



THE REPUBLIC OF UGANDA

**PROGRAMME PLAN OF INTERVENTIONS FOR
IMPLEMENTATION OF THE UGANDA NATIONAL
SOCIAL PROTECTION POLICY
FISCAL YEARS 2015/16 – 2019/20**

**Expanding access to social protection for sustainable
development**

MINISTRY OF GENDER, LABOUR AND SOCIAL DEVELOPMENT

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FOREWORD

Social protection is an important development strategy spearheaded by governments to fight poverty, reduce inequality and promote inclusive economic growth. Its main purpose is to enhance the resilience and productive capacity of vulnerable persons for inclusive growth. Government has therefore developed the National Social Protection Policy to provide a vision for a national social protection system and harmonizing social protection interventions in Uganda. This Programme Plan of Interventions (PPI) seeks to operationalize the National Social Protection Policy.

The PPI proposes interventions that address the risks and vulnerabilities that people face across the life cycle as well as some key events and external shocks that affect people's wellbeing. It recognises that all citizens are exposed to different risks and vulnerabilities through the course of their lives and the impact of the risks in their lives depends on their ability to cope with these occurrences. It is important to note that hitherto, social protection in Uganda had been provided by traditional social protection systems but these systems are no longer effective in providing social protection to those in need.

There is therefore a need for the government to build a formal comprehensive social protection system, beginning with what is available and scaling up as and when funds become available. The Programme Plan of Interventions therefore aims to improve the delivery of social protection interventions in the five years and increasing the scope and coverage gradually. The interventions are structured around four areas of 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 individuals and families at risk of social exclusion; neglect or abuse and strengthening the institutional framework for coordinated social protection service delivery.

The PPI proposes comprehensive integrated core programmes and strategies to achieve the above objectives. Some of the proposed interventions include Health Insurance, to be implemented by Ministry of Health, social security reforms to be spear headed by Ministry of Gender, Labour and Social Development in collaboration with the Ministry of Finance, Planning and Economic Development, Public Service Pensions Reforms to be implemented by Ministry of Public service and Direct Income Support and Social Care and support Services implemented by the Ministry of

Gender, Labour and Social Development. The roles of other key stakeholders are highlighted in the implementation framework.

Cognisant of the fact that social protection mandate lies in various sectors it is imperative to have an effective coordination, leadership and oversight mechanism for the implementation of the Programme Plan of Interventions. I therefore, call upon all stakeholders to take up their roles and responsibilities in the implementation of the PPI so that all vulnerable citizens of Uganda can access social protection services and are empowered to participate in and contribute to the political, social and economic transformation of the country.

I would like to take this opportunity to sincerely thank our Development Partners, particularly, UK AID, Irish Aid, UNICEF and the World Bank for supporting the process of developing the Uganda National Social Protection Policy and the Programme Plan of Interventions.

PIUS BIGIRIMANA
PERMANENT SECRETARY

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ACRONYMS AND ABBREVIATIONS

ACDO	Assistant Community Development Officer
ALREP	Agriculture Livelihoods Recovery Programme
BoU	Bank of Uganda
CBHI	Community Based Health Insurance
CBO	Community-Based Organisation
CBR	Community-Based Rehabilitation
CBSD	Community-Based Services Department
CDO	Community Development Officer
CSO	Civil Society Organisation
DFID	Department for International Development (UK)
DIS	Direct Income Support
ECD	Early Childhood Development
ESP	Expanding Social Protection Programme
EVH	Extremely Vulnerable Households Programme
FAO	Food and Agriculture Organization
FBO	Faith-Based Organisation
GBV	Gender-Based Violence
GoU	Government of Uganda
HMIS	Health Management Information System
IDP	Internally Displaced Person
ILO	International Labour Organisation
KALIP	Karamoja Livelihoods Programme
LG	Local Government
LLG	Lower Local Government
M&E	Monitoring and Evaluation
MDAs	Ministries, Departments and Agencies
MDG	Millennium Development Goal
MFI	Microfinance Institution
MFPED	Ministry of Finance, Planning and Economic Development
MGLSD	Ministry of Gender, Labour and Social Development
MIS	Management Information System
MoU	Memorandum of Understanding
MoLG	Ministry of Local Government
MoPS	Ministry of Public Service
NDP	National Development Plan
NHIS	National Health Insurance Scheme
NIMES	National Integrated Monitoring and Evaluation Strategy
NPA	National Planning Authority
NSPPI	National Strategic Programme Plan of Interventions for OVCs
NSSF	National Social Security Fund
NUREP	Northern Uganda Recovery Programme

NUSAF	Northern Uganda Social Action Fund
OAG	Office of the Auditor General
OPM	Office of the Prime Minister
OVC	Orphans and Vulnerable Children
PEAP	Poverty Eradication Action Plan
PPI	Programme Plan of Interventions
PSNP	Productive Safety Net Programme
PSPS	Public Service Pension Scheme
PSR	Poverty Status Report
PWD	Persons with Disability
RALNUC	Rehabilitation of Agricultural Livelihoods in Northern Uganda
RWANU	Resiliency through Wealth, Agriculture, and Nutrition
SACCO	Savings and Credit Cooperative Organisation
SAGE	Social Assistance Grant for Empowerment
SCG	Senior Citizens Grant
SDIP	Social Development Sector Investment Plan
UBOS	Uganda Bureau of Statistics
UDHS	Uganda Demographic Health Survey
UNHS	Uganda National Household Survey
UPE	Universal Primary Education
URBRA	Uganda Retirement Benefits Regulatory Authority
URSB	Uganda Registration Services Bureau
UNSP	Uganda National Social Protection Policy
VFG	Vulnerable Families Grant
WFP	World Food Programme

EXECUTIVE SUMMARY

Social protection is an important development strategy spearheaded by government to fight poverty, reduce inequality and promote inclusive economic growth. Its main purpose is to enhance the resilience and productive capacity of vulnerable persons for inclusive growth. The Constitution of the Republic of Uganda, laws, regional and international commitments of the GoU enjoin the government to provide social protection to the citizens of Uganda. Both the NDP I and II recognize the role of social protection in wealth creation and inclusive growth. In line with the national planning framework, Government has been implementing a range of social protection interventions.

Risk and vulnerability to poverty continue to affect large sections of society, with negative implications to Uganda's long term growth and prosperity. The main drivers of vulnerability in Uganda include life-cycle and individual capacity risks such as negative events that occur to individuals at various stages in life like at early childhood, school going age, youth age, working age and at old age as well as certain conditions like disability, widowhood and ill health. External risks and shocks include natural disasters, climate change, conflict and economic crises and social exclusion like denial of rights, opportunities and resources. People's ability to withstand risks and recover from shocks will vary greatly according to their capacity and can exacerbate their vulnerabilities later on in life.

Children in Uganda are vulnerable to poverty especially those living in poor and insecure non-poor households. A total of 4.7 million children live in poor households and 8.7 million live in insecure non-poor households. In addition, up to 80,000 children living outside of a protective family environment are extremely vulnerable. The youth in Uganda face challenges such as unemployment, lack of employable skills, and lack of assets. As a result, they get involved in drug and substance abuse, gambling like sports betting, social unrest, criminal activities and transactional sex, which aggravates their vulnerability. At adult age, issues of unemployment, underemployment, low pay, sickness and disease as well as risks related to workplace accidents often continue to afflict the population. Older persons in Uganda constitute 4.7 percent of the population or about 1.6 million people. Older persons are faced with physical and mental deterioration, limited economic opportunities and increased demand to care for their grandchildren - almost 72 percent of older persons are caring for children and up to 15.1 percent of the households in the country are headed by older persons.

Disability is one of the issues which limit people's participation in the development process. About 16 percent of the Ugandan population aged five years and above have a disability, while 4 percent have a severe disability. The majority of the households are affected by ill health and yet about 50 percent of the health care costs are borne by the households. External shocks such as agro-climatic related shocks including drought, floods, crop pests and disease impact households negatively. About 46 percent of households reported having been affected by these shocks leading to a decline in income and food production in over 80 percent of the affected households and the most common response was involuntary decrease in food consumption as reported by 39 percent of the households.

Although Uganda has made commendable progress in reducing poverty headcounts to 19.7 percent, 6.7 million people are still trapped in poverty. In addition, more than twice this number are living barely above the poverty line and may fall back into poverty in case of any slight shock. The poor are caught up in a web of deprivations and limited livelihood options that mutually reinforce one another and make it difficult for them to get out of poverty.

With all these risks and vulnerabilities faced by the communities, the services offered are inadequate. The traditional systems are no longer able to support the people who need social protection services. Only about 5 percent of the working age population contribute to or are part of the retirement benefits sector. The products offered by the retirement benefits service providers are limited. Private commercial health insurance schemes reach less than 2 percent of the population and they do not cover chronic illnesses, persons below 3 months or over 70 years. Coverage of direct income support stands at less than 4.3 percent of the vulnerable population which need social protection. The products include cash transfers to senior citizens, vulnerable families and poor households with labour capacity. The programmes are small and patchy and coverage varies widely by geographical area. All programmes operate in Northern Uganda, except SAGE and NUSAF which operate beyond Northern Uganda. Most of the social care and support services in the country are offered by non-state actors such as NGOs and CBOs, with very limited coverage and scope. The human and financial resources required by government institutions both at national and local government levels are very limited.

Government has developed the National Social Protection Policy, which aims at providing a vision for a social protection system and harmonizing social protection

interventions in Uganda. This PPI seeks to operationalize the National Social Protection Policy and aims at improving the delivery of social protection services in Uganda by pursuing the following objectives:

- i) To expand the scope and coverage of contributory social security;
- ii) To expand provision of direct income support to vulnerable individuals and households
- iii) To enhance provision of holistic social care and support services to individuals and families at the risk of social exclusion, neglect or abuse;
- iv) To strengthen the institutional framework for coordinated social protection service delivery.

The PPI proposes the following strategies for achieving the above objectives:

- i) Improve accessibility, effectiveness and efficiency of contributory social security
- ii) Improve compliance within legislation on mandatory social security contributions
- iii) Enhance access to direct income support by vulnerable groups affected by specific life-cycle risks and external shocks.
- iv) Promote Direct Income Support
- v) Integrate DIS into local planning and service delivery frameworks
- vi) Strengthen the capacity for delivery of social care and support services at all levels
- vii) Promote community-based response
- viii) Promote specialised social care and support services
- ix) Enhance institutional capacity for the design, management, coordination and monitoring of Social Protection

In cognisance of the fact that social protection interventions are implemented by various stakeholders, the PPI has allocated the implementation roles to the respective sectors. However, there is need to coordinate the interventions at the national, district and community levels which will include both political leadership and technical leaders who will provide oversight and ensure achievement of results. The need to establish specialized institutions to deliver certain social protection interventions has also been highlighted.

The cost of the PPI over the five year period will be raised from the Medium Term Expenditure Framework (MTEF) budgets of the respective sectors. Development partners will contribute to the budget and augment government funding rather than create duplications. A comprehensive monitoring and evaluation system linked to the national framework will be developed including a functional MIS system.

1.0 INTRODUCTION

1.1 Background

Over the last three decades, the economy of Uganda has moved from recovery to growth as a result of a number of economic policies which the country has implemented. These include the Structural Adjustment Programs (SAPs), the Economic Recovery Program (ERP), the Poverty Eradication Action Plans (PEAP) and the National Development Plan, among others. Consequently, GDP growth has since 2002 been sustained at an average of 6.4 per cent. The proportion of the population living in poverty has reduced from 56 percent in 1992 to 19.7 percent in 2012/13.

The National Development Plan (NDP) 2015/16 – 2019/20 seeks to deepen and broaden the achievements made by addressing both the root causes of poverty and lowering the impact of vulnerabilities faced by the poor population. It identifies social protection as an important strategy for fighting poverty, reducing inequality and promoting inclusive economic growth. The main purpose of social protection is to enhance the resilience and productive capacity of vulnerable persons for inclusive growth. This is consistent with the NDP objectives, which emphasize promotion of wealth creation accompanied by sustained reduction in poverty and improvement in the welfare of the people living below the poverty line. Given the NDP emphasis on wealth creation and inclusive growth, there is need for provision of social protection to people who are unable to work or lack basic resources.

In line with the national planning framework, Government has been implementing a range of social protection interventions. These include contributory social security schemes, unconditional cash transfer programmes, public works programmes and social care and support services. However, these interventions have been implemented by different agencies in an uncoordinated manner leading to fragmentation, low coverage and duplication of efforts. Such deficiencies limit the contribution of social protection to poverty reduction, economic development and social transformation.

Government has developed the Uganda National Social Protection Policy which provides a vision for a social protection system and harmonization of social protection interventions in Uganda. The PPI seeks to operationalize the Uganda National Social Protection Policy.

1.2 Drivers of vulnerability

Poverty and vulnerability are often used inter-changeably, but have different meanings. Poverty describes a prevailing situation of deprivation and is widely recognised to be multidimensional in nature but tends to be measured in terms of income or consumption. Whereas vulnerability refers to people's inadequate capacity to manage risks and cope with shocks. People who lack capacity to withstand income or consumption shocks are vulnerable to significant declines in welfare including falling into extreme poverty. Vulnerability is thus both a cause and a consequence of poverty.

Risk and vulnerability to poverty continue to affect large sections of society, with negative implications to Uganda's long term growth and prosperity. Vulnerability to a range of life cycle risks and external shocks can undermine achievements in economic growth and poverty reduction. The main drivers of vulnerability in Uganda include:

- i) **Life-cycle and individual capacity risks** such as negative events which affect people at different stages in life and limit their capacity to meet their own basic needs;
- ii) **External risks and shocks** which include natural disasters, climate change, conflict, macro-economic shocks or food, fuel and financial crises; and
- iii) **Social exclusion** which refers to denial of rights, opportunities and/or resources.

1.3 Scope of Social Protection in Uganda

Definition of Social Protection varies across countries, depending on the objectives and context of each country. In the Ugandan context, social protection is defined as public and private interventions to address risks and vulnerabilities that expose individuals to income insecurity and social deprivation, thus leading to undignified lives. Social Protection is comprised of two pillars, namely: social security and social care and support services.

Social security refers to protective and preventive interventions to mitigate income shocks and decline in consumption due to factors such as retirement, unemployment, ill-health, disability, old age, death of breadwinner or disasters. It consists of two main components, namely; direct income support and social insurance. Direct income support includes non-contributory cash and in-kind transfers that provide relief from deprivation to the most vulnerable groups in

society. Relevant direct income support initiatives include targeted cash transfers to senior citizens, disability grants, child grants and public works schemes and food aid to households affected by famine. These programmes are financed through public expenditure out of the tax revenues and support from the development partners.

Social insurance are contributory arrangements to mitigate livelihood risks and shocks such as retirement, loss of employment, work-related disability and ill-health. These initiatives provide preventive measures for the economically vulnerable people who have fallen or might fall into poverty and may need support to help them manage their livelihood shocks. They include informal social protection schemes that provide material support to vulnerable groups, retirement benefits schemes which cover people employed by Government and workers in the formal private sector organisations, community-based health insurance schemes which operate a range of financing models based on the principles of 'provider management' and 'community management' as well as private insurance schemes and insurance companies that provide health cover to membership organizations and individuals. Social insurance initiatives are usually financed through mandatory or voluntary contributions by individuals, workers and employers and are managed by the public and private sectors or individual organisations.

Social care and support provide a wide range of services for the poor and vulnerable groups needing special care, including orphanages and reception centres for abandoned children, remand homes for children in conflict with the law, rehabilitation services for persons with disabilities and humanitarian assistance for internally displaced persons (IDPs). They include transformative services that seek to address concerns of social inequity and exclusion as well as promotive services which aim to enhance real incomes and capabilities of vulnerable groups and individuals. Relevant interventions include changes to the regulatory framework to protect socially vulnerable groups such as orphans and other vulnerable groups, persons with disabilities and women against discrimination and abuse; advocacy and awareness campaigns to transform public attitudes and behaviour; strengthening of government systems and community structures to enhance service delivery as well as building the capacity of the human resource to deliver effective services.

1.4 Legal and Policy context

1.4.1 National Legal Framework

The Constitution of the Republic of Uganda provides for the rights of the poor and vulnerable groups in society. It enjoins the State to give the highest priority to the enactment of legislation and establishment of measures to protect and enhance the rights of all people to access social services and have equal opportunities in the development process.

Other legislations that provide for social protection include:

- i) The Pensions Act, Cap 286 covers the granting and regulating of pensions, gratuities and other allowances in respect of the officers of the public service under the Government of Uganda;
- ii) The National Social Security Fund Act, Cap 222 provides for social security benefits for employees in the private sector;
- iii) The Uganda Retirement Benefits Regulatory Authority Act (2011) provides for an Institution to regulate the establishment, management and operation of retirement benefits schemes in Uganda in both the private and public sectors;
- iv) The Workers' Compensation Act (2000), which provides for compensation to workers for injuries and scheduled diseases suffered in the course of their employment;
- v) The Children's Act, Cap 59 provides a legal framework for the rights and duties of parents; protection of children's rights and protection from harmful practices and harmful employment; the right of a child with a disability and juvenile justice provision;
- vi) The Domestic Violence Act (2010) which defines domestic violence and provides the basis for legal protection of victims or those threatened with domestic violence;
- vii) The Employment Act No 6 (2006), which provides for rights of workers and employers' obligations, including the duty to give maternity and paternity leave, prohibits any kind of work that is dangerous or hazardous to a child's health; and
- viii) The Birth and Death Registration Act Cap 309, which provides for registration of births and deaths for purposes of enabling government planning and programming.

1.4.2 National Policies

The Uganda Vision 2040 underscores the importance of social protection in addressing risks and vulnerabilities. It recognises the need to provide assistance to people who are rendered vulnerable by age, social class, disability, gender, disaster or limited livelihood options. The Vision envisages a social protection system that includes a universal pension for older persons, public works schemes for vulnerable unemployed persons and social assistance to vulnerable children, persons with disabilities and the destitute. It also identifies universal health insurance as one of the key strategies for alleviating the high cost of health care incurred by households and enhancing access to affordable health services for all.

The NDP 2015/16 – 2019/20 highlights social protection as one of the key strategies for transforming Uganda to a modern and prosperous middle income Country. It recognizes that social protection contributes to human capital development by promoting inclusive growth.

Government policies that address aspects of social protection include:

- The National Orphans and Other Vulnerable Children Policy (2004), which provides for survival, development, participation and protection of vulnerable children and obliges the GoU to design appropriate instruments to achieve this;
- The National Policy on Disability (2006) that seeks to promote equal opportunities, care and support for the protection of PWDs;
- The National Policy for Older Persons (2009), which provides for equal treatment, social inclusion and provision of livelihood support to older persons;
- The National Employment Policy (2010), which supports provision of social security for workers in the formal sector, especially those who are able to contribute to social security schemes such as the NSSF, private pension or health schemes;
- The Uganda Gender Policy (2007), which promotes gender equality in all spheres and provides guidance for engendering social protection interventions; and
- The National Policy for Disaster Preparedness and Management (2010), which emphasizes the critical importance of restoring and maintaining the quality and overall welfare and development of human beings in their environment.

1.4.3 Regional and International Commitments on Social Protection

The Uganda National Social Protection Policy is anchored in the Regional and International commitment on Social Protection which Uganda is party to. These include:-

- The East African Common Market Protocol which permits workers to move freely within the territories of the partner states for the purpose of employment and guarantees them the rights and benefits of social security as accorded to the workers of the host partner state;
- The Ouagadougou Declaration and Plan of Action on Employment and Poverty Alleviation in Africa (2004). The Plan calls for improvement and strengthening of the existing social protection schemes and extending it to workers and their families currently excluded;
- The Livingstone Call to Action (2006), which obligates African Member States to put in place costed plans for the implementation of Direct Income Support (DIS) programmes;
- The African Union Social Policy Framework (2008) which calls on member States to recognize that social protection is a state obligation, with provisions in national legislations; and
- The Universal Declaration of Human Rights (1948) which provides for the rights of all people to social security in the event of unemployment, sickness, disability, widowhood, old-age or other lack of livelihood in circumstances beyond their control.

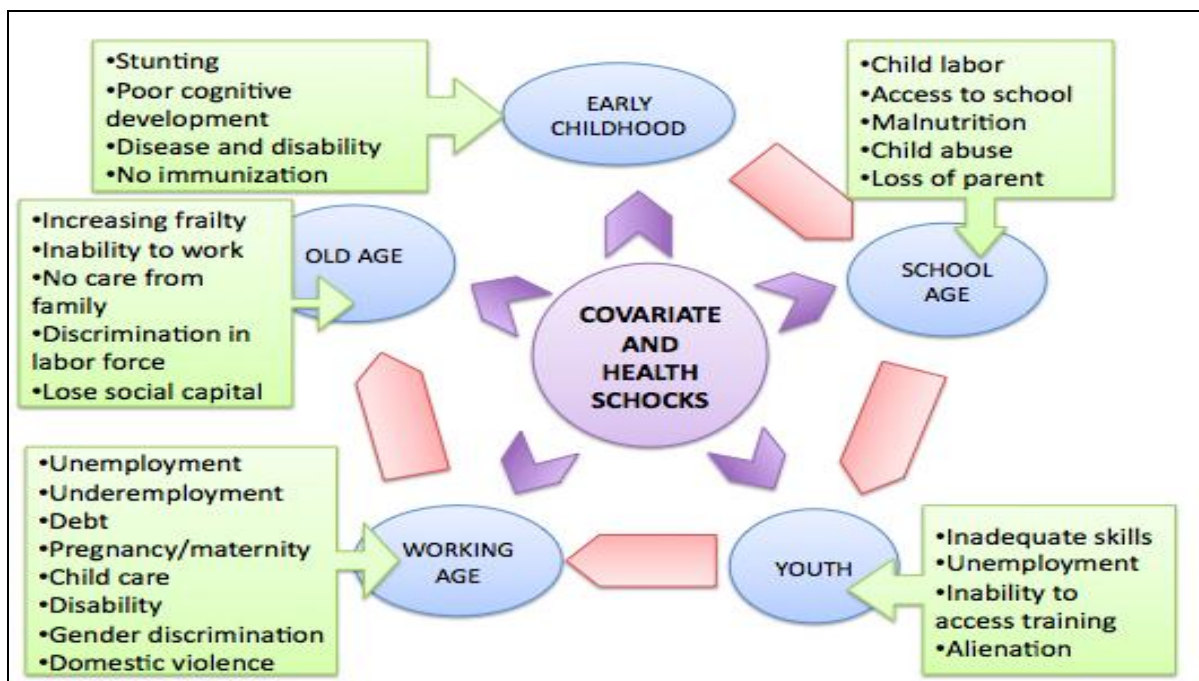
Other instruments that commit Government to provide Social Protection include the International Covenant on Economic, Social and Cultural Rights (1966), the Convention on Elimination of all forms of Discrimination against Women (1979), the Convention on the Rights of the Child (1989), the Convention on the Rights of Persons with Disabilities (2006), the ILO Convention on Employment Policy No. 122 (1976), the ILO Convention on Public Contracts, the ILO Convention on the Prohibition of the Worst Forms of Child Labour No. 182 (1999).

2.0 Situation Analysis

2.1 Risks and Vulnerabilities

Vulnerabilities across the life-cycle are related to age as well as certain life events. The risks faced by individuals at different stages in life cause inability to withstand shocks. Malnutrition in childhood undermines cognitive development and results in lower educational attainment, which in turn translates into limited skills, productivity and capacity to take advantage of economic opportunities. Figure 4 below shows risks faced by individuals at different stages in their life-cycle.

Figure 4: Life Cycle Risks



2.1.1 Childhood risks and vulnerabilities

Specific vulnerabilities experienced by one generation can have profound implications for other generations. The children's increased susceptibility to illness and subsequent need for care and medical services can undermine the earning capacity of adult members of the household. Similarly, the enhanced susceptibility of older people to illness and disability, as well as the reduced labour productivity associated with old age, can lead to reduced household income.

Children's vulnerability to poverty remains primarily determined by the income-earning capacity of their carers, particularly parent or guardians. Children in Uganda

are vulnerable to poverty especially those living in poor and insecure non-poor households. A total of 4.7 million children live in poor households and 8.7 million live in insecure non-poor households. In addition, up to 80,000 children living outside protective family environment are extremely vulnerable. These include 25,000 living in child-headed households, 45,000 children living in residential care and 10,000 children living and engaged in child labour on the streets. In some institutions the children are denied their rights, exploited and abused. The Ugandan Police Annual Crime Report shows that 16,120 children were victims of offences during 2013.

The UNHS 2012/13 indicates that about 11.3 percent of the children in Uganda, corresponding to 2.24 million of the population below 18 years of age, had lost one or both parents. Out of these, 374,000 had lost both parents. Of the 7.2 million households in the country, 1.1 million had at least one orphan. Overall the total number of households with one orphan has increased from 47 percent to 53 percent, while those with 2 orphans decreased from 27 percent to 21 percent between 2009/10 and 2012/13. Up to 45 percent of OVCs are under the care of older persons who usually have limited resources to provide for them, while about 77,430 OVCs live in 28,800 child-headed households which have severe financial constraints.

Uganda has made progress in increasing access to formal education through the universal primary education and universal secondary education. However, besides lack of money for paying tuition fees, poorer households face a range of socio-economic barriers to maintaining their children in school. As result children from poor households which cannot provide scholastic materials, uniforms, meals at school and other non-tuition requirements end up dropping out of school. Due to high level of primary school dropouts, the net primary school enrolment rate in Uganda is 82.3 percent, while the survival rate of the pupils to grade 7 is 30 percent.

A large number of school age going children in Uganda are engaged in child labour. The National Labour Force Survey Report of 2011/12 indicates that around 42 percent of children in rural areas were engaged in child labour compared to 17 percent in urban areas¹. The Child Labour Report of 2013 indicates that 605,000 children were exclusively engaged in work without attending school of which 330,000 were male and 275,000 were female. Girls are at a higher risk of withdrawal from school for purpose of supplementing family labour and income.

¹ National Labour Force Survey 2011/12, in de Paz et al (2014)

In depth analysis of the UNHS 2009/10 data reveals that there are 114,410 children with severe disabilities and about 63,000 children with significant disabilities. All these have difficulties in performing daily functions of life without assistive devices. Children with disabilities face some of the biggest challenges in accessing school. Due to the high level of poverty in households which have children with disability, the parents or guardians of the children cannot afford assistive or mobility devices.

2.1.2 Risks and vulnerabilities affecting the youth

The youth in Uganda face challenges such as unemployment, lack of employable skills and lack of assets. As a result, they get involved in drug and substance abuse, gambling like sports betting, social unrest, criminal activities and transactional sex which aggravates their vulnerability. Adolescents face specific vulnerabilities that include but are not limited to sexual exploitation, teenage pregnancy, early and forced marriages. For instance, it is estimated that 25 percent of teenage girls are sexually abused resulting into child motherhood and a high risk to HIV/AIDS and other sexually-transmitted infections.

2.1.3 Risks and vulnerabilities faced by the working age group

The labour force in Uganda has been growing faster than the rate at which the economy is generating new employment opportunities. The UNHS 2012/13 indicates that Uganda has a working age population of 16.3 million people out of whom 13.9 million are engaged in economic activities and 57 percent are youth. According to the Uganda Demographic Health Survey (UDHS) - 2011, up to 85 percent of working-age population are in rural areas, with limited economic opportunities. Rates of poverty and unemployment are higher amongst rural youth compared to urban youth. Out of the working population of 13.9 million people, 7.9 million are gainfully employed and 6 million are engaged in subsistence production for own consumption. Among subsistence producers, 58 percent or 3.5 million are female and 42 percent or 2.5 million are male.

A quarter of households headed by women register inadequate food consumption compared to a fifth in the case of men (WFP and UBOS, 2013). It is estimated that 11 percent of the working population, representing 1.5 million people are either unemployed or under-employed and are available as well as willing to do any alternative work for pay. For those who are able to access paid work, the vast majority (85 percent) are employed in the informal sector where most workers are poorly paid and the jobs tend to be insecure due to absence of formal contracts. 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.

The lowest wages are received by people employed in the agricultural sector in which the correlation between employment and poverty is very high. The working poor whose incomes fall below the poverty line constitute nearly one-fifth of the labour force corresponding to 2.3 million people. The low income of many workers in both formal and informal sectors cannot enable them to meet their basic needs and limits their ability to save or contribute for future social security in their old age. Women are more likely to be in informal and agricultural sector employment where wages are lower while a high proportion is engaged in unpaid domestic labour.

Workers are also exposed to occupational accidents and health hazards at their workplaces or in the course of performing activities related to their work which may cause chronic health problems, disabilities or incapacitate them permanently. Despite the existence of the Worker's Compensation Act, by December 2014, up to 205 public servants affected by accidents and diseases in the course of executing official duties were demanding over Shs 5.78 billion in compensation.

2.1.4 Risks and vulnerabilities associated with disability

In Uganda, disability is defined as “a substantial functional limitation of daily life activities caused by physical, mental or sensory impairment and environment barriers resulting in limited participation.” According to the UNHS 2009/10, up to 16 percent of people aged five years and above have a disability, while 4 percent have a severe disability. Northern Uganda has the highest incidence of persons with disabilities in Uganda as a result of war-related injuries from land mines, remnants of explosives and mutilation of the people by the Lord's Resistance Army during the prolonged period of insurgency which ended in 2006.

Disability is highlighted as one of the constraints to attainment of national development goals because it negatively affects access to healthcare, justice, education and employment by the PWDs (MFPED, 2010). It fundamentally undermines the productive capacity of an individual, limits their ability to access services and is associated with additional costs such as increased need for private transport, medical care, assistive devices, rehabilitation services and personal care and support. Households with at least one severely or partially disabled member are more likely to be poor, with a poverty incidence of 29.7 percent compared to

national average of 19.7 percent. Furthermore, 92.3 percent of persons with severe disability are either poor or extremely vulnerable to poverty compared to the national average of 67.5 percent.

2.1.5 Risks and vulnerabilities associated with ill-health

Families affected by illness experience loss of household income and increased expenditures on health and medical care. Almost 50 percent of the cost of health care costs in Uganda is borne by households. Some of the health care costs borne by the households include transport fare to health facilities, expenses on drugs that may be out of stock in Government health centres and payment for treatment in private health facilities. Families with limited income find it extremely difficult to access health services in the event of illness.

Ill-health among the population is exacerbated by the HIV and AIDS scourge, which continues to adversely affect a big proportion of the Ugandan population. In recent years the HIV infection rate in Uganda has grown from 6.4 percent in 2005 to 7.3 percent in 2012, reversing a downward trend in earlier years. Like elsewhere in the World, HIV and AIDS has an enormous negative impact on the social economic structure of the households and communities in Uganda. Frequent and long episodes of illness due to HIV and AIDS deprive families of their means of production and exacerbate both existing poverty status and gender inequalities within households.

2.1.6 Old age related risks and vulnerabilities

Approximately 4.7 percent of the Ugandan population, corresponding to about 1.6 million people, are currently aged 60 years and above of whom 53 percent are women and 47 percent are males². Older persons are faced with physical and mental deterioration, limited income and increased demand to care for their grandchildren, which render them more vulnerable to various risks. Despite their limited capacity, up to 17 percent of the households in the country are headed by older persons and almost 72 percent of them have responsibilities of caring for children. Taking care of children comes with added costs such as feeding, education expenses and healthcare costs. Children living with older persons are more vulnerable to malnutrition and less likely to attend school. Therefore the vulnerability of older persons has inter-generational consequences.

² UNHS 2012/13

In Uganda, as elsewhere, old age is associated with reduced income-earning capacity and therefore increased vulnerability to poverty. The productivity of older persons diminishes with age, yet the majority of them lack safety nets in form of savings or assets. Moreover, they are unable to get adequate support from family members and the community who are already constrained. Ill-health coupled with high costs of drugs and absence of specialists on diseases associated with ageing, exacerbates the vulnerability of older persons. Among older persons, 64.5 percent have old-age related disability, 63.2 percent are widows and 15.3 percent are widowers. In most communities, older widows are left helpless and are often stripped off the properties left behind by their late husbands.

2.1.7 External risks and shocks

Natural and man-made disasters are a common occurrence in Uganda due to adverse weather conditions during some seasons of the year, putting many people at risk. The majority of the population is employed in agriculture therefore climate-related shocks usually have adverse effects on household livelihoods. According to the UNHS and Panel Survey data, agro-climatic related shocks including drought, floods, crop pests and disease impacted negatively on 46 percent of households. These shocks led to a decline in income and food production in over 80 percent of the affected households and the most common response was involuntary decrease in food consumption as reported by 39 percent of the households.

Conflict is one of the man-made disasters, which has caused and in some cases exacerbated vulnerability particularly among orphans, widows, ex-child soldiers, unemployed youth and returnees including children born to mothers in captivity. Prolonged conflict has undermined the traditional and community social protection mechanisms which were a vital source of support and safety net for vulnerable groups in the past. The influx of refugees from neighbouring countries with on-going conflicts has increased the number of the vulnerable population in the country and stretched resources in the host communities.

2.1.8 Risks and vulnerabilities associated with social exclusion

Some individuals or entire communities are denied enjoyment of their rights, access to opportunities and resources. Older persons, people living with HIV/AIDS, PWDs, ethnic minorities and orphans usually experience social exclusion from social services and community-based support.

Societal norms influence gender roles, resulting in inequalities between men and women. The traditional rules 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.

Gender based violence (GBV) is widespread and affects everybody, but women and girls are disproportionately affected. Up to 68 percent of Ugandan women have experienced violence of some kind. GBV has both social and economic costs in terms of lost capacity to work, social and psychological trauma and impaired ability to provide child care or welfare for the family. In a study conducted by the Economic Commission for Africa the economic cost of domestic violence amongst couples in Uganda is about US \$ 6.3 million per year in out of pocket expenses.

2.1.9 Poverty related risks and vulnerabilities

There has been a decline in poverty rates in Uganda over the last 10 years. The percentage of the population living below the national poverty line fell from 31 percent in 2005/6 to 24.5 percent in 2009/10 and to 19.7 percent in 2012/13. The depth of poverty (poverty gap) has also declined from 11.9 percent in 2002/03 to 5.2 percent in 2012/13.

Despite this progress, 6.7 million Ugandans continue to suffer extreme levels of deprivation. According to the UNHS 2012/13, on average, households in the poorest decile were living at consumption levels of about 36-40 percent below the poverty line. These translate into shortfalls of Ush 20,400 (US\$8.16) per person per month below the poverty line. While about 6 percent of the population consumed only one meal a day, 12 percent of the population in northern Uganda and 30 percent of the poorest people consumed only one meal a day.

The poor are caught up in a web of deprivations and limited livelihood options that mutually reinforce one another and make it difficult for them to climb out of poverty. They are also highly vulnerable to a wide range of risks. These include natural disasters (droughts, floods, locusts and failed crops), economic shocks (such as the global food, fuel and financial crises), civil wars and political instability, and health shocks (including HIV and AIDS). The poor are deprived of the resources and opportunities (assets, savings, and insurance, access to credit or new opportunities for livelihoods) needed to cope with such risks and shocks. Poverty and vulnerability are inextricably inter-linked. Not only do external shocks tend to worsen the situation of the poor in the short term but they often force the poor to resort to

negative coping strategies such as selling land or livestock or withdrawing their children from school which further undermine their capacity to improve their situation in the long term.

Children are especially vulnerable in this context because of their age and the risks to their survival and physiological and emotional development. Children brought up in income-poor households are more likely to suffer serious nutritional deficiencies as well as poor housing conditions, poor sanitation and lack of access to clean water – all of which put their health at risk and compromise their well-being and development. They are less likely to receive medical care when they are sick and more likely to drop out of school early or in some cases never get enrolled at all. They are more exposed to the risks of exploitation, including child labour and trafficking. These deprivations and lost opportunities in childhood have life-time consequences, increasing the likelihood of poverty in adulthood and the transmission of poverty to the next generation

2.2 Social Protection Systems in Uganda

There are three main systems of delivering social protection services to the vulnerable, namely; traditional, informal and formal. Traditional and informal social protection systems are private initiatives to provide support to the people in need based on widely accepted norms, values and interests within the community. The formal social protection system entails public interventions guided by appropriate policies and legislation. They include Social Security and Social Care and Support Services. Social security has two sub-components, namely; contributory social security and direct income support. Contributory Social Security is in two categories, which include retirement benefits schemes (NSSF, Public Pensions Scheme, and Private Occupation Schemes) and health insurance schemes (Private health insurance and community-based health insurance schemes).

2.2.1 Traditional and informal social protection

Traditional social protection is provided to vulnerable groups at three different levels namely; individual, family and kinship. It involves provision of material and emotional support. Material support includes, but is not limited to, food, housing, clothing, health care and education. Emotional support includes bestowing blessings, enhancing social identity and provision of psychosocial support and counselling. Both nuclear and extended family are the first line of care and support for orphans, widows, PWDs, older persons and the chronically ill. Elders and clan leaders are

strong actors in protecting interests and rights of the vulnerable. This is a cultural system based on respect for individual rights to dignity and well-being in compliance with norms and traditions governing the family and kinship.

While society has a moral responsibility to care for the vulnerable members, the traditional social protection system has greatly declined, family and kinship networks are increasingly dwindling and on the verge of extinction. The decline has been caused by:

- (i) the socio-economic situation leading to individualistic tendencies focusing on the nuclear family as opposed to the extended family, which has in turn weakened the social solidarity that was a strong pillar for traditional social protection;
- (ii) armed conflict, civil strife and land wrangles, which have led to disintegration of families and communities;
- (iii) migration in search of jobs and other economic opportunities, especially in urban areas; and
- (iv) Weakened clan leadership, which used to be custodians of the traditional values and norms, leading to breakdown in social cohesion.

Informal social protection is support provided by mutual support groups that get together with a common objective of supporting and protecting one another. These support groups are formed for mutual benefit through collective contributions either in kind or cash. Examples of mutual support groups are merry-go-arounds, neighbourhood support groups and Village Savings and Loans Associations (VSLAs). Often times, informal support groups provide material and direct income support to individual members on agreed terms and conditions.

Informal social protection is based on moral principles of reciprocity. However, due to the weaknesses in enforcing compliance many of such groups collapse after a while. In many instances, there is exclusion of those who cannot afford to contribute. Therefore, because of the informal nature of this social protection system it is inadequate in providing dependable and sustainable support.

2.2.2 Retirement benefits schemes

The retirement benefits sector covers people employed by Government and workers in formal private sector organisations with more than five employees. As a result, only an estimated 5 percent of the working age population or 29 percent of wage

earners contribute to or are part of a retirement benefits scheme. The NSSF has 1.4 million registered members but only 458,000 are active.

The benefits paid out by the public service pension scheme and some occupational pension schemes are linked to final salaries (the public sector pension scheme pays up to 87 percent of the employees final salary)³ while the benefits paid out by the NSSF and most occupational schemes are based on contributions received. The NSSF is a Provident Fund that pays a lump sum upon retirement rather than a guaranteed monthly pension. The average pay-out for the NSSF is around Ush 12.9 million.

2.2.3 Community-Based Health Insurance (CBHI)

There are currently 21 active CBHI schemes covering 138,000 members in 17 districts in the central and south-western regions. The benefits offered by CBHI schemes vary significantly between schemes, depending on the financial model in place.

Community-based health insurance schemes operate a range of financing models. These have been implemented in Uganda based on the principles of 'provider management' and 'community management.' Within these two schemes exist a wide range of financing models including a 'pre-credit' model (whereby members gain access to a loan to cover medical expenses for a defined period) and a 'pure insurance' model (which covers costs of medical treatment up to a maximum threshold).

CBHI schemes receive additional financial support from external donors and are often integrated into the wider operations of not-for-profit health service provider, with cross-subsidy likely in many cases.

2.2.4 Private Health Insurance

There are estimated 700,000 people covered under Private Commercial Health Insurance arrangements. The schemes and insurance companies that provide health cover are regulated by the Insurance Regulatory Authority of Uganda as per Insurance (Amendment) Act, 2011. Thirteen health membership organisations (HMOs) in some cases referred to as Health Maintenance Organisations exist in the Country. The actors with in-house facilities include African Air Rescue (AAR) and International Air Ambulance (IAA). There are 5 other health insurance scheme

³ The pension is based on 2.4% per year of gross salary, times the number of years worked, capped at 87% of final salary. World Bank, 2011, Program Document for Financial Sector Development Policy Credit

providers with no in-house health facilities and these include the Insurance Company of East Africa and Jubilee Insurance Company, among others. The health insurance companies often charge an average health insurance premium of Ug Shs 400,000 per year.

Private commercial health insurance schemes cover less than 2 percent of the Ugandan population. Characteristically they do not cover chronic illness, persons aged below 3 months or over 70 years. They mostly target the formal private sector that is easy to enrol. Annual health benefits are often capped to contain costs and make profit.

2.2.5 Direct Income Support

Direct income support in Uganda is characterised by many small programmes, each with their own objectives, target groups and operational modalities. The most common programmes are unconditional cash transfer, public works, food aid and child nutrition programmes. The direct income support programmes target individuals and households either due to their exposure to lifecycle-related risks or vulnerability to covariate risks such as drought and floods.

One of the unconditional cash transfers implemented by Government is the Senior Citizens Grant (SCG) with the primary aim of providing income security to older persons and enabling them to lead dignified lives. It supports improvement of nutrition, increased access to health care and children's education and promotion of productive investment within older persons' households. Given that older persons take care of about 15 percent of the children in Uganda, the Senior Citizens Grant has emerged as an important intervention for reducing the inter-generational transmission of poverty.

The other unconditional transfer is the Extremely Vulnerable Households (EVH) programme operated by WFP, which provides food assistance and runs in parallel with the Food for Assets Public Works Programme. It provides unconditional food-based support to food-insecure households without labour capacity during the lean season. It is targeted on the basis of a large-scale poverty ranking exercise and is updated annually using a community-based verification exercise.

Overall coverage of direct income support is very low, standing at less than 4.3 percent of the vulnerable population which need social protection. The largest programmes are SAGE and the Food/Cash for Assets Programme, which support

approximately one percent and 0.9 percent of the target groups, respectively. Coverage also varies widely by geographical area. All programmes are operate in Northern Uganda, except SAGE and NUSAF which operate beyond Northern Uganda. SAGE operates only in 15 out of 112 districts in Uganda while NUSAF covers 55 districts in Northern and Eastern Regions.

About 60 percent of DIS beneficiaries receive their transfers in form of cash. In areas where there is food scarcity, beneficiaries prefer transfers in form of a mix of cash and food. Uganda's total spending on direct income support amounted to US\$88 million in 2013, largely funded by development partners.

2.2.6 Public Works Programmes

There are a number of programmes that include Public Works components being implemented in the country, particularly in Northern Uganda. They include the WFP Food/Cash for Assets Programme, the Northern Uganda Social Action Fund (NUSAF), the Karamoja Livelihoods Improvement Programme (KALIP), the Community-Driven Development (CDD) Programme and Agricultural Livelihoods Recovery Programme (ALREP).

These public works initiatives aim at creation of community assets, provision of food items to households affected by famine and direct income support to poor households with labour capacity. The WFP Food/Cash for Assets programme is the largest and only public works scheme with social protection objectives. The programme delivers regular and predictable transfers to beneficiaries to enable them to sustain their consumption during difficult times. Other public works schemes exist as components of multi-faceted programmes such as NUSAF, KALIP and ALREP. However, the duration of employment in such programmes tends to be short and rarely coincides with seasonal variations in consumption. Such interventions fail to achieve a sustained impact on livelihoods.

2.2.7 Social Care and Support Services

Social care and support services include a wide range of programmes that aim at identifying and reducing social vulnerability. These services strengthen informal care and promote rights, social inclusion and empowerment. They take many forms including psychosocial support, promotion and protection of rights, provision of care and social rehabilitation all of which address vulnerabilities that are primarily social or cultural.

The programmes include advocacy and awareness-raising on issues such as HIV and AIDS and gender-based violence, the strengthening of government systems and the creation of community structures, probation and social work services as well as residential care for orphans or persons with disabilities. Most of these services are provided in recognition of the fact that the vulnerable individuals require holistic interventions that include building the capacity of their primary caregivers, families or households. Therefore, the programmes aim to increase the resilience of this wider support system.

System strengthening is also a key feature of many programmes and takes a number of forms, aimed at increasing the capacity of the communities. Interventions include establishing community protection committees, shelters for victims of violence, training para-social workers⁴, and adapting buildings for use by PWDs. In almost all cases, programmes aim at raising the community awareness of issues such as violence and social exclusion or promoting the rights of target group members.

Evidence shows that most of the social care and support services in the country are offered by non-state actors such as NGOs and CBOs. Some services like mental health, rehabilitation for substance abuse and alternatives to residential care for OVCs are virtually inadequate. There are low staffing levels and inadequate resources in Government to deliver such services. Consequently, the demand for the services significantly outstrips supply.

⁴ Para-social workers are individuals trained and skilled in social work who perform in that capacity but have not received professional certification. A number of schemes, particularly in Africa, demonstrate the possibility of social work providing services to CWPC through training, managing and monitoring paid or volunteer para-social workers.

3.0 RATIONALE FOR THE PROGRAMME PLAN OF INTERVENTIONS

The need for social protection is motivated by the fact that, irrespective of socio-economic status, all people are predisposed to various risks and vulnerabilities which could render them unable to meet their basic needs such as food, clothing, housing, health care and education. Governments all over the World have recognised that Social Protection is an inevitable intervention for supporting the population to maintain a minimum acceptable level of consumption in case of an unforeseeable shock such as ill health, disability, disaster or even anticipated events such as retirement.

Although Uganda has made commendable progress in reducing poverty headcounts to 19.7 percent, 6.7 million people are still trapped in poverty. In addition, more than twice this number are living barely above the poverty line and may be construed to be insecure non-poor. Households with insecure non-poor face enormous risk of falling into poverty in the event of any risk or calamity that may adversely affect their productivity and consumption. In order to sustain the gains made in poverty reduction, there is need not only to pull the poor out of poverty but also to support the non-poor to remain out of poverty through appropriate social protection instruments.

While paid employment guarantees income to the economically active and may keep them out of poverty, many workers risk falling into poverty upon retirement or loss of employment due to absence of adequate social security interventions. Apart from Government employees who succeed in receiving pension on retirement, Public Servants who delay to receive their pensions due to administrative challenges usually end up becoming poor and destitute. Workers in the informal sector and some in the private sector who are currently not contributing to NSSF lack sustainable source of social security when they retire or lose jobs. The current system of lump sum payment of retirement benefits by NSSF increases the vulnerability of beneficiaries of the Fund. Government therefore, needs to put in place appropriate social security interventions to ensure that workers in both the public and private sector receive pensions immediately and continuously after retirement.

Due to the high population growth rate, the health care delivery system in Uganda is severely strained. As a result, most households incur high out-of-pocket expenses to buy drugs or access treatment in private health facilities. Expenditure on healthcare reduces disposable income of households, which may plunge them into poverty especially for chronic illnesses. An affordable health insurance scheme shall

therefore promote greater equity by removing barriers that prevent people from accessing health services.

Studies show that existing social care and support services across the country are inadequate in scope and limited in geographical coverage. Statistics show that only about 11 percent of the vulnerable people are currently accessing social care and support services. The services provided by government are limited to residential care and support, underfunded and poorly monitored and evaluated. Most of the social care and support services are provided by CSOs, but their services are patchy, inconsistent and uncoordinated due to inadequate financial and human resource capacity to provide comprehensive services to vulnerable groups. The social care and support services initiatives in the PPI seek to expand the existing efforts of both government and CSOs and to improve coordination.

In the past, social protection was provided through traditional systems. The communities had in-built values and norms which guided support for those who needed special attention. However, these have greatly weakened and are eroded due to urbanization, modernisation, persistent poverty, epidemics, conflict and climate change disasters. This has left those who are unable to take care of themselves in dire need of support. For instance, some children who have lost both parents are left to fend for themselves in child-headed households, while many older persons and PWDs are usually neglected and excluded from accessing available services. The proposed interventions in this Plan shall enhance access to formal and informal support by the vulnerable groups.

4.0 STRATEGIC DIRECTION OF THE PROGRAMME PLAN OF INTERVENTIONS

Government has formulated the National Social Protection Policy (NSPP) to provide the overarching framework for social protection in the Ugandan context within the framework of the Vision 2040 and the National Development Plan (NDP). While the Policy stipulates a number of interventions to be implemented over a period of 10 years, the PPI articulates interventions covering a period of five years.

4.1 Goal

The goal of the PPI is to increase access to social protection services

4.2 Objectives

The objectives of the PPI are to:

- i. Expand the scope and coverage of contributory social security;
- ii. Expand provision of direct income support to vulnerable individuals and households;
- iii. Enhance provision of holistic social care and support services to individuals and families at risk of social exclusion, neglect or abuse; and
- iv. Strengthen the institutional framework for coordinated social protection service delivery.

4.3 Strategies

The Programme Plan of Interventions (PPI) proposes the following strategies for achieving the above objectives:

- i. Improve accessibility, effectiveness and efficiency of contributory social security
- ii. Improve compliance within legislation on mandatory social security contributions
- iii. Enhance access to direct income support by vulnerable groups affected by specific life-cycle risks and external shocks.
- iv. Promote Direct Income Support
- v. Integrate DIS into local planning and service delivery frameworks
- vi. Strengthen the capacity for delivery of social care and support services at all levels
- vii. Promote community-based response

- viii. Promote specialised social care and support services
- ix. Enhance institutional capacity for the design, management, coordination and monitoring of Social Protection

Interventions under each of the strategies above are outlined in the table below.

4.4 Strategic Framework of Interventions

Strategies	Priority Interventions	Indicators	Timing	Lead Agency	Other partners
Objective 1: To expand the scope and coverage of contributory social security					
Strategy 1.1: Improve accessibility, effectiveness and efficiency of contributory social security	Establish contributory pensions scheme for public sector workers	Defined Contributory Pension Scheme in the Public Service	2015 – 2020	MoPS	MFPED MGLSD URBRA
	Introduce pensions for workers in the private sector	Amended NSSF Act with provisions for pensions	2015 – 2020	MFPED	MGLSD URBRA IRA
	Develop mechanism for improving access to workers' compensation	Amended Workers' Compensation Act	2015 – 2020	MGLSD	MFPED MoPS URBRA IRA
	Establish the National Health Insurance Scheme	Functional National Health Insurance Scheme	2015 – 2020	MoH	MFPED MGLSD MoLG URBRA IRA LGs
	Develop Informal Sector Social Security Schemes	Number of pilot Informal Sector Social Security schemes	2015 – 2020	MGLSD-ESP	MFPED URBRA
Strategy 1.2: Improve compliance within legislation on contributory social security	Strengthen governance of contributory social security schemes	Number of social security service providers licensed by URBRA	2015 – 2020	MFPED	MGLSD URBRA IRA
Objective 2: To expand provision of direct income support to individuals and households					
Strategy 2.1: Enhance access to direct income support by vulnerable groups affected by specific life-cycle risks and	Roll-out a non-contributory social pension scheme for older persons	Number of beneficiaries	2015 – 2020	MGLSD	MFPED MoLG LGs

Strategies	Priority Interventions	Indicators	Timing	Lead Agency	Other partners
external shocks.	Design and implement gender sensitive social transfer programmes for other vulnerable groups	Number of programmes Number of beneficiaries	2015 – 2020	MGLSD-ESP	MFPED MoLG LGs
	Reform public works and infrastructure development programmes for the benefit of poor labour-endowed households	Number of beneficiary households Number of Geographically targeted Labour-based Safety Net schemes designed and implemented	2015 – 2020	MGLSD-ESP	OPM MFPED MoLG LGs
Strategy 2.2: Promote Direct Income Support	Build public and private support for Social Protection	Number of studies conducted Number of Study Findings disseminated Number of duty bearers sensitized	2015 – 2020	MGLSD-ESP	OPM MoLG LGs
Objective 3: To enhance provision of holistic social care and support services to individuals and families at risk of social exclusion, neglect or abuse					
Strategy 3.1: Strengthen the capacity for delivery of social care and support services at all levels	Recruitment of staff, training and provision of facilities for delivery of social care and support service	Number of social care and support services staff recruited Number of staff trained	2015 – 2020	MGLSD	MFPED MoPS MoLG LFC LGs

Strategies	Priority Interventions	Indicators	Timing	Lead Agency	Other partners
		Number of facilities established and strengthened			
Strategy 3.2: Promote community-based response	Strengthen family and community institutions to enhance provision of traditional social care and support services	Number of institutions providing social care and support services Number of vulnerable groups accessing services	2015 – 2020	MGLSD-ESP	MoLG LFC LGs
	Enhance community mobilisation for provision of traditional social care and support services	Number of communities mobilised			
Strategy 3.3: Promote specialised social care and support services	Increase access to specialised social care and support services	Number of minimum packages of services established Number of vulnerable persons accessing minimum package of services	2015 – 2020	MGLSD-ESP	MoLG LFC LGs
Objective 4: To strengthen the institutional framework for coordinated and gender sensitive social protection service delivery					
Strategy 4.1: Development of institutional capacity for delivery of social protection services	Enhance human resource capacity for the design, implementation and co-ordination of Social Protection	Number of staff recruited Number of staff Trained Number of Equipment and	2015 – 2020	MGLSD Training and Exposure -ESP	MFPED MoPS MoLG

Strategies	Priority Interventions	Indicators	Timing	Lead Agency	Other partners
		Logistics procured			
	Establish and strengthen structures, systems and institutions for delivery of social protection services	Functional Committee of Cabinet in place Functional Parliamentary forum on social protection Functional Technical Working Group Functional M&E system Functional MIS	2015 – 2020	MGLSD-ESP	OPM MFPED MoPS MoH MoES MoLG
Strategy 4.2 : Integrate Social Protection into National and Local Government Planning processes	Build Capacity for improved service delivery at the local government level	Number of DDPs with DIS interventions	2015 – 2020	MGLSD-ESP	MOLG LFC LGs
Strategy 4.3 : Develop a long term financing mechanism for social protection	Expand fiscal space	Revenue to GDP ratio	2015 – 2020	MFPED	MGLSD URA

4.5 Expected Outcomes of the PPI

Outcome 1: Enhanced leadership, co-ordination and capacity for gender sensitive social protection across government

Social protection shall be integrated into planning and budgeting processes, while appropriate mechanisms for enhancing synergies and linkages with key actors will be established. Appropriate personnel shall be recruited, trained and equipped.

Outcome 2: Reduced social exclusion, neglect and abuse

Targeted protective and preventive services to the most vulnerable groups in society shall be expanded. Government systems and community structures shall be enhanced to improve service delivery. The regulatory framework shall be reviewed to protect socially vulnerable groups, while advocacy and awareness campaigns shall be carried out to transform public attitudes and behaviour.

Outcome 3: Strengthened monitoring and evaluation system for social protection programmes

A Monitoring and Evaluation as well as Management Information System to keep track of social protection interventions shall be developed and operationalized at all levels. A comprehensive reporting, appeals and grievance system shall be established. Operations research to provide gender disaggregated data for evidence-based decision making and policy formulation shall be conducted.

Outcome 4: Long-term financing mechanism to support delivery of social protection services established

A financing strategy will be developed to generate increased funding from Government and development partners. In the long-run, a comprehensive joint-financing arrangement to leverage funding for social protection shall be developed.

Outcome 5: Increased awareness on social protection amongst all stakeholders

A national advocacy and communications strategy shall be developed and implemented.

5.0 IMPLEMENTATION FRAMEWORK

This PPI shall be implemented through the existing Central and Local Government service delivery structures. The roles of the various stakeholders will vary depending on their mandates and functions. The implementation strategy, however, envisages changes in the institutions, structures, systems, procedures and regulations to improve efficiency and effectiveness in the implementation of this Plan.

Implementation of this PPI is a shared responsibility of Government, the private sector and non-state actors. The Ministry of Gender, Labour and Social Development will take lead in the implementation of this Plan and coordination of other actors in the social protection sub-sector. Other key public sector actors will be the Ministry of Public Service; Ministry of Health; Ministry of Finance, Planning and Economic Development; Local Governments; the Uganda Retirement Benefits Regulatory Authority and other agencies that shall be established to implement different components of social protection. The proposed agencies include the Pensions Authority, Social Transfers Agency, Health Insurance Agency and Social Care and Support Council. Envisaged coordination mechanisms shall include a Cabinet Committee on Social Protection, Multi-sectoral Technical Committee, Social Protection Sub-committee, Technical Working Groups and Local Government Coordination Committees.

5.1 Coordination mechanisms at different levels

Committees shall be established at various levels to coordinate the implementation of social protection interventions.

5.1.1 Policy coordination and oversight

i) Cabinet Committee on Social Protection

A Cabinet Committee on social protection shall be established to coordinate, provide oversight and policy guidance. The Committee shall be composed of Cabinet Ministers from line ministries with mandates that directly relate to the social protection interventions identified in the Policy and this Plan.

ii) Multi-sectoral Technical Committee on Social Protection

A Multi-sectoral Technical Committee composed of Permanent Secretaries of key line ministries and chief executive officers from government agencies implementing

social protection shall be put in place to support the Cabinet Committee. This Committee shall provide technical guidance on all social protection interventions. The Ministry of Gender, Labour and Social Development shall provide the Secretariat.

5.1.2 Technical Coordination

i) Social Protection Sub-committee of the Social Development Sector Working Group

The Social Protection Sub-committee shall provide a forum for coordinating stakeholders implementing social protection programmes. The sub-committee shall be chaired by the Permanent Secretary of the MGLSD and shall have representatives from other MDAs, local governments, civil society, development partners and the private sector. The main role of the Sub-committee shall be to carry out integrated planning and review the progress made in implementation of social protection programmes in Uganda. The sub-committee will be divided into thematic technical working groups on Direct Income Support, Contributory Social Security, Public Works and Social Care and Support Services.

ii) Technical Working Group on Contributory Social Security

The Technical Working Group on Contributory Social Security shall be comprised of MDAs responsible for retirement benefits and health insurance. The Ministry of Finance, Planning and Economic Development shall coordinate MDAs and private sector entities involved in the management of retirement benefits, while the Ministry of Health shall lead actors involved in the design and delivery of health insurance, including community-based health insurance schemes. The Contributory Social Security Technical Working Group shall provide technical advice for the development of retirement benefits and health insurance schemes and report to the Social Protection Sub-committee.

iii) Technical Working Group on Social Transfers

The Technical Working Group on Social Transfers shall be comprised of MDAs and CSOs implementing Direct Income Support programmes. The forum shall be responsible for providing technical guidance and oversight on development of non-contributory social security interventions, including the senior citizens grant, public works schemes and other grants for vulnerable groups. It shall be coordinated by the MGLSD and report to the social protection sub-committee.

iv) Public Works Technical Working Group

The Public Works Technical working Group shall be comprised of MDAs supporting implementation of public works programmes, Development Partners and collaborating CSOs. It shall be chaired by the Ministry of Gender, Labour and Social

Development and it shall provide a forum for public works programming, implementation, coordination, monitoring and evaluation in Uganda.

v) Technical Working Group on Social Care and Support Services

This Technical Working Group shall be comprised of representatives from MDAs and CSOs implementing Social Care and Support Services programmes. This working group shall support development, implementation, monitoring and evaluation of social care and support programmes. It shall be coordinated by the MGLSD and report to the social protection sub-committee.

5.1.3 Local Government Coordination

The delivery of social protection at local governments shall be coordinated through the following structures: district, sub-county and village coordination committees.

vi) District Coordination Committee

Currently the District OVC Committees (DOVC) exist in all districts. The membership of these committees will be expanded to take care of the concerns of other social protection interventions. These committees will bring together multi-sectoral actors, technical personnel, the political leadership, development partners, CSOs and the private sector at the district, to provide a district specific assessment of needed and initiated interventions, as well as technical implementation support. Terms of reference will be developed for these committees. The Community Based Services Departments shall provide the secretariat for the coordination committees

vii) Sub-county Coordination Committees

The membership of the Sub-county OVC committees (SOVC) will be expanded to take care of the concerns of other social protection interventions at the sub-county level. These committees will bring together technical personnel, the political leadership and CSOs at the sub-county, to provide a sub-county specific assessment of needed and initiated interventions as well as technical implementation support. Terms of reference will be developed for these committees. The CDOs/ACDOs will be the focal persons for the coordination committees at the Sub-county level.

At Parish level, the Parish Development Committees will bring together all the stakeholders, who include the LC1 Chairpersons, CBOs, religious leaders, cultural and traditional leaders, and representatives of youth, women, PWDs and older persons. The Parish Chief will be the focal person at the Parish level. The village coordination committees will consist of the LC1 chairperson, community associations, CBOs and representatives of target groups. These committees will facilitate the implementation of the PPI at this level.

5.2 Roles of Various Institutions and MDAs

Various MDAs and other stakeholders will take lead in the implementation of the various components of this plan depending on their mandates and functions. The Ministry of Gender, Labour and Social Development shall lead on the implementation of direct income support programmes and delivery of social care and support services. The contributory social security shall be spearheaded by the Ministries responsible for retirement benefits, in collaboration with the Uganda Retirements Benefits Regulatory Authority. National Health Insurance shall be under the oversight of the Ministry of Health in collaboration with the Regulatory Agency to be established. Local governments shall carry out the implementation of all aspects of social protection at the community level through established service delivery structures. The civil society, private sector, traditional institutions and religious institutions will complement Government in the provision of social protection services.

6.0 FINANCING OF THE PPI

6.1 Financing arrangements

Government shall provide the main source of funding with different ministries leading implementation in line with their respective sector mandates. In the short and medium term, Government shall finance some aspects of social protection in partnership with Development Partners. In the long-term, Government shall establish a Social Protection Fund to ensure predictable financing. Ultimately, as more resources become available, direct income support shall be financed through domestic revenues, while contributory social security shall be funded by contributions from employers, workers and self-employed persons. Social Care and Support Services shall be implemented with resources from Government, civil society organisations, faith based institutions and traditional and cultural institutions.

Table 1: Indicative costs of implementation (000's Ug Shs)

	2015/16	2016/17	2017/18	2018/19	2019/20
Contributory Social Security	10,958,500	9,749,500	10,078,500	10,040,500	10,040,500
Direct Income Support	76,163,500	106,948,226	117,811,052	125,222,710	133,578,880
Social care and Support services	4,994,200	6,344,200	6,721,200	6,745,200	6,695,200
Institutional Capacity	19,904,810	20,445,810	20,306,810	20,421,810	20,556,810
Total	112,021,010	143,487,736	154,917,562	162,430,220	170,871,390

Table 2: Sources of funding (000's Ug Shs)

	2015/16	2016/17	2017/18	2018/19	2019/20
MTEF Budget under MoPS	213,000	213,000	217,000	217,000	217,000
MTEF Budget under MFPED	614,500	633,500	652,500	706,500	706,500
MTEF Budget under URBRA	6,655,000	6,655,000	6,655,000	6,655,000	6,655,000
MTEF Budget under MoH	706,000	726,000	950,000	990,000	990,000
MTEF Budget for SCG	9,000,000	17,590,000	29,150,000	40,340,000	52,920,000
MTEF Budget for Social care	3,823,550	4,851,276	5,154,102	5,282,760	5,223,930
MTEF Budget for Salaries of CDOs in LGs	14,808,960	14,808,960	14,808,960	14,808,960	14,808,960
Development Partners	76,200,000	98,010,000	97,330,000	93,430,000	89,350,000
Grand Total	112,021,010	143,487,736	154,917,562	162,430,220	170,871,390
Funding Gap	-	-	-	-	-

Table 3: Breakdown of funding from Development Partners

	2015/16	2016/17	2017/18	2018/19	2019/20
UK Aid and Irish Aid (SCG)	64,560,000	61,750,000	58,670,000	55,050,000	50,970,000
World Bank (Public Works)	11,640,000	36,260,000	38,660,000	38,380,000	38,380,000
Total	76,200,000	98,010,000	97,330,000	93,430,000	89,350,000

6.2 Budget Assumptions

Direct Income Support

- The Senior citizens grant shall cover all older persons above 60 years in 4 Districts of the Karamoja Sub-region and all older persons above 65 years in the rest of the 11 districts which have been under pilot with funding from development partners and counterpart funding from the GoU;
- With additional funding from Government, the programme will be rolled out to cover 100 oldest beneficiaries per sub-county in 20 districts not covered by the current SAGE pilot in FY2015/16 and add 5 new districts in subsequent years
- Coverage in the Sub-counties will be increased by 100 new beneficiaries in subsequent years.

- The Government's contribution will cover costs of transfers in new districts in the first year, while Development Partners will cover administrative costs of rollout to new districts and continue to meet the costs of transfers in 14 pilot districts as the GoU gradually takes over
- Public Works programme shall be implemented in Northern and North Eastern Uganda during the Plan period. Out of the existing 870,000 poor households with able bodied adults who can benefit from the scheme in the target region, the budget covers only 148,000 households in the poorest decile with funding under the third Northern Uganda Social Action Fund (NUSAF-III) programme.

Contributory social security

- The budgets for Public Service Pension's Reform and establishment of National Health Insurance Scheme cover only processes such as studies, consultations, advocacy and awareness-raising. The budget for actual service delivery and reforms have been separately presented to Cabinet by the Ministry of Public Service and the Ministry of Health, respectively;

Social care and support services

- The budgets for social care and support services covers advocacy and awareness-raising, establishment and rehabilitation of institutions for vulnerable groups and building human resource capacity;

Institutional capacity

- The Social Development Sector which spearheads implementation of social protection requires adequate staffing both at the Centre and in Local Governments. The budget under institutional capacity therefore covers the cost of filling the approved structures in the MGLSD, Community based Services Department in districts and Community Development Staff in lower local governments;

7.0 MONITORING AND EVALUATION

The development of the PPI as a social protection sector-wide plan has generated the need for careful identification of sector-wide output, outcome and impact indicators and setting of targets against these indicators to systematically track progress along the monitoring and evaluation chain. The social protection sub-sector envisages development of an electronic sector-wide Management Information System (MIS) to capture and disseminate information needs of the sub-sector and regular collection and analysis of data to assess the relevance, efficiency, effectiveness, impact, and sustainability of social protection interventions. All data collected will be gender disaggregated.

7.1 Description of M&E arrangements for the PPI

The Ministry of Gender, Labour and Social Development as the lead coordinating agency for social protection shall spearhead the development of an integrated social protection sector performance–monitoring plan in line with the overall national monitoring and evaluation plan of Government and the reporting requirements of the National Integrated Monitoring and Evaluation Strategy (NIMES). The existing fragmented and uncoordinated social protection sub-systems shall be harmonized and linked to the SDS MIS/M&E and the overall National Integrated Monitoring and Evaluation Strategy.

Well defined and common set of performance indicators shall be developed to measure performance across the various components of social protection. Harmonised indicators shall be incorporated into an M&E tool to be used in the collection of data while a functional database shall be created for data storage. A result based management matrix shall be used to systematically track progress against targets. Key performance indicators shall capture registration and enrolment of target groups, transfers to beneficiaries, graduation and exit from the programmes, complaints and grievances, members' contributions, compliance of participating individuals and employers, performance of funds and investments.

Some key functions of the MIS/M&E framework shall to be shared by all components of social protection. Shared functions shall include the electronic biometric registration and carding, gathering of targeting and registration data, recording payments, and reporting beneficiary feedback, external monitoring and risk assessment, and conducting formal baseline and impact assessments.

Monitoring will largely be participatory involving all stakeholders at all levels including beneficiaries and communities. Local Governments shall generate and use M&E data to support operations at their level. Capacity of target groups, communities, duty bearers and other stakeholders shall be built to monitor and evaluate social protection interventions and integrated monitoring shall be promoted. To increase the public's access to information on social protection a website and web platform will be maintained. In addition, a social protection section shall be established in public libraries to disseminate information. A web platform on which all information on social protection shall be posted and made accessible to the public shall be developed.

7.2 Evaluation

A mid-term and end of plan evaluation will be conducted to assess the impact of social protection interventions to poverty reduction and overall transformation of communities. Evaluation will be participatory and will involve all stakeholders. However, a consultant will be hired to provide the overall guidance to the exercise. Participatory evaluation will enable actors to identify benefits from social protection interventions; their impressions about capacities gained as well as propose measures to ensure sustainability of impacts.

7.3 Results Framework

Results	Key Indicators	Baseline	Targets				
			2016	2017	2018	2019	2020
Defined benefits Pension Scheme in the Public Service	Number of schemes	N/A ⁵	-	-	1	1	1
Amended NSSF Act with provisions for pensions	Number of Acts Amended	N/A	-	-	1	1	1
Amended Workers' Compensation Act	Number of Acts	N/A	-	-	1	1	1
Functional National Health Insurance Scheme	Number of Schemes	N/A	-	1	1	1	1
Pilot Informal	Number of programmes	N/A	1	1	1	1	1

⁵ Not Available

Results	Key Indicators	Baseline	Targets				
			2016	2017	2018	2019	2020
Sector Social Security Programme							
Increased compliance with social security legislation	Number of social security service providers complying	5	5	5	5	5	5
	Number of active contributory social security members	458,000	500,000	550,000	750,000	800,000	850,000
increased coverage of senior citizens grant scheme for older persons	Number of beneficiaries	110,000	163,884	179,255	194,808	210,417	226,085
Increased access to public works schemes by poor labour endowed households	Number of beneficiary households	N/A	36,000	138,000	148,000	148,000	148,000
Enhanced provision of traditional social care and support services	Number of community institutions providing social care and support services	1300	1,300	5,200	5,200	5,200	5,200
	Number of family providing social care and support services	1.34 m	1.64 m	1.94 m	2.24 m	2.54 m	2.84 m
Increased access to specialised social care and support services	Number of minimum packages of services established	2	2	4	5	5	5
Increased capacity for social protection service delivery at all levels	Number of staff recruited, trained and equipped	1,640	1,753	1,763	1,773	1,773	1,773
Improved coordination and monitoring of social protection interventions	Functional Coordination structure	3	4	4	4	4	4
	Functional	1	1	1	1	1	1

Results	Key Indicators	Baseline	Targets				
			2016	2017	2018	2019	2020
	Cabinet Committee						
	Functional Parliamentary Forum on social protection	1	1	1	1	1	1

Annex I: Detailed Costing of the PPI

Priority Interventions	Activities	Output Indicators	Unit Cost in 000's Ug Shs	Quantities					Values (Ug Shs)				
				2015/16	2016/17	2017/18	2018/19	2019/20	2015/16	2016/17	2017/18	2018/19	2019/20
Objective 1: To expand the scope and coverage of contributory social security													
Strategy 1.1: Improve accessibility, effectiveness and efficiency of contributory social security													
Establish contributory pensions scheme for public sector workers	Amend legislation governing Retirement Benefits for Public Servants	Number of Consultations	20,000	0	0	5	5	5	-	-	100,000	100,000	100,000
		Lead Facilitator	81,000	1	1	0			81,000	81,000	-	-	-
		Revised Public Service Retirements Bill	132,000	1	1	0	0	0	132,000	132,000	-	-	-
	Awareness-raising on defined Contributions Pension Scheme in the Public Service	Media Campaign package	117,000	0	0	1	1	1	-	-	117,000	117,000	117,000
Establish contributory pensions scheme for the private sector	Transform the NSSF into a pension scheme	Number of Consultations with Social Partners	10,000	2	2	2	2	2	20,000	20,000	20,000	20,000	20,000
		Lead Facilitator	81,000	1	1	1	0	0	81,000	81,000	81,000	-	-
		Revised NSSF Bill	132,000	1	1	0	0	0	132,000	132,000	-	-	-
	Diversify social security products	Number of Consultations with stakeholders	10,000	2	2	4	4	4	20,000	20,000	40,000	40,000	40,000

Priority Interventions	Activities	Output Indicators	Unit Cost in 000's Ug Shs	Quantities					Values (Ug Shs)				
				2015/16	2016/17	2017/18	2018/19	2019/20	2015/16	2016/17	2017/18	2018/19	2019/20
		Number of Regional Consultations with stakeholders	20,000	0	4	4	8	8	-	80,000	80,000	160,000	160,000
		Number of International experience bench marking tours	67,500	1	0	1	0	1	67,500	-	67,500	-	67,500
		Number of Social Security Products designed	81,000	0	1	2	2	2	-	81,000	162,000	162,000	162,000
	Promote the private sector social security industry	Number of Consultations potential private sector firms	10,000	0	2	4	4	4	-	20,000	40,000	40,000	40,000
		Number of Studies conducted	81,000	1	0	1	0	0	81,000	-	81,000	-	-
		Number of International experience bench marking tours	67,500	0	1	0	1	0	-	67,500	-	67,500	-
		Lead Facilitator	81,000	1	0	1	0	0	81,000	-	81,000	-	-
		Social security liberalization Bill	132,000	1	1	0	0	0	132,000	132,000	-	-	-
		Media Campaign package	217,000	0	0	0	1	1	-	-	-	217,000	217,000

Priority Interventions	Activities	Output Indicators	Unit Cost in 000's Ug Shs	Quantities					Values (Ug Shs)				
				2015/16	2016/17	2017/18	2018/19	2019/20	2015/16	2016/17	2017/18	2018/19	2019/20
Develop mechanism for improving access to workers' compensation	Amendment of Workers' Compensation Act	Number of Studies conducted	81,000	1	0	0	0	0	81,000	-	-	-	-
		Number of International experience bench-marking tours	135,000	0	1	0	0	0	-	135,000	-	-	-
		Revised Workers' Compensation Bill	132,000	0	1	1	0	0	-	132,000	132,000	-	-
		Media Campaign package	217,000	0	0	1	1	1	-	-	217,000	217,000	217,000
Establish the National Health Insurance Scheme	Formulate the National Health Insurance legislation	National Health Insurance Bill and Regulations	132,000	1	1	0	0	0	132,000	132,000	-	-	-
	Advocacy and awareness-raising on the value of health insurance	Number of awareness-raising materials	10	8,000	8,000	8,000	8,000	8,000	80,000	80,000	80,000	80,000	80,000
		Media Campaign package	434,000	1	1	1	1	1	434,000	434,000	434,000	434,000	434,000
		Number of awareness meetings	20,000	3	4	8	10	10	60,000	80,000	160,000	200,000	200,000
	Mobilise communities to participate in community health insurance initiatives	Number of Communities Mobilized	200	0	0	1,380	1,380	1,380	-	-	276,000	276,000	276,000

Priority Interventions	Activities	Output Indicators	Unit Cost in 000's Ug Shs	Quantities					Values (Ug Shs)				
				2015/16	2016/17	2017/18	2018/19	2019/20	2015/16	2016/17	2017/18	2018/19	2019/20
Develop Informal Sector Social Security Scheme	Review existing informal social security schemes	Number of Studies conducted	140,000	1	1	0	0	0	140,000	140,000	-	-	-
	Design social security products for the informal sector	Number of Social Security Products designed	140,000	0	0	1	1	1	-	-	140,000	140,000	140,000
	Mobilize and sensitize the informal sector workers	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
		Media Campaign package	434,000	1	1	1	1	1	434,000	434,000	434,000	434,000	434,000
Strategy 1.2: Improve compliance with legislation on contributory social security													
Strengthen governance of contributory social security schemes	Enforce and monitor compliance with social security regulations	Functional Regulatory Authority (Operations Costs)	6,300,000	1	1	1	1	1	6,300,000	6,300,000	6,300,000	6,300,000	6,300,000
		Media Campaign package to create awareness	85,000	1	1	1	1	1	85,000	85,000	85,000	85,000	85,000
		Number of Studies	270,000	1	1	1	1	1	270,000	270,000	270,000	270,000	270,000

Priority Interventions	Activities	Output Indicators	Unit Cost in 000's Ug Shs	Quantities					Values (Ug Shs)				
				2015/16	2016/17	2017/18	2018/19	2019/20	2015/16	2016/17	2017/18	2018/19	2019/20
Objective 2: To expand provision of direct income support to individuals and households													
Strategy 2.1: Enhance access to direct income support by vulnerable groups affected by specific life-cycle risks and external shocks.													
Roll-out a non-contributory social pension scheme for older persons	Deliver regular and predictable Senior Citizens Grant to selected beneficiaries	Number of Senior Citizens accessing the grant	360	156,800	171,142	192,184	210,970	232,060	56,448,000	61,611,120	69,186,240	75,949,200	83,541,600
		Operational cost for delivery of the grant	43	156,800	171,142	192,184	210,970	232,060	6,742,400	7,359,106	8,263,912	9,071,710	9,978,580
	Design and implement gender sensitive social transfer programmes for other vulnerable groups	Number of social transfer programmes designed	150,000	1	1	0	0	0	150,000	150,000	-	-	-
		Number of persons with severe disabilities accessing the grant	360	2,700	3,000	3,300	3,600	3,900	972,000	1,080,000	1,188,000	1,296,000	1,404,000
		Operational cost for delivery of the grant	43	2,700	3,000	3,300	3,600	3,900	116,100	129,000	141,900	154,800	167,700
	Formulate legislation to support implementation of Direct Income Support programmes	Social Transfers Bill	264,000	0	1	1	1	0	-	264,000	264,000	264,000	-

Priority Interventions	Activities	Output Indicators	Unit Cost in 000's Ug Shs	Quantities					Values (Ug Shs)				
				2015/16	2016/17	2017/18	2018/19	2019/20	2015/16	2016/17	2017/18	2018/19	2019/20
	Enhance utilisation of civil registration to improve targeting	Operational cost for extraction of data from the civil register	50,000	1	1	1	1	1	50,000	50,000	50,000	50,000	50,000
Reform public works and infrastructure development programmes for regular and reliable income labour-endowed households	Design and implement Labour-based Safety Net schemes in relevant geographic areas	Number of Beneficiaries targeted	240	36,000	138,000	148,000	148,000	148,000	8,640,000	33,120,000	35,520,000	35,520,000	35,520,000
	Strengthen systems for harmonized delivery of DIS programmes, including public works	Number of Studies	140,000	1	2	2			140,000	280,000	280,000	-	-
		Functional unified Registry of DIS beneficiaries	500,000	1	1	1	1	1	500,000	500,000	500,000	500,000	500,000
		Functional Targeting mechanism	400,000	1	1	1	1	1	400,000	400,000	400,000	400,000	400,000
		Functional M&E system	460,000	1	1	1	1	1	460,000	460,000	460,000	460,000	460,000

Priority Interventions	Activities	Output Indicators	Unit Cost in 000's Ug Shs	Quantities					Values (Ug Shs)				
				2015/16	2016/17	2017/18	2018/19	2019/20	2015/16	2016/17	2017/18	2018/19	2019/20
Strategy 2.2: Promote Direct Income Support													
Build public and private support for DIS	Raise awareness among policy makers, technical staff and CSOs on the need to provide social protection to poor and vulnerable groups	Number of awareness-raising materials	10	69,100	69,100	69,100	69,100	69,100	691,000	691,000	691,000	691,000	691,000
		Media Campaign package	434,000	1	1	1	1	1	434,000	434,000	434,000	434,000	434,000
		Number of awareness meetings	10,000	8	8	8	8	8	80,000	80,000	80,000	80,000	80,000
	Generate and disseminate researched evidence on the impact, cost effectiveness of DIS programmes	Number of studies conducted	140,000	2	2	2	2	2	280,000	280,000	280,000	280,000	280,000
	Dissemination of the NSPP to key stakeholders	Number of districts	3,000	20	20	24	24	24	60,000	60,000	72,000	72,000	72,000
Objective 3: To enhance provision of holistic social care and support services to individuals and families at risk of social exclusion, neglect or abuse													
Strategy 3.1: Improve staffing and facilities for social care and support service delivery													
Strengthen human resource capacity at all levels	Establish a professional body for social workers	Social Workers' Council Bill	100,000	0	0	1	0	0	-	-	100,000	-	-

Priority Interventions	Activities	Output Indicators	Unit Cost in 000's Ug Shs	Quantities					Values (Ug Shs)				
				2015/16	2016/17	2017/18	2018/19	2019/20	2015/16	2016/17	2017/18	2018/19	2019/20
		Social Workers' Council operations cost	500,000	0	0	1	1	1	-	-	500,000	500,000	500,000
	Review the programmes of higher institutions to integrate emerging issues of social care and support	Number of studies	81,000	1	1	1	1	1	81,000	81,000	81,000	81,000	81,000
		Number of social care and support modules developed and integrated	81,000	1	1	1	1	1	81,000	81,000	81,000	81,000	81,000
	Enhance the capacity of the Ministry of Gender, Labour and Social Development to monitor compliance with social care and support service standards	Number of MGLSD staff in departments responsible for social care and support services trained	10,000	7	8	10	10	10	70,000	80,000	100,000	100,000	100,000
	Strengthen in-service training of community development staff, other local government staff, judicial officers and para-social workers	Number of in-post staff trained	2,000	10	10	10	10	10	20,000	20,000	20,000	20,000	20,000

Priority Interventions	Activities	Output Indicators	Unit Cost in 000's Ug Shs	Quantities					Values (Ug Shs)				
				2015/16	2016/17	2017/18	2018/19	2019/20	2015/16	2016/17	2017/18	2018/19	2019/20
	Build capacity of duty bearers on the rights of vulnerable groups	Number of duty bearers trained	200	2,016	2,016	2,016	2,016	2,016	403,200	403,200	403,200	403,200	403,200
	Establish and rehabilitate facilities for social care and support	Number of facilities rehabilitated	600,000	5	5	5	5	5	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000
Strategy 3.2: Promote community-based response													
Strengthen traditional and cultural values on social care and support	Review community based approaches of social care and support service delivery	Number of studies conducted	81,000	0	1	0	1	1	-	81,000	-	81,000	81,000
		Number of approaches integrated in the social care and support service delivery	81,000	0	1	0	1	1	-	81,000	-	81,000	81,000
	Develop and disseminate guidelines and standards on traditional social protection mechanisms	Number of guidelines disseminated	50,000	1	1	1	1	1	50,000	50,000	50,000	50,000	50,000
	Develop a harmonized coordination mechanism for community-level social care and support services	Coordination mechanism developed	88,000	0	1	1	0	0	-	88,000	88,000	-	-

Priority Interventions	Activities	Output Indicators	Unit Cost in 000's Ug Shs	Quantities					Values (Ug Shs)				
				2015/16	2016/17	2017/18	2018/19	2019/20	2015/16	2016/17	2017/18	2018/19	2019/20
	Engage traditional and cultural institutions to promote community-based care and support mechanisms	Number of people trained per district	300	560	560	560	560	560	168,000	168,000	168,000	168,000	168,000
	Build capacity of communities to identify and design appropriate community-based responses	Number of communities trained	200	0	5,200	5,200	5,200	5,200	-	1,040,000	1,040,000	1,040,000	1,040,000
Strategy 3.3: Promote specialised social care and support services													
Increase access to specialised social care and support services	Establish minimum packages of social care and support services for various categories of vulnerable persons	Number of studies	81,000	1	0	0	0	0	81,000	-	-	-	-
		Guidelines on minimum package developed and disseminated	50,000	0	1	0	1	0	-	50,000	-	50,000	-
	Develop service delivery standards	Number of studies	81,000	0	1	0	0	0	-	81,000	-	-	-
		Guidelines on service delivery standards developed and disseminated	50,000	0	0	1	1	1	-	-	50,000	50,000	50,000

Priority Interventions	Activities	Output Indicators	Unit Cost in 000's Ug Shs	Quantities					Values (Ug Shs)				
				2015/16	2016/17	2017/18	2018/19	2019/20	2015/16	2016/17	2017/18	2018/19	2019/20
	Empower vulnerable groups to demand for social care and support services	Number of communities sensitized at parish level	200	5,200	5,200	5,200	5,200	5,200	1,040,000	1,040,000	1,040,000	1,040,000	1,040,000
Objective 4: To strengthen the institutional framework for coordinated and gender sensitive social protection service delivery													
Strategy 4.1: Development of institutional capacity for delivery of gender sensitive social protection services													
Enhance human resource capacity for the design, implementation and co-ordination of gender sensitive Social Protection	Build the capacity of the MGLSD to coordinate and implement social protection	Number of Staff recruited in Departments responsible for Social Protection	15,000	25	35	45	45	45	375,000	525,000	675,000	675,000	675,000
		Number of Staff trained in Social Protection programming	10,000	7	8	10	10	10	70,000	80,000	100,000	100,000	100,000
		Number of International experience bench-marking tours	135,000	1	0	1	0	1	135,000	-	135,000	-	135,000
		Number of Vehicles	130,000	1	2	2	2	2	130,000	260,000	260,000	260,000	260,000
		Number of Equipment	20,000	7	8	10	10	10	140,000	160,000	200,000	200,000	200,000
		Operational costs	320,000	1	1	1	1	1	320,000	320,000	320,000	320,000	320,000

Priority Interventions	Activities	Output Indicators	Unit Cost in 000's Ug Shs	Quantities					Values (Ug Shs)				
				2015/16	2016/17	2017/18	2018/19	2019/20	2015/16	2016/17	2017/18	2018/19	2019/20
Establish and strengthen structures, systems and institutions for coordination of social protection services	Support Cabinet Committee on social protection	Number of coordination meetings	10,000	4	4	4	4	4	40,000	40,000	40,000	40,000	40,000
		Number of International experience bench-marking tours	135,000	1	0	1	0	1	135,000	-	135,000	-	135,000
		Number of monitoring visits	17,925	2	2	2	2	2	35,850	35,850	35,850	35,850	35,850
	Strengthen M&E System	Develop and operationalise M&E Framework	350,000	1	1	1	1	1	350,000	350,000	350,000	350,000	350,000
	Support multi-sectoral technical coordination mechanism for social protection at all levels	Number of studies	81,000	1	0	0	0	0	81,000	-	-	-	-
		Coordination mechanism designed	81,000	0	1	0	0	0	-	81,000	-	-	-
		Number of coordination meetings at the Centre	10,000	4	4	4	4	4	40,000	40,000	40,000	40,000	40,000
		Number of monitoring visits	30,000	2	2	2	2	2	60,000	60,000	60,000	60,000	60,000

Priority Interventions	Activities	Output Indicators	Unit Cost in 000's Ug Shs	Quantities					Values (Ug Shs)				
				2015/16	2016/17	2017/18	2018/19	2019/20	2015/16	2016/17	2017/18	2018/19	2019/20
	Build capacity of policy-makers and implementers across government on social protection policy and programming	Number of people trained	10,000	10	10	10	10	10	100,000	100,000	100,000	100,000	100,000
		Number of International experience bench marking tours	135,000	0	1	1	1	1	-	135,000	135,000	135,000	135,000
	Establish linkages between formal and informal social protection	Number of studies	81,000	1	0	1	0	0	81,000	-	-	-	-
		Guidelines developed and disseminated	81,000	0	1	0	1	0	-	81,000	-	-	-
	Develop MIS to improve implementation of Social Protection interventions	Management Information System developed	300,000	1	0	0	0	0	300,000	-	-	-	-
		Data and information gathered, processed and analysed	200,000	1	1	1	1	1	200,000	200,000	200,000	200,000	200,000
Strategy 4.2: Integrate Social Protection into National and Local Government Planning processes													
	Capacity Building for improved service delivery at the local government level	Number of Staff recruited in CBS Dept at all levels	8,570	1,728	1,728	1,728	1,728	1,728	14,808,960	14,808,960	14,808,960	14,808,960	14,808,960

Priority Interventions	Activities	Output Indicators	Unit Cost in 000's Ug Shs	Quantities					Values (Ug Shs)				
				2015/16	2016/17	2017/18	2018/19	2019/20	2015/16	2016/17	2017/18	2018/19	2019/20
		Number of experience sharing events held	100,000	0	1	1	1	1	-	100,000	100,000	100,000	100,000
	Integrate social protection into local government performance assessment	Number of studies	81,000	0	1	0	0	0	-	81,000	-	-	-
		Module for assessment of social protection issues	81,000	0	1	0	0	0	-	81,000	-	-	-
	Build the capacity of stakeholders to provide oversight on social protection	Number of people trained	10,000	10	10	10	10	10	100,000	100,000	100,000	100,000	100,000
	Develop and implement a National Policy Advocacy and Communication Strategy	Policy Advocacy and Communication Strategy	108,000	1	0	0	0	0	108,000	-	-	-	-
		Popular Version of the SP Policy in 10 Languages	100,000	2	2	2	2	2	200,000	200,000	200,000	200,000	200,000
		Number of dissemination workshops	50,000	5	5	5	10	10	250,000	250,000	250,000	500,000	500,000
		Number of International Benchmarking study tours	135,000	2	2	2	2	2	270,000	270,000	270,000	270,000	270,000
		Media Campaign package	434,000	1	1	1	1	1	434,000	434,000	434,000	434,000	434,000

Priority Interventions	Activities	Output Indicators	Unit Cost in 000's Ug Shs	Quantities					Values (Ug Shs)				
				2015/16	2016/17	2017/18	2018/19	2019/20	2015/16	2016/17	2017/18	2018/19	2019/20
		National joint SP Sector Review Workshop	250,000	1	1	1	1	1	250,000	250,000	250,000	250,000	250,000
	Develop a Gender Mainstreaming and a social Inclusion Strategy	Number of manuals developed and printed	160,000	0	1	0	0		-	160,000	-	-	-
		Number of dissemination workshops	25,000	10	10	10	10	10	250,000	250,000	250,000	250,000	250,000
	Conduct research to inform policy implementation	Number of studies	140,000	4	4	4	4	4	560,000	560,000	560,000	560,000	560,000
Strategy 4.3: Development of a long term financing mechanism for social protection													
Expand fiscal space	formulate a strategy for sustainable funding of social protection	Number of Studies conducted	81,000	1	1	1	1	1	81,000	81,000	81,000	81,000	81,000
		Media Campaign package	217,000	0	1	1	1	1	-	217,000	217,000	217,000	217,000
		Number of International experience bench marking tours	135,000	0	1	0	1	0	-	135,000	-	135,000	-
Grand Total									112,021,010	143,487,736	154,917,562	162,430,220	170,871,390

Annex II: Key risks to implementing the NSPP

In the first year of implementation the secretariat to the Social Protection Cabinet Committee will develop a comprehensive risk management framework encompassing the different elements of the policy that can be applied by participating agencies. The framework will apply the standard risk management process that includes risk identification, analysis, evaluation and treatment. The secretariat will take the lead in collecting and monitoring risk information and regularly updating a risk registry that will allow it to track and manage risk.

Key measures that will form part of the risk management framework include: monitoring and evaluation; development of a comprehensive management information system; internal and external audits; complaints and grievance handling; electronic authentication of beneficiaries and electronic funds transfer; communications and public awareness-raising; and technical assistance. Additional controls will be included as part of the risk management framework design.

The following risk assessment identifies some of the key high-level risks to implementing the NSPP and measures that will be developed to mitigate them. These will be updated to be included in the NSPP risk management framework.

KEY RISKS AND MITIGATION STRATEGIES

Key risks	Likelihood	Impact	Mitigation strategies
Social Protection interventions shall be implemented by different agencies which should work together through a functional coordination mechanism to ensure effective delivery of social protection services. Limited commitment by some of the implementing agencies to the coordination mechanism that shall be put in place may negatively affect effective implementation of social protection programmes, leading to non-achievement of the policy objectives	Moderate	High	<ul style="list-style-type: none"> Establishment of a Social Protection Cabinet Committee to provide oversight; Establishment of Technical Working Group composed of Permanent Secretaries of key implementing agencies to support the Cabinet Committee; Setting up a Secretariat within the MGLSD to provide support to the Cabinet Committee and Technical Working Group of Permanent Secretaries;
The interventions proposed in the PPI will require additional Government resources both in the medium term and long term. Due to competing and emerging priorities, the PPI may attract inadequate funding for its implementation.	Moderate	high	<ul style="list-style-type: none"> Develop a financing strategy that identifies funding sources and how these can be mobilized <ul style="list-style-type: none"> Careful sequencing, planning and monitoring of interventions with continuous tracking of progress Independent evaluations to generate evidence of program impacts Develop advocacy and communications strategies to build support across government
Grants from Development Partners constitute the highest proportion of funding for implementing social protection. A change in aid policy of development partners that leads to withdrawal of support, could significantly affect implementation of the PPI.	Low	High	<ul style="list-style-type: none"> Compliance to the Parish Declaration on Aid Effectiveness by both Government and Development; Regular and effective engagement between Government and Development Partners; Planning, budgeting and mobilizing resources for implementation of social protection from domestic revenue within the context of the medium term expenditure framework

Key risks	Likelihood	Impact	Mitigation strategies
Social protection interventions involve management of members' funds in the case of contributory social security schemes and delivery of grants to beneficiaries of direct income support programmes. Unforeseen weaknesses in public financial management and accountability systems can expose social protection programmes to fiduciary risks.	Moderate	High	<ul style="list-style-type: none"> • Institute a fiduciary risk assessment with the support of Development Partners to identify weaknesses in public financial management and accountability systems; • Strengthen mechanisms to reduce fiduciary risks • Provide guidance and support to implementing Agencies to develop and strengthen their fiduciary risk management capacity.
Social protection is an emerging area of basic services to be delivered by Government with specific staffing requirements. The existing human resource capacity both at the Center and in Local Governments may be inadequate for implementation of the proposed social protection interventions.	moderate	high	<ul style="list-style-type: none"> • Filling the existing staffing structure at both central and local government • Development and implement of human resource capacity building plan
It is envisaged that the Private Sector will play key role in implementation of the PPI. However, limited technical, logistical and human resource capacity in some of the organizations expected to support the delivery of social protection services could undermine the effectiveness of the programmes.	Moderate	High	<ul style="list-style-type: none"> • Support the private sector to build the capacity for delivery of social protection services; • Encourage a consortium approach among private sector partners; • Strengthen coordination of private sector providers of social protection services; • Establish appropriate mechanisms for ensuring compliance with social protection legislation by private sector service providers

GLOSSARY

Direct Income Support:	Refers to regular, predictable transfers to vulnerable groups.
Informal Sector:	The informal sector comprises establishments that are not formally registered under the laws of the country and their activities are not appropriately regulated.
Pension:	This is regular, predictable income provided to an individual by the state by virtue of being retired or an older person aged 60 years and above. It may be a regular payment made during a person's retirement from an investment fund to which that person or their employer contributed during their working life or an allowance given by Government to old persons in recognition of their diminished productivity.
Public Works Programmes:	These are Government interventions that usually provide short term employment in the community at a prescribed wage in return for their involvement in construction or maintenance of public infrastructure. The activities entail the payment of a wage (in cash or in kind) by the state, or by an Agent.
Older persons:	Refers to persons aged 60 years and above.
Risks:	These are social, economic and demographic factors that expose individuals to deprivation, extreme poverty and social exclusion. The exposure to the likelihood of a shock that results in vulnerability
Shock:	This is a situation that disrupts a normal way of life or livelihood of individuals, households or communities.
Social care and support Services:	These provide care, support, protection and empowerment to vulnerable persons who are unable to fully care for themselves. They include

	personal care, rehabilitation, psychosocial support, respite care, protection services, provision of information and referral
Social exclusion:	Refers to the process in which individuals or entire communities are systematically denied access to rights, opportunities and resources
Social insurance:	This is a form of compensation provided and controlled by Government to the older persons, persons with disabilities or the unemployed
Social Protection:	Refers to public and private interventions to address risks and vulnerabilities that expose individuals to income insecurity and social deprivation, leading to undignified lives
Social Protection System	Comprises of a range of coordinated policies, interventions, structures and mechanisms across different sectors which address social and economic vulnerabilities
Social Security	These are interventions to mitigate income shocks and decline in consumption due to factors such as retirement, ill-health, disability or old age
Vulnerability	Refers to a state of being in or exposed to a risky situation where a person is likely to suffer significant physical, emotional or mental harm that may result in his/her human rights not being fulfilled
Vulnerable Groups	These are categories of the population who are predisposed to deprivation, extreme poverty and social exclusion by virtue of age, gender, disability, ethnicity and geographical location or other social attributes
Youth	Refers to any person aged between 18 years and 30 years