81,000	-	-	-

Strategies	Priority Actions	Activities	Output Indicator	Unit Cost in 000's UgShs	Quantities					Values (UgShs)					
					2017/18	2019/20	2020/21	2021/22	2022/23	2017/18	2019/20	2020/21	2021/22	2022/23	
		and support services for the various vulnerable groups.	Number of dissemination meetings	30,000			5				-	-	150,000	-	-
	Mobilize adequate resources to expand coverage of direct income support programmes	Design clear and nationally acceptable criteria for beneficiary selection.	Number of Consultations held	10,000	10						100,000	-	-	-	-
Number of studies			81,000	1						81,000	-	-	-	40,000	
Number of dissemination meetings		5,000		30	30	30	30	-	150,000	150,000	150,000	150,000	150,000		
Put in place safeguards against any form of stigma in the targeting and selection of beneficiaries		Number of Consultations held	10,000	10					100,000	-	-	-	-		
		Number of studies	81,000	1					81,000	-	-	-	-		
		Number of dissemination meetings	3,000		325	325	325	325	-	975,000	975,000	975,000	975,000		

Strategies	Priority Actions	Activities	Output Indicator	Unit Cost in 000's UgShs	Quantities					Values (UgShs)				
					2017/18	2019/20	2020/21	2021/22	2022/23	2017/18	2019/20	2020/21	2021/22	2022/23
		Develop a strategy for national roll-out of the direct income support for older persons	Number of Consultations held	10,000		10				-	100,000	-	-	-
			Number of studies	81,000		1				-	81,000	-	-	-
			Number of dissemination meetings	30,000			5			-	-	150,000	-	-
		Design and implement other direct income support programmes targeting children, PWDs, chronically ill, ethnic minorities, PLWHIV/ AIDS	Number of Consultations held	10,000				10		-	-	-	100,000	-
			Number of dissemination meetings	81,000				1		-	-	-	81,000	-

Strategies	Priority Actions	Activities	Output Indicator	Unit Cost in 000's UgShs	Quantities					Values (UgShs)				
					2017/18	2019/20	2020/21	2021/22	2022/23	2017/18	2019/20	2020/21	2021/22	2022/23
<b>Objective 2: Address gender inequalities and equity concerns in the delivery of social protection services</b>														
<b>Strategy 2.1:</b> Strengthen the targeting mechanism for social protection interventions	Eliminate all forms of discrimination in the selection criteria to ensure effective targeting	Review identification, registration and enrolment processes to enhance women's participation.	Number of Consultations held	81,000		1	1	1	1	-	81,000	81,000	81,000	81,000
			Number of studies	81,000		1	1	1	1	-	81,000	81,000	81,000	81,000
	Review social protection interventions to address specific geographical, climatic, socio-economic and household contexts	Review the grants to address issues of gender and equity within households	Number of Studies	81,000		1				-	81,000	-	-	-
			Number of dissemination meetings	30,000			1	1	1	-	-	30,000	30,000	30,000
	Create awareness on initiatives to address gender and equity concerns in	Sensitize communities on impacts of intra-household	Media Campaign package	434,000	1	1	1	1	1	434,000	434,000	434,000	434,000	434,000

Strategies	Priority Actions	Activities	Output Indicator	Unit Cost in 000's UgShs	Quantities					Values (UgShs)				
					2017/18	2019/20	2020/21	2021/22	2022/23	2017/18	2019/20	2020/21	2021/22	2022/23
	social protection interventions	gender and equity and dynamics	Number of village meetings	30	12,000	12,000	12,000	12,000	12,000	360,000	360,000	360,000	360,000	360,000
	Harmonize the targeting criteria of DIS programmes across all regions and sub-regions	Update the poverty and vulnerability index for all the Districts and Regions	Number of Studies	81,000		1					81,000	-	-	-
			Number of dissemination meetings	30,000			1	1	1	-	-	30,000	30,000	30,000
	Link Social Protection to all humanitarian response targeting refugees and hosting communities	Develop guidelines for targeting refugees and hosting communities	Number of Studies	434,000		1	1	1	1	434,000	434,000	434,000	434,000	434,000
			Number of dissemination meetings	434,000		1	1	1	1	434,000	434,000	434,000	434,000	434,000

Strategies	Priority Actions	Activities	Output Indicator	Unit Cost in 000's UgShs	Quantities					Values (UgShs)				
					2017/18	2019/20	2020/21	2021/22	2022/23	2017/18	2019/20	2020/21	2021/22	2022/23
<b>Strategy 2.2:</b> Review implementation modalities for social protection to address gender and equity issues	Review communication mechanisms for social protection programmes	Develop means to increase access to information on social protection interventions by both men and women	Number of Consultations held	10,000	10					100,000	-	-	-	-
			Number of Studies	81,000	1					81,000	-	-	-	-
			Sub-county dissemination meetings	3,000		325	325	325	325	-	975,000	975,000	975,000	975,000
		Promote awareness on gender, equity and social inclusion in social protection among implementing partners and actors	Number of awareness-raising meetings at national level	10,000	1	1	1	1	1	10,000	10,000	10,000	10,000	10,000
			Number of Districts trained	5,000	24	24	24	24	24	120,000	120,000	120,000	120,000	120,000
			Number of Sub-counties trained	3,000	260	260	260	260	260	780,000	780,000	780,000	780,000	780,000

Strategies	Priority Actions	Activities	Output Indicator	Unit Cost in 000's UgShs	Quantities					Values (UgShs)					
					2017/18	2019/20	2020/21	2021/22	2022/23	2017/18	2019/20	2020/21	2021/22	2022/23	
	Strengthen affirmative action to facilitate equitable access to social protection services	Develop specific tools for main-streaming gender and equity for social protection programming	Number of Studies	81,000	1						81,000	-	-	-	-
		Review modalities of accessing SP benefits to address intra-household gender dynamics	Number of Studies	81,000		1					-	81,000	-	-	-
			Number of dissemination meetings	30,000			1	1	1		-	-	30,000	30,000	30,000
	Establish appropriate grievance mechanisms	Design and operationalize grievance systems that are accessible to all vulnerable groups	Number of studies	81,000		1					81,000	-	-	-	-
			Number of dissemination meetings	5,000		30	30	30	30		-	150,000	150,000	150,000	150,000

Strategies	Priority Actions	Activities	Output Indicator	Unit Cost in 000's UgShs	Quantities					Values (UgShs)				
					2017/18	2019/20	2020/21	2021/22	2022/23	2017/18	2019/20	2020/21	2021/22	2022/23
<b>Strategy 2.3:</b> Strengthen linkages between social protection and other complementary interventions	Establish effective referral mechanisms delivery of complementary services to social protection beneficiaries	Sensitize social Protection beneficiaries about existing Government Interventions	Media Campaign package	434,000	1	1	1	1	1	434,000	434,000	434,000	434,000	434,000
			Number of village meetings	30	12,000	12,000	12,000	12,000	12,000	360,000	360,000	360,000	360,000	360,000
		Mapping of complementary service providers	Number of Studies	81,000	1					81,000	-	-	-	-
			Number of Sub-county meetings	3,000		325	325	325	325	-	975,000	975,000	975,000	975,000
		Develop and disseminate referral guidelines for SP beneficiaries	Number of Consultations held	10,000	4					40,000	-	-	-	-
			Number of Studies	81,000	1					81,000	-	-	-	-
			Number of District meetings	5,000		30	30	30	30	-	150,000	150,000	150,000	150,000

Strategies	Priority Actions	Activities	Output Indicator	Unit Cost in 000's UgShs	Quantities					Values (UgShs)				
					2017/18	2019/20	2020/21	2021/22	2022/23	2017/18	2019/20	2020/21	2021/22	2022/23
		Train duty bearers to operationalize the referral guidelines	Number of Sub-county meetings	3,000		325	325	325	325	-	975,000	975,000	975,000	975,000
	Develop gender and equity responsive implementation guidelines for social protection at all levels	Integrate specific components on gender and equity for social protection into existing gender and equity guidelines as well as other relevant national frameworks	Number of Studies	81,000		1				81,000	81,000	-	-	-
			Number of dissemination meetings	10,000		1				-	10,000	-	-	-
			Number of Consultancies	81,000			1			-	-	81,000	-	-

Strategies	Priority Actions	Activities	Output Indicator	Unit Cost in 000's UgShs	Quantities					Values (UgShs)				
					2017/18	2019/20	2020/21	2021/22	2022/23	2017/18	2019/20	2020/21	2021/22	2022/23
<b>Objective 3: Build capacity of duty bearers to effectively implement gender responsive and equitable social protection interventions</b>														
<b>Strategy 3.1:</b> Strengthen capacity of Social Protection implementing partners for gender and equity responsive programming	Recruit and facilitate adequate human resource with knowledge and skills in gender responsive and equity focused programming	Conduct capacity needs assessment	Number of Consultancies	81,000		1				-	81,000	-	-	-
		for main-streaming of gender, equity and social inclusion	Number of Consultations held	10,000		1				-	10,000	-	-	-
		Develop capacity development plan.	Number of Consultancies	81,000			1			-	-	81,000	-	-
	Build the capacity of all SP implementing stakeholders on gender and equity	Design training modules for gender, equity and social inclusion.	Number of Consultancies	81,000			1			-	-	81,000	-	-

Strategies	Priority Actions	Activities	Output Indicator	Unit Cost in 000's UgShs	Quantities					Values (UgShs)				
					2017/18	2019/20	2020/21	2021/22	2022/23	2017/18	2019/20	2020/21	2021/22	2022/23
		Conduct training on gender, equity and social inclusion	Number of National level stakeholders trained	10,000			30	30	30	-	-	300,000	300,000	300,000
			Number of Districts trained	5,000			40	40	40	-	-	200,000	200,000	200,000
		Build the capacity of gender focal point officers to undertake equity functions.	Number of focal point officers trained	1,000	20	30	30	30	30	20,000	30,000	30,000	30,000	30,000
		Mobilise sufficient resources for provision of gender-responsive and equitable social protection interventions	Number of Consultations held	10,000			10			-	-	100,000	-	-
			Number of Studies	81,000			1			-	-	81,000	-	-

Strategies	Priority Actions	Activities	Output Indicator	Unit Cost in 000's UgShs	Quantities					Values (UgShs)				
					2017/18	2019/20	2020/21	2021/22	2022/23	2017/18	2019/20	2020/21	2021/22	2022/23
<b>Objective 4: Develop and strengthen institutional systems for delivery of gender responsive and equitable social protection interventions</b>														
<b>Strategy 4.1:</b> Strengthen systems and structures for coordination of gender responsive and equitable social protection interventions	Strengthen the social protection gender and equity task team and technical working groups	Expand the Social Protection Gender Task Team, to include an explicit focus on broader issues of equity and social inclusion.	Number of guidelines developed	50,000	1					50,000	-	-	-	-
		Main-stream gender and equity into the work streams of the technical working groups	Number of guidelines developed	50,000		1	2				-	50,000	50,000	-

Strategies	Priority Actions	Activities	Output Indicator	Unit Cost in 000's UgShs	Quantities					Values (UgShs)					
					2017/18	2019/20	2020/21	2021/22	2022/23	2017/18	2019/20	2020/21	2021/22	2022/23	
		Operationalize coordination mechanisms and strengthen partnerships for gender, equity and social inclusion.	Number of guidelines developed	50,000	1						50,000	-	-	-	-
			Number of guidelines developed	50,000	1						50,000	-	-	-	-
			Number of Coordination structures at National Level	40,000	2	2	2	2	2	80,000	80,000	80,000	80,000	80,000	80,000

Strategies	Priority Actions	Activities	Output Indicator	Unit Cost in 000's UgShs	Quantities					Values (UgShs)				
					2017/18	2019/20	2020/21	2021/22	2022/23	2017/18	2019/20	2020/21	2021/22	2022/23
		Build the capacity of local government coordination committees to effectively address gender and equity in social protection.	Number of Districts trained	5,000	24	24	24	24	24	120,000	120,000	120,000	120,000	120,000
	Conduct regular monitoring and periodical evaluation of efforts to address gender issues and equity concerns in social protection programmes	Integrate Gender and Equity in Social protection Sub-sector monitoring and evaluation mechanisms	Number of Consultations held	10,000	4					40,000	-	-	-	-
			Number of M&E Reports	120,000		2	2	2	2	-	240,000	240,000	240,000	240,000

Strategies	Priority Actions	Activities	Output Indicator	Unit Cost in 000's UgShs	Quantities					Values (UgShs)				
					2017/18	2019/20	2020/21	2021/22	2022/23	2017/18	2019/20	2020/21	2021/22	2022/23
		Build capacity of actors to monitor social protection services to ensure gender and equity	Number of Districts trained	10,000			40	40	40	-	-	400,000	400,000	400,000
			Number of Sub-counties trained	3,000			435	435	435	-	-	1,305,000	1,305,000	1,305,000
		Build capacity of actors to implement and monitor social care and support services to ensure gender, equity and social inclusion	Number of Districts trained	10,000			40	40	40	-	-	400,000	400,000	400,000

Strategies	Priority Actions	Activities	Output Indicator	Unit Cost in 000's UgShs	Quantities					Values (UgShs)				
					2017/18	2019/20	2020/21	2021/22	2022/23	2017/18	2019/20	2020/21	2021/22	2022/23
	Develop gender and equity sensitive indicators to monitor programme processes and outcomes	Document gender and equity indicators for social protection interventions	Number of Studies	81,000	1					81,000	-	-	Develop gender and equity indicators	Number of Consultancies
			Number of consultation meetings	10,000	1					10,000	-	-		-
	Establish and strengthen strategic partnerships for effective implementation of social protection services	Establish partnership fora to build synergies among stakeholders.	Number of partnership meetings held	10,000	2	2	2	2	2	20,000	20,000	20,000	20,000	20,000
	Promote active involvement of target groups, duty bearers and communities in the design, implementation, monitoring and evaluation of social protection interventions	Create awareness on role of stakeholders Training of duty bearers and community leaders	Media Campaign package	10,000	2	2	2	2	2	20,000	20,000	20,000	20,000	20,000
			Number of Districts trained	10,000	2	2	2	2	2	20,000	20,000	20,000	20,000	20,000
			Guidelines developed	50,000		1					-	50,000	-	-
										7,765,000	13,395,000	17,121,000	16,196,000	16,165,000



**"Gender equality is not a woman's issue, it is a human issue. It affects us all."**



MEN AND WOMEN  
IN EQUALITY;  
ENDOWED WITH THE  
SAME DIGNITY.



Social  
Exclusion

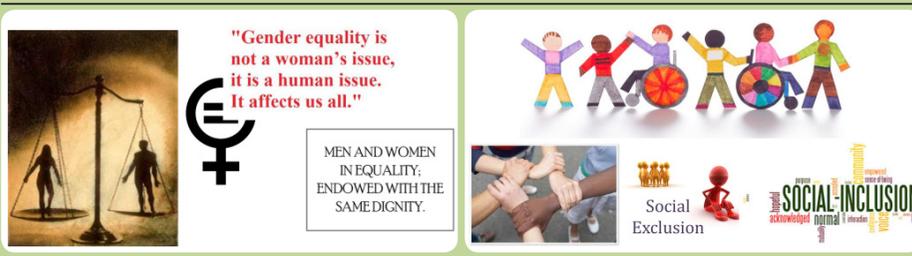
Ministry of Gender, Labour and Social Development  
P.O. 7136  
Kampala





THE REPUBLIC OF UGANDA

# SOCIAL PROTECTION GENDER AND EQUITY STRATEGY



Ministry of Gender, Labour and Social Development  
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Enhancing Gender Responsiveness  
and Equity in the Design and  
Implementation of Social Protection  
Interventions



December 2017