



REPORT

ON THE SHOCK RESPONSIVENESS OF THE
SENIOR CITIZENS GRANT (SCG)

FOREWARD

In recent years, shock responsiveness has emerged as a pivotal focus of Social Protection (SP) programmes globally. With the support of the World Food Programme (WFP), the Ministry of Gender, Labour and Social Development (MGLSD) commissioned this study to assess the shock responsiveness of the Senior Citizens Grant (SCG), a flagship social protection scheme under the Social Assistance Grant for Empowerment (SAGE) Programme.

Shock Responsive Social Protection (SRSP) entails the use of an existing social protection system to mitigate the impact of covariate shocks. Uganda continues to be prone to multiple covariate shocks/disasters nearly all year round since 1966. According to the National Panel Survey FY2019/20, 30 – 40% of households experienced some covariate shocks in the last decade.

Therefore, investing in SRSP is crucial for addressing the adverse impacts of covariate shocks, preventing events from escalating into humanitarian crises through enhancing the resilience of vulnerable households and communities. Consequently, effective SRSP can significantly reduce poverty risks and improve overall wellbeing in a country. However, Uganda continues to lag behind its regional peers in investments in SP and disaster risk management, which somewhat complicates efforts to enhance shock responsiveness.

Nevertheless, with the approval of the National Social Protection Policy (NSPP) in 2015, Uganda made significant strides toward building an inclusive social protection system. The NSPP provides a foundational framework for the design and implementation of various social protection schemes, including the Senior Citizens Grant (SCG). The SCG is a direct income support scheme funded by the Government of Uganda, aimed at mitigating vulnerability and old age poverty among the elderly. Therefore, the study was commissioned to specifically evaluate the SCG's shock responsiveness in terms of its design, delivery systems, and overall capacity.

The review findings revealed that integrating Shock Responsive Social Protection (SRSP) into the SCG programme faces several challenges, including underfunding and limited coverage among others. The study underscored the urgent need for increased coverage of social protection programmes and the implementation of identified strategic priorities to enhance the SCG's shock responsiveness.

Despite these challenges, the study notes that the design and implementation of the SCG offers numerous opportunities for enhancing shock responsiveness at minimal cost or even within the existing budget. For example, SRSP can be achieved through cost-effective design adjustments or tweaks, such as modifying payment frequencies for at-risk beneficiaries and prioritizing payments for certain vulnerable persons during funding shortfalls. In addition, the SCG has also established robust systems for registration and payment, which can be leveraged by other humanitarian actors.

I therefore, encourage all stakeholders to actively engage with the recommendations outlined in this report and plan to implement them as resources permit. Together, we can foster a more resilient

future for our communities, ensuring that no one is left behind in times of crisis. I extend my heartfelt gratitude to everyone who contributed to this important work.

A handwritten signature in black ink, appearing to read 'A.D. Kibenge', with a stylized, sweeping flourish at the end.

A.D Kibenge
PERMANENT SECRETARY

AKNOWLEDGEMENT

Shock Responsive Social Protection (SRSP) is becoming a vital aspect of the social protection landscape in Uganda. I therefore would like to extend my heartfelt gratitude to all those who contributed to the completion of this important review of the shock responsiveness of the Senior Citizens Grant (SCG).

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Together, let us work towards a more resilient future for our communities. Thank you all for your contributions.



Stephen Kasaija
Head, Expanding Social Protection Programme

EXECUTIVE SUMMARY

Uganda has been affected by and continues to be prone to multiple shocks due to various disasters. The National Panel Survey FY2019/20 states that 30 – 40% of households have experienced covariate shocks (or at least a form thereof) in the last 10 years. The four major categories of shocks/disasters that have been experienced and continue to pose risks in Uganda include; a) Conflicts that have led to the existence of IDPs and Refugees; b) Health Shocks – mainly Ebola and Covid19; c) Economic Shocks – increase in prices of basic needs, especially food and fuel; and c) Natural Disasters such as floods, locust infestations and drought mainly due to climate change.

These shocks have contributed to increasing vulnerability and exacerbating poverty rates in Uganda. The Uganda National Household Survey (UNHS) 2019/2020 indicated a slight decrease in the national poverty rate from 21.4% in 2016/2017 to 20.3% in 2019/2020. However, the number of people living in poverty increased to 8.3 million during this period. Using the global extreme poverty threshold of US\$ 2.15 per day¹, the World Bank estimated Uganda's 2024 poverty rate at 41.3%, projected to decline to 40.1% by 2026. Before COVID-19, 55% of Uganda's population, including the elderly, was highly vulnerable to falling into poverty, showing a slight reduction from 65% in 2017 and 62% in 2015². This fluctuating poverty pattern is mainly driven by the vulnerability and limited adaptive capacities of rural households in the face of covariate shocks³.

For over fifteen years, the Government of Uganda (GoU), supported by its development partners, has actively sought to expand Social Protection (SP) coverage as part of its broader effort to achieve middle-income status by 2030. Social Protection, recognized as a vital component of sustainable development, plays a significant role in Uganda's commitment to the Sustainable Development Goals (SDGs), particularly SDG Target 1.3, which emphasizes implementing nationally appropriate SP systems for all and achieving substantial coverage of the poor and vulnerable. Other frameworks that support the SP agenda include; Uganda Vision 2040, and operationalized through the National Development Plans (NDP2 and NDP3).

To this effect, with the approval of the National Social Protection Policy (NSPP) in 2015, Uganda made significant strides in recent years towards building an inclusive social protection system. The NSPP formed the basis for the design and implementation of social protection programmes such as the Senior Citizens Grant (SCG), Disability Grant and the Special Enterprise Grant for Elderly Persons (SEGOP). The National Social Protection Policy (NSPP) of 2015 serves as a foundation,

¹ <https://www.worldbank.org/en/country/uganda/overview>

² MGLSD (2019). *Uganda Social Protection Sub-Sector Review*

³ World Bank. (2022). *Uganda Poverty Assessment: Strengthening Resilience to Accelerate Poverty Reduction*

articulating the vision of a society where all individuals are socially secure and resilient. In addition to the NSPP, there are a number of policies and frameworks that provide the basis for Uganda's social protection system.

Therefore, the introduction of the Shock Responsive Social Protection (SRSP) framework within Uganda's SP landscape emphasizes the importance of mitigating the adverse effects of large-scale shocks. This framework aims to strengthen the resilience of households and communities, particularly for vulnerable groups like children, the elderly, and persons with disabilities (PWDs). One of the key initiatives within Uganda's SP landscape is the Senior Citizens Grant (SCG) programme that provides a monthly grant of UGX 25,000 to older persons over 80 years.

The SCG aims to provide a safety net for elderly citizens by mitigating the adverse impacts of poverty, vulnerability, and risks associated with old age. However, the SCG programme faces significant challenges in its shock-responsive capacity, both intrinsic and extrinsic. Intrinsic challenges include low funding, low transfer value, limited coverage, and a high eligibility age threshold. Extrinsic challenges encompass structural, legal, policy, and institutional weaknesses that hinder the programme's effectiveness.

Currently, the SCG programme covers only 13% of the elderly population in Uganda, primarily due to underfunding. The programme's eligibility age threshold of 80 years is considerably high, especially given Uganda's low life expectancy. This high threshold excludes many elderly persons from benefiting from the programme, particularly in regions with high poverty and vulnerability levels, such as Karamoja. Additionally, the SCG programme suffers from irregular payment delivery, further undermining its ability to respond effectively to shocks.

Despite these challenges, there are opportunities in the design, infrastructure and implementation of the SCG to enhance the program's shock responsiveness such as; the SCG Management Information System (MIS) database for targeting, opportunity design tweaking for cost-effective adjustments, leveraging on the programs overall capacity to accommodate a significant increase in beneficiaries and ensuring that vulnerable populations are supported in times of crisis for example refugees and finally leveraging technology to enhance the program's alignment to existing or foreseen SP/humanitarian programmes.

To address the SCG programme's challenges and enhance its shock responsiveness, the following priority actions among others are recommended for implementation in the short term, medium term and long term.

Short Term: Focus on actions that can be taken within the programme's current remit, such as prioritizing payments for shock-prone communities, building the capacity of duty bearers, and strengthening payment and complaints systems.

Medium Term: Increase coverage and build strong evidence of the programme's impact, advocating for sustained coverage expansion and strengthening the monitoring and evaluation function.

Long Term: Ensure sustainable financing for SRSP by advocating for the DRM act, enabling mechanisms for resilience building, and maintaining linkages to other complementary programmes.

In conclusion, while the SCG programme has made notable progress in providing social protection to Uganda's elderly population, its capacity to respond to shocks remains limited. To fully realize its potential as a shock-responsive social protection (SRSP) tool, substantial improvements are needed in coverage, funding, and operational efficiency. Implementing these recommendations would significantly enhance the SCG programme's ability to act before, during, and after covariate shocks, thereby mitigating their impact on vulnerable populations, particularly older persons.

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LIST OF ACRONYMS

API	Application Programming Interface
ATM	Automatic Teller Machine
C&G	Complaints and Grievances
CDO	District Community Development Officer
CDO	Community Development Officer
CEDAW	Convention on the Elimination of Discrimination Against Women
CERUDEB	Centenary Rural Development Bank
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disability
DCDO	District Community Development Officer
DDMC	District Disaster Management Committee
DDMC	District Disaster Management Committee
DINU	Development Initiative for Northern Uganda
DIS	Direct Income Support
DLGs	District Local Governments
DNRO	District Natural Resource Officer
DRDIP	Development Response to Displacement Impacts Project
DRM	Disaster Risk Management
DRM	Disaster Risk Management
DSP	Directorate of Social Protection
EAC	East African Community
ESP	Expanding Social Protection
ESPP	Expanding Social Protection Programme
EVH	Extremely Vulnerable Households
GBV	Gender Based Violence
GDP	Gross Domestic Product
GMV	Gender, Marginalisation and Vulnerability
GoU	Government of Uganda
KIDP	Karamoja Integrated Development Plan
KYC	Know Your Customer
LIPW	Labour Intensive Public Works
LRDP	Luwero-Ruwenzori Development Programme
M&E	Monitoring and Evaluation
MDAs	Ministries, Departments and Agencies
MGLSD	Ministry of Gender, Labour and Social Development
MIS	Management Information System

MoFPED	Ministry of Finance, Planning and Economic Development
MoU	Memorandum of Understanding
MPS	Ministry of Public Service
MWE	Ministry of Water and Environment
NDP	National Development Plan
NDVI	Normalized Difference Vegetation Index
NECOC	National Emergency Coordination and Operations Centre
NIN	National Identification Number
NIRA	National Identification and Registration Authority
NREP	Natural Resource Efficiency Policy
NSPP	National Social Protection Policy
NSRSP	National Single Registry for Social Protection
NSRSPF	National Shock Responsive Social Protection Framework
NSSF	National Social Security Fund
NUSAF	Northern Uganda Social Support Action Fund
OPM	Office of the Prime Minister
OWC	Operation Wealth Creation
PMU	Programme Management Unit
PPI	Programme Plan of Interventions
PRDP	Post-War Recovery Development Programme
PS	Permanent Secretary
PSP	Payment Service Provider
PWDs	People with Disabilities
RTSU	Regional Technical Support Units
SAGE	Social Assistance Grant for Empowerment
SCDO	Senior Community Development Officer
SCG	Senior Citizen Grant
SDGs	Sustainable Development Goals
SEGOP	Special Enterprise Grant for Older Persons
SIDA	Swedish International Development cooperation Agency
SOPs	Standard Operating Procedures
SP	Social Protection
SPI	Standardized Precipitation Index
SPTC	Social Protection Thematic Committee
SRSP	Shock Responsive Social Protection
SWOT	Strength, Weaknesses, opportunities and Threats
TWG	Technical Working Group
UBOS	Uganda Bureau of Statistics
UCRRP	Uganda Country Refugee Response Plan
UNDRR	United Nations Office for Disaster Risk Reduction
UNMA	Uganda National Meteorological Authority
UNICEF	United Nations Children’s Fund
WFP	World Food Programme

1 BACKGROUND AND RATIONALE

1.1 Introduction

The Government of Uganda (GoU), with support from its development partners, has over the past decade been trying to expand Social Protection (SP) coverage for citizens as part of the efforts towards the realisation of the country's national development goals. The country's commitment to providing SP is articulated broadly in its overarching policy agenda, Uganda Vision 2040,⁴ and detailed in the Third National Development Plan (NDP3).⁵ In particular, GoU has implemented limited shock responsive social protection interventions amidst the frequent covariate (widespread) shocks such as droughts, floods, hailstones, landslides, crop/livestock infestations, epidemics, pandemics, displacements and inflation that are frequently experienced across the country.

The Ministry of Gender, Labour and Social Development (MGLSD), with support from the World Food Programme (WFP), has accordingly commissioned this study to assess the shock-responsiveness of the Senior Citizen Grant (SCG). The main objective of the study was to assess the design, the delivery system and the capacity of the SCG programme to provide SP services effectively and efficiently to affected populations before, during and after a **covariate shock** (defined in the next section).

The study recognises that shocks of whatever nature adversely increase vulnerability and poverty especially of the most vulnerable population such as the elderly. The strategic prioritisation of Shock-Responsive Social Protection (SRSP) over the traditional Disaster Risk Management (DRM) approach recognises the need to use existing social protection mechanisms to support communities to address the risks that covariate shocks expose them to through; reducing the likelihood of a shock resulting into disaster(risk reduction), building the capacity to anticipate or recover from the losses arising from a shock or disaster (risk absorption) and building long term capacity to cope with any shock/disaster (resilience). The shift seeks to ensure not only that such shocks do not become humanitarian disasters but also that the fruits of socioeconomic growth extends to at-risk demographic groups, including the elderly. It is a smart way to position the country to realise its development target of becoming a **lower-middle income country by 2030**.

The assessment, though programme-specific, follows two earlier SP sub-sector reviews in 2014⁶ and 2019.⁷ These exercises, together, represent GoU's continuous desire and commitment to revamping SP generally and the direct income support component particularly, ensuring that it is shock-responsive. This initiative stands to position Uganda alongside other African countries such

⁴ National Planning Authority (NPA). (2013). *Uganda Vision 2040*.

⁵ NPA. (2019). Third National Development Plan (NDP3), 2020/21 – 2024/25.

⁶ Ministry of Gender, Labour and Social Development (MGLSD). (2014). *Uganda Social Protection Sector Review*.

⁷ MGLSD. (2019). *Uganda Social Protection Sub-Sector Review*.

as Ethiopia, Kenya, Lesotho and Malawi that have scaled up their SRSP initiatives.⁸ The findings from the study are expected to inform the implementers of any considerations for future adjustments to the programme design, delivery systems and implementation arrangements.

1.2 Covariate shocks: Uganda’s Experience

The National Social Protection Policy (2015, defines a shock as a situation *that disrupts a normal way of life or livelihood of individuals, households or community*. On the other hand, disasters refer to serious disruptions to the functioning of a community that exceeds its capacity to cope using its own resources. In some instances, disasters can be avoided if risks are managed through implementing effective risk reduction measures. It’s worth noting that not all shocks (for example those affecting a few households) lead to disasters unless the impact is to a significant part of the population and at the same time (covariate).

Therefore, covariate shocks, unlike idiosyncratic shock that impact individuals, are widespread adverse events that affect many households in a given geo-location that, left unmitigated, could trigger humanitarian disasters affecting wide population groups simultaneously. Covariate shocks can be categorised in terms of causal agency, intensity, frequency, severity and predictability. In terms of causal agency, they can be natural or manmade.

In terms of shock responsive social protection, predictability of a shock is critical for proper planning and for ensuring adequate resource allocation. Predictability of hazards is ideally based on early warnings information that is critical for informing anticipatory responses thereby reducing the possibility of shocks becoming disasters. In contrast, unpredictable and fast-onset shocks require better coordinated and well-tailored shock-responses, targeting both programme beneficiaries and the other affected community members

Uganda continues to be prone to multiple covariate shocks/disasters nearly all year round since 1966. The National Panel Survey FY2019/20 states that 30 – 40% of households have experienced covariate shocks (or at least a form thereof) in the last 10 years, with those in the rural areas, especially the elderly, being affected the most. The impact of these disaster have been far reaching on the lives and property of the affected communities (Table 1)

Table 1: Impact of Disasters in Uganda by Type of Peril, 1966–2020

Shock category.	Number of events	Population affected	Number of deaths	Damage (US\$. Thousands)
Drought	10	4,975,000	194	1,739,000
Earthquake	6	58,100	115	92,318
Epidemic	40	345,774	1,898	89,375
Flood	30	1,290,459	1,864	1,119,410
Insect infestation	2	--	--	28,905
Landslide	12	152,255	601	887
Storm	8	18,852	60	362
Total	108	6,840,440	4,732	3,070,257

⁸ Ibid.

Note: The table presents aggregate impacts across different disaster events. The blanks (--) indicate where data was not available.

Source: World Bank (2022). *Disaster Risk Finance Diagnostic Uganda*.

The four major categories of covariate shock prevalent in Uganda include:

- a) **Climatic hazards and natural disasters.** Uganda ranks 58th out of 181 countries in global ranking of climate disaster risks. The country's score on the World Risk Index is 8.63, reflecting a combination of high exposure and very high susceptibility, vulnerability, and lack of coping and adaptive capacities. In 2019, Uganda was ranked 158th out of 192 countries in terms of its readiness to improve resilience.⁹ Disasters have been occurring at increased frequency. Before 2000, the country experienced about one disaster per year. In 2019, the rate had increased to 9 per year, including climatic and epidemic shocks. Drought, the most widespread climatic shock in Uganda, has been occurring at an increasing frequency, driven mainly by climate change.¹⁰ In 2022, 14,671 individuals were affected by disasters, representing 4,800 households.¹¹

As noted above, floods and drought are the most frequent natural disasters in Uganda. Drought affects the highest number of people and causes the greatest economic loss, disrupting livelihoods and food security of many households, given its extensive impact on agricultural productivity on which the majority of the population in rural areas depend. These weather-related shocks are expected to increase in frequency and severity, driven mainly by climate change which has been behind the recent extreme temperatures, prolonged heatwaves and variable rainfall patterns, with excessive rainfall in some places and water scarcity in others.¹²

- b) **Pandemics and epidemics,** affecting both humans, livestock and plants, e.g., COVID-19, Ebola, Foot and Mouth disease, army worms. On the health front, Uganda recently faced back-to-back onslaughts from the COVID-19 pandemic and Ebola. In March 2020, Uganda declared its first case of COVID-19 which led to stringent lock down measures, causing significant disruption to the socioeconomic life in the country, with the elderly and other vulnerable population being the most severely affected. Over 3,632 deaths were reported from COVID-19. During the first eight weeks of the pandemic, 1.9 million Ugandans fell into poverty, increasing the rate of poverty by nearly 16%. At the end of 2021, 25% of the population was living below the poverty line, compared to 21% at the start of the year. The elderly, especially those with disability or chronic illness, fared the worst¹³. Before Uganda could recover from the impacts of COVID-19, an Ebola outbreak was declared in the country in September 2022, lasting over 5 months to January 2023. Over 160 people were infected, with 77 dying from the epidemic.

⁹ World Bank, (June 2022). *Disaster Risk Finance Diagnostic Uganda*.

¹⁰ Ibid.

¹¹ <https://dtm.iom.int/reports/uganda-multi-hazard-infographic-March-2022>

¹² World Bank. (June 2022). *Disaster Risk Finance Diagnostic Uganda*.

¹³ *ibid*

- c) **Armed conflicts, social unrest and displacements** that have led to internal displacements of peoples and the influx of refugees from neighbouring countries. According to the World Bank,¹⁴ Uganda remains at the centre of Africa's largest refugee crisis, hosting nearly 1.6 million refugees and asylum seekers. Nearly 60% of these refugees are from South Sudan while over 30% are from the Democratic Republic of the Congo. Uganda continues to receive new refugee arrivals all year round. The Uganda-Multi-Hazard Infographic (2022) highlights that a total of 9,918 individuals, representing 3,672 households, were affected by displacement. 2,718 individuals from 453 households were internally displaced by disasters.¹⁵ A total of 3,198 individuals representing 533 households have been internally displaced.
- d) **Economic shocks resulting** mainly from imported inflation and macroeconomic factors such as global increase in fuel prices, increased cost of imports, low productivity, etc., which drive up prices of basic goods that are prioritized by the most vulnerable persons.

Ideally, SRSP can respond to all these shocks, but due to resource and capacity limitations faced by countries like Uganda, the recommendation is to focus on addressing the major covariate shocks that have the greatest impact on the livelihoods of the most vulnerable sections of the population. A key recommendation from a parallel study is that as the country's SP system expands horizontally and vertically, the range of shocks that the SP systems can respond to can be broadened.¹⁶ Otherwise, without broadening the scope of SRSP, the prevalence and severity of shocks will exacerbate the vulnerability level of communities to the detriment of Uganda's achievement of its long-term development goals.

1.3 Poverty, vulnerability and disaster risk exposure among older persons.

Vulnerability, poverty and risks are interrelated terms. Though sometimes used interchangeably, poverty describes a prevailing state of deprivation and is widely recognised to be multidimensional in nature but tends to be measured in terms of income or consumption. The international threshold for extreme poverty rate is US\$ 2.15 per day.¹⁷ Based on that measure, the World Bank estimates the 2024 poverty rate in Uganda is very high at 41.3% which is projected to fall to 40.1% by 2026.

In contrast, vulnerability defines the likelihood of becoming poor in future. Prior to COVID-19, 55% of the population of Uganda that includes the elderly was estimated to be highly vulnerable to falling into poverty, a slight reduction from 65% in 2017 and 62% in 2015.¹⁸ This fluctuating pattern of poverty rates is driven largely by the vulnerability and limited adaptive capacities of rural households in the face of covariate shocks.¹⁹ SRSP recognises three main types of drivers of vulnerability, namely;

- i) Life-cycle and individual capacity-associated risks during childhood, school going age, youth, working age and old age as well as certain conditions such as disability,

¹⁴ blogs.worldbank.org

¹⁵ <https://dtm.iom.int/reports/uganda-multi-hazard-infographic-March-2022>

¹⁶ MGLSD. (Forthcoming). *National Shock Responsive Social Protection Framework*.

¹⁷ <https://www.worldbank.org/en/country/uganda/overview>.

¹⁸ MGLSD (2019). *Uganda Social Protection Sub-Sector Review*.

¹⁹ World Bank. (2022). *Uganda Poverty Assessment: Strengthening Resilience to Accelerate Poverty Reduction*.

- unemployment, widowhood, displacement and ill-health, all of which risk limiting people's capacity to meet their overall basic needs, predisposing them to poverty.
- ii) External risks and shocks in the form of natural disasters, climate change, conflict, macro-economic shocks associated with food, fuel and financial crises; and
 - iii) Stigma, social exclusion and marginalisation, which may entail denial of rights, services, opportunities and/or resources.²⁰

The high rate of poverty, especially among the elderly, is aggravated by the high incidence of disability and chronic illness to which the group is predisposed. Nearly 20% of households in Uganda have a member living with disability. While disability affects significant parts of Uganda's population of all stages of the lifecycle, the prevalence is higher among the elderly. The older persons are more likely to suffer from chronic illnesses and diminishing capacity to work. The SP Sub-Sector Review (2019) highlighted that more than half of the elderly population live with disability. The group is also 65% more likely to be sick than their younger counterparts. Yet due to Uganda's weak traditional social support system, most elderly especially women continue to engage in unproductive activities such as subsistence farming to support themselves and their dependents.

Disaster risks, meanwhile, are predisposing factors to, and one of the drivers of, vulnerability and poverty. The NSPP's *Programme Plan of Intervention* (PPI) defines risks as social, economic and demographic factors that expose individuals to deprivation, extreme poverty and social exclusion. The definition further includes exposure to the likelihood of a shock that results in vulnerability. According to the United Nations Office for Disaster Risk Reduction (UNDRR), a disaster risk, associated with a potential injury, loss of life or the destruction or damage of assets which could affect a community in a specific time period, is determined as a probable outcome of an event, exposure, vulnerability or capacity.²¹ Disaster risks highlight the continuously present likelihood of suffering due to unmitigated hazardous events.

Older persons are particularly exposed to various disaster risks due to a combination of many factors such as; physical vulnerability, economic challenges and social challenges among others. Even in service delivery, vulnerable groups face a lot of marginalisation exposing them to further vulnerability and poverty. MGLSD's PPI for the NSPP, FY2015/16–2019/2020 recognises occasional marginalisation of individuals or entire communities, leading to denial of rights, opportunities and resources. The elderly, the chronically sick, people living with HIV/AIDS, PWDs, ethnic minorities, orphans and widows sometimes experience marginalisation and social exclusion.²² Therefore, effective SRSP, should be cognizant of these vulnerabilities among the elderly in the design and implementation of their interventions especially in the poor and shock-prone locations such as Karamoja where individuals and households often suffer from multiple levels of vulnerability.

²⁰ MGLSD. (2015). *The Programme Plan of Interventions for the National Social Protection Policy, Fiscal Years 2015/16 – 2019/2020*.

²¹ UNDRR. "Disaster Risks." (Undated). <https://www.undrr.org/terminology/disaster-risk>

²² Ibid.

1.4 Shock Responsive Social Protection (SRSP) in Uganda

According to the Oxford Policy Management (2018), there is no single definition of shock-responsive social protection. All social protection interventions are in some sense shock-responsive, in that they deal ex-ante or ex-post with chronic or sudden events that negatively affect households' livelihoods. UNICEF (2019) further highlights the distinction between social protection and shock responsive social protection. It articulates that social protection policies and programmes are most often designed to address typical risks faced by individuals and households along their lifecycle while 'shock responsive' social protection aims to extend the types of risks covered to include additional, challenges which often impact many households at once such as natural hazards, economic crises, and conflict that also play a critical role in determining life outcomes.

The forthcoming MGLSD's *National Shock Responsive Social Protection Framework* defines SRSP as use of SP systems to mitigate the adverse impact of covariate shocks affecting whole communities, regions or even the entire country) and support affected households. Such mitigation and support can be built into the design and the capacity of SP programmes or undertaken during service delivery and programme implementation. All SP interventions are in some sense shock-responsive in that they deal anticipatorily or retrospectively with predictable or sudden shocks to households' livelihoods. However, most SP programmes are designed to support households experiencing idiosyncratic shocks (those that affect individuals in households), e.g., life cycle events such as age, illness, disability, death of a breadwinner, job loss, or personal misfortunes such as accident, loss of job or asset, etc.²³

Shock-responsiveness was one of the main outcomes of the 2014 SP sub-sector review. Shock-responsive or adaptive SP is not unique to the SCG programme. It has been operated in phase 3 of the Northern Uganda Social Support Action Fund (NUSAF3) – the most recent Direct Income Support (DIS) programmes in the country – and under supplementary programmes such as the Food Assistance for Asset Creation and the Development Response to Displacement Impacts Project (DRDIP), among others.²⁴ Over the past decade, shock responsiveness has become a key component of SP in Uganda. The 2019 SP sub-sector review commended the recent drive towards SRSP but recommended the need for significant expansion to reach greater number of affected persons and to address both slow-onset shocks such as drought as well as fast-onset ones such as floods or rapid influx of refugee.

In comparison to other countries, Uganda is still way below its peers in the region in terms of its spending on DRM, human capital development as well as its vision for SRSP. By comparison, DIS programmes cover more than 6% of the population in neighboring Kenya. The average for countries in East Africa is 9% of the population, while that of low-income countries is 7% of the population. Following the winding up of NUSAF3²⁵ in 2023 – with NUSAF4 yet to take off – SCG is currently the only existing DIS programme in Uganda and historically the only one with a

²³ MGLSD (2015). National Social Protection Policy.

²⁴ For instance, MGLSD's *Uganda Social Protection Sub-Sector Review* (2019) highlights that the Disaster Risk Financing (DRF) in NUSAF3 was allocated USD 12 million, while the Displacement Crisis Response Mechanism (DCRM) under DRDIP was allocated USD4.5 million.

²⁵ NUSAF 3 originally wrapped up in June 2021 but it was extended to 2023

nationwide coverage. Even before NUSAF 3 wound up, the coverage of shock-responsive DIS programmes was very low, with the combined reach of both the SCG and NUSAF3 at only 3% of the population – which is very low given the prevalence of shocks and the level of vulnerability and extreme poverty in the country. The SCG remains the only nationwide SP programme in the country yet the coverage is still very low due to limited funding.

GoU’s total spending on the SCG and NUSAF3 has consistently been a meagre fraction of the country’s GDP. In FY2017/18, Uganda’s spending on DIS represented only about 0.14% of GDP, which is significantly low compared to the 0.4 percent and 0.3 percent of GDP that Kenya and Rwanda, respectively, spent on DIS programmes.²⁶ GoU rolled out the SCG nationally to cover all the elderly 80 years old and above from FY2020/21.²⁷ Presently, the programme covers only 13% of the elderly population, 60 years and above.²⁸ With the exception of the 14 pilot districts, no progress has been made to reduce the eligibility age below 80 years. In addition, the monthly entitlement value of SCG has remained unchanged at UGX. 25,000 since August 2013 while the real value has fallen to about UGX. 14,000.²⁹ The extremely low level of DIS coverage and spending amidst immense needs of the population limits the intended impact and the effectiveness of SRSP initiatives towards mitigating risks and reducing poverty and vulnerability, especially among the elderly and other vulnerable groups. The low coverage and transfer value in the SCG means that Government should appropriate adequate resources for the programme.

1.4.1 The Rationale for Shock Responsive Social Protection

As [section 1.2](#) above shows, Uganda is prone to many covariate shocks and has historically suffered many human and natural disasters. SRSP is a strategic initiative tailored primarily to build the resilience of households and communities before, during and after a covariate shock, thereby reducing their risks and vulnerability to poverty. Covariate shocks, more so climatic ones that affect the greatest number of households and communities, can push marginally poor households into poverty, and poor households deeper into poverty.³⁰

These events adversely impact the livelihoods and general wellbeing of households and communities, with the elderly, PWD, and other vulnerable individuals being the most severely affected. The goal of SRSP is to mitigate adverse impacts of covariate shocks, ensuring that they do not become humanitarian disasters. The intervention will in the process, strengthen the resilience of households and communities that have been – or are likely to be – impacted by shocks, thereby reducing their vulnerabilities and risks of falling into poverty.

SRSP recognises that all people, irrespective of socioeconomic status, are prone to various risks and vulnerabilities that could plunge them into poverty, rendering them unable to meet their basic

²⁶ MGLSD (2020). *Uganda Economic Update: Strengthening Social Protection to Reduce Vulnerability and Promote Inclusive Growth*, 14th Edition.

²⁷ MGLSD (2019). *Uganda Social Protection Sub-Sector Review*.

²⁸ SCG MIS data (July 2024) compared with Statistics from UBOS Census (2024)

²⁹ Results of Analysis of the impact of inflation on the SCG grant using inflation data from 2013-2022 obtained from <https://www.macrotrends.net/global-metrics/countries/UGA/uganda/inflation-rate-cpi>>UgandaInflationRate1960-2024 www.macrotrends.net. Retrieved 2024-07-27

³⁰ World Bank. (2020). *Assessment of the Sensitivity of the Social Protection Sector in Rwanda to Climate-Related Shocks*.

needs such as food, clothing, housing, healthcare and education. The prioritisation of shock responsiveness under the SCG programme has particularly been to enhance the coping and adaptive capacities and the resilience of the elderly before, during and after a disaster has happened. SRSP plays critical role in mitigating adverse impacts of covariate shocks on the older persons, preventing them from becoming disasters.³¹

SP interventions are vital for enabling households address risks arising from disasters and also build resilience against future shocks. Resilience describes the ability of poor household exposed to shocks or disasters to withstand, adapt to, and recover from such shocks or disasters in a timely and efficient manner, without jeopardising their livelihoods.³² It is a measure of a SP programme's successful reduction of risks and vulnerabilities. The World Bank's 2022 report on strengthening resilience to accelerate poverty reduction in Uganda puts it cautiously that experiencing shocks more frequently need not push vulnerable households into poverty, provided they can access safety nets and other means to smooth incomes.

SRSP can contribute to building resilience of households through promoting financial inclusion in intervention such as cash transfers. SRSP provides financial inclusion and seeks to build the resilience of poor and vulnerable households and communities by investing in their capacity to prepare for, cope with, and adapt to shocks, thereby improving their wellbeing and ensuring that they do not fall into poverty due to the impacts of shocks.³³

In Uganda, 22% of adults, a majority of whom are the elderly persons in impoverished rural areas, bear the brunt of financial exclusion, with limited access to financial services. Only 58% of Ugandans use formal financial services, while the poorest 40% depend on mobile money as the main mode of informal financial inclusion. The SCG programme has popularised financial inclusion among the elderly and facilitated access to financial services by disbursing grants, coopting beneficiaries onto formal financial services of a bank, providing basic financial literacy as an auxiliary service and increasing access to banking services at the established pay points activated on scheduled days. SCG beneficiaries in different regions have testified that the grants they receive, despite being small, have improved their resilience, general wellbeing and the coping capacity, enabling them to prepare for, cope with, and adapt to shocks better.

1.5 Uganda's Experience with Implementing SRSP Programmes

The GoU has implemented several shock-responsive SP programmes over the last eight years. The most notable ones are the Northern Uganda Social Action Fund, Phase Three (NUSAF 3), designed as a five-year (2016 – 2021); the COVID-19 Relief Fund to Vulnerable Persons in Urban Areas; and the Senior Citizens Assistance Grant (SCG) – an existing programme that was adjusted to address the COVID-19 shock.

³¹ MGLSD. (Forthcoming). *National Shock Responsive Social Protection Framework*.

³² Ibid.

³³ Disaster Risk Finance Diagnostic Uganda, June 2022. World Bank

1.5.1 LIPW under The Northern Uganda Social Action Fund, Phase 3 (NUSAF3)

Funded by the World Bank, NUSAF3 was coordinated by the OPM and implemented in 66 districts, covering the sub-regions of West Nile, Acholi, Lango, Karamoja, Bukedi, Elgon, Teso and Bunyoro. The programme was designed to assist the targeted poor communities of Northern Uganda to transit to sustainable livelihoods as part of Uganda's aspiration towards achieving a middle-income status for all citizens. The programme's development objective was to provide effective income support to, and build resilience of, the poor and vulnerable households in the region. Among the major components of the programme was the Labour Intensive Public Works (LIPW), a programmatic intervention that provided temporary employment opportunities for the poor and vulnerable population. The programme had the capability of scaling up the initiative in response to disasters in selected areas.

1.5.2 Emergency cash under COVID-19 Relief Fund to Vulnerable Persons in Urban Areas

As indicated in sections 1.2 COVID-19 affected most sectors of Uganda's economy. The stringent lockdown measures put in place by Government following the outbreak of COVID-19 in March 2020 caused significant disruptions to the socioeconomic life across the country, plunging a significant section of the population into poverty. The disruption was most acutely felt in urban areas, with the urban poor being the most adversely impacted, especially the elderly, most of whom had pre-existing medical conditions. On 29th June 2020, the Cabinet passed a resolution approving the COVID-19 relief fund/cash transfer programme to over 500,000 households in the Kampala Metropolitan areas and other cities as part of Government's response to the COVID-19 shock, with the MGLSD as the implementing agency. The intervention targeted the most vulnerable persons affected by the lockdown in urban and peri-urban centres, who were most likely to be hit the hardest by the lockdown, given their reliance on the informal, day-to-day and hand-to-mouth economy. Government disbursed cash transfers of UGX100, 000 to eligible households.

1.5.3 Adjustments in the implementation of the Senior Citizen Grant (SCG)

The SCG is a social protection intervention that provides regular social cash transfers to older persons in Uganda. Under the auspices of the MGLSD, the SCG provides a cash grant budgeted at UGX 25,000 per month to all enrolled older persons through a contracted payment service provider. During the COVID-19 pandemic, the programme implemented two adjustments; design tweaked the payment frequency and paid over three months' entitlements in advance to existing beneficiaries, then secondly implemented a horizontal expansion where a total of 105,388 new beneficiaries were registered and paid.

2 OVERVIEW OF THE SENIOR CITIZENS GRANT

The Senior Citizen Grant (SCG) is a nationwide Direct Income Support (DIS) an initiative funded by the GoU under the Social Assistance Grant for Empowerment Programme (SAGE) component of the Expanding Social Protection Programme.³⁴ The SCG was designed as a social protection intervention to address old age poverty and vulnerability in Uganda.

This programme that provides older persons with a monthly cash grant of UGX 25,000 is led by MGLSD, coordinated by the Expanding Social Protection Secretariat that hosts a Programme Management Unit (PMU) and at field level implemented by the district local governments. The programme is implemented in close collaboration and coordination with various stakeholders at the national and district level.

The payments are delivered by a contracted payment service provider- Centenary Rural Development Bank (2019-2025). These payments are largely delivered on scheduled dates at designated pay points across the country. The implementation of the SCG follows laid down steps and processes as outlined in the implementation guidelines. These steps, outline and define a clear pathway for every programme beneficiary from identification to payment. *The SAGE Implementation Guidelines (2019)*³⁵ outlines four core steps that are followed logically in the programme's implementation process as follows;

- i) **Step 1: Targeting of beneficiaries:** This involves the selection of potential beneficiaries from the data of older persons obtained from the National Identification Registration Authority (NIRA) using the approved targeting criteria. The targeting process is automated through the SAGE Management Information System (MIS).
- ii) **Step 2: Verification:** This involves the process of confirming the existence, identity and eligibility of the targeted potential beneficiaries. The national identity card is the primary document used to verify the age of all potential beneficiaries. However, the *Guidelines* specify additional documents that can be used to verify the identity of potential beneficiaries as long as they are linked to their respective national identification numbers.
- iii) **Step 3: Registration and Enrolment:** This step requires that every older person who is eligible to benefit from the SCG registers formally by filling the SCG registration form (currently digitised). As part of the registration process, the targeted older persons are, among other requirements, expected to consent to benefit from the SCG. Thereafter the beneficiary is referred to open an accounts with PSP so as to complete the enrolment process.
- iv) **Step 4: Payments:** The final process entails the disbursement of cash to registered SCG beneficiaries through a PSP contracted by GOU. Beneficiary payments are usually made on a quarterly basis at various pay points following the procedures laid out in this guidelines.

³⁴ Even though SCG and SAGE are often used interchangeably, even documents such as *Implementation Guidelines for the Senior Citizens Grant (2019)*, the former is in the strict sense a narrow component of the latter.

³⁵ Even though the *Guidelines* refers to the eponymous programme as "SAGE", the programme in question is actually the SCG. A number of reports and documents refer the two interchangeably. But the latter is strictly speaking a component of the former.

Besides the above core steps, the *Guidelines* also provide for five additional processes that are implemented for case management of various programme concerns and to address various barriers faced by individuals in trying to access SCG services, namely:

- (i) ***Complaints and Grievances Management***: This mechanism has been established to address dissatisfaction and concerns raised by any programme beneficiary or stakeholder.
- (ii) ***Change Management***: This defines changes that affect beneficiaries' information and/or status on the programme. These changes include death of a beneficiary, change of an alternative recipient, relocation, etc. They are documented using specifically designed programme forms and captured in the SAGE MIS.
- (iii) ***Gender and Equity***: This involves conscious reviews and actions on all the SCG processes to ensure they meet acceptable gender and equity standards. The SCG seeks to enhance equitable access to its services for all beneficiaries through institutional structures and priority actions aimed at addressing gender inequalities and equity concerns in the delivery of programme services and the capacity of duty bearers to implement gender responsive and equitable services effectively.
- (iv) ***Monitoring and Evaluation***: This is an essential management function that regularly provides information on how well the SCG is working so that management can take corrective measures to improve the programme's performance.
- (v) ***Strategic Communication***: This involves dissemination of public information to ensure that there is sufficient understanding of the processes and procedures of administering the SCG among beneficiaries and their communities to maximise access to programme services and to eliminate potential scams.

3 OBJECTIVES, SCOPE AND METHODOLOGY

3.1 Introduction

The the MGLSD in partnership with the WFP commissioned this assignment to assess the shock responsiveness of the SCG and its capacity to provide SP services to the affected population in the event of a covariate shock. The assignment entailed reviewing and triangulating existing literature on SP generally and SRSP specifically, and holding extensive stakeholder consultations with the Technical Working Group (TWG) in Kampala, consisting of officials from WFP, MGLSD (ESP), OPM, MWE, MFPED and RTSUs; CERUDEB, SCG structures at the district, sub-county and parish levels as well as the community, inclusive of programme beneficiaries and target groups. The assessment entailed conducting a SWOT analysis on the SCG, with the findings from the study expected to inform the implementers of any considerations for future adjustments to the programme design and implementation.

3.2 The Main Objective

The main objective of the assignment was to assess the SCG's delivery system and its capacity to provide SP services effectively and efficiently to the affected people (programme beneficiaries) before, during and after a covariate shock.

3.3 Specific Objectives

The assessment sought to achieve the goal above through five specific objectives:

- i. Reviewing the SCG design and objectives. This involved understanding the goal and target population of the SCG and how it aims to respond to the various types of shocks such as economic downturns, natural disasters, or health shocks;
- ii. Examining the programme's delivery systems and processes. This involved assessing how the SCG is implemented, including its delivery mechanisms (targeting; verification of beneficiaries; registration of beneficiaries into the programme; enrolment and payment of beneficiaries by the payment service provider; change management; and complaints and grievances mechanisms), frequency of payments, and any conditionalities attached to the transfers;
- iii. Evaluating the SCG experiences with interventions on shock responsiveness. This involved assessing how the SCG has responded to shocks in the past, and the effectiveness of the response(s) in addressing impacts of the shock(s) on programme beneficiaries;
- iv. Examining the adaptability of the SCG to adjust its operations in response to different types of shocks and changing circumstances. This involved identifying entry points in the

- programme for adapting early warnings for shocks to enhance its preparedness, better responses; and
- v. Providing recommendations and/or policy recommendations, based on the assessment, for enhancing the shock responsiveness of the SCG in terms of changes to the programme design, implementation or monitoring and evaluation mechanisms.

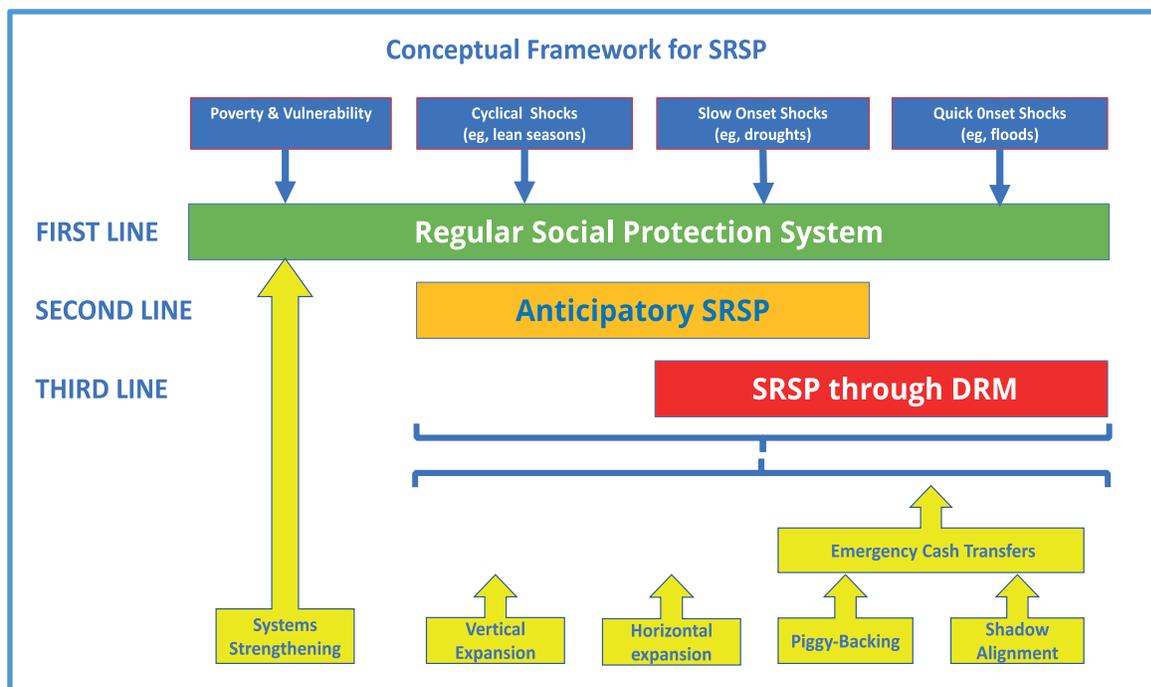
3.4 Methodology

3.4.1 The Review Framework

The conceptual framework for this review on the shock-responsiveness of the SCG programme was anchored on six key internationally recognised mechanisms or response options from UNICEF SRSP toolkit (2019) and the WFP (NSRSP, as cited, forthcoming). These options include: design tweaks, system strengthening, piggybacking, shadow alignment and refocusing.

Some of these mechanisms overlap and can thus be implemented independently or in various combinations. They however, represent opportunities for better SRSP and can also be incorporated into existing SP provisions or utilize part of the infrastructure of existing SP provisions, such as social registries or payment delivery systems. The mechanisms are detailed below.

Figure 1. Conceptual Framework for Reviewing SCG Shock Responsiveness



Source: WFP (Cited, NSRSPF, forthcoming)

Using the framework, we focused on three broad areas that informed the design of the review data collection tools; a) the existing capacities in the SCG for SRSP b) the opportunities for making the SCG more shock responsive c) the challenges that need to be addressed for the SCG to be more shock responsive.

3.4.2 Scope, Sample and Selection Criteria

The SCG has now been rolled out nationwide. In terms of geographic scope, however, the study was conducted in five purposefully sampled districts. To ensure representativeness of the sample, the study used the following criteria in purposefully selecting the sampled districts: Districts with high number of SCG beneficiaries, District that have implemented humanitarian assistance and other SP programmes other than the SCG; and Districts that had recently experienced or are prone to various shocks.

Based on the above criteria the study sampled the following districts: Bududa, Kampala, Mbale, Moroto and Napak. From Bududa, Moroto and Napak, the consultant selected three sub-counties: Bulucheke, Katikekile and Matany, respectively. These sub-counties were purposively selected because the communities there have had varying exposures and experiences with shocks such as floods and landslides (Bulucheke), and drought, locust and pest infestations, food insecurity, cattle rustling, and extreme poverty (Katikekile and Matany).

From Kampala, the study engaged mainly with the Technical Working Group (TWG) and national-level stakeholders, consisting of officials from WFP; MGLSD (ESP); OPM; Ministry of Water and Environment; and the Ministry Finance, Planning and Economic Development. Besides, the study also engaged officials from the Payment Service Provider (PSP) – Centenary Rural Development Bank (CERUDEB).

At regional levels, the study engaged RTSUs based in Mbale and Moroto. At the district level, the study engaged among others; District Community Development Officers (CDOs), District Disaster Management Committees (DDMC), District Natural Resource Officers (DNROs) and SCG Focal Persons. At the sub-county level, the study engaged Sub-County Community Development Officers (CDOs), Sub-County Chiefs, Parish Chiefs, and programme beneficiaries. Overall, a total of 107 participants were engaged as; key informants and FGD participants

2.4.2 Design and Data Collection Methods

The review used qualitative approach that included; conducting a comprehensive **literature review** on shock responsiveness from existing local, regional and global sources. Detailed literature review was conducted to illuminate SP and SRSP environments, especially the programme's legal, policy and institutional frameworks. Additional documents such as programme reports, policy documents and guidelines were also sourced and considered. The programme specific literature was reviewed to understand; the experiences, capacities and opportunities for shock responsiveness. All the information obtained from the literature review was triangulated during the various stakeholder engagements

As an extension of the literature review, we conducted a **gap analysis**. It involved critically assessing the existing knowledge and data on shock responsiveness with a view to understand what is known, what has been studied and what gaps exist. It further involved scrutinizing for any gaps the programme's existing policies and practices such as; legal, policy and institutional frameworks for gaps, gender and

Lastly, we conducted **stakeholder engagements** that included Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs) at national and district level. Key informant interviews were

held with 12 key informants at OPM, MWE, MFPED, and ESP, who work in specific areas either related to disaster management or were involved in the delivery of SP programmes as well as 04 staff from the PSP. The consultant interviewed 02 RTSUs and 12 District Local Government staff, and held three focus group discussions with 87 community members carefully selected to ensure gender representation and these included SCG beneficiaries

The KIIs were conducted using a key informant guide to get lessons on implementation of various initiatives on disaster risk management and social protection and enlist any recommendations, get reasoned inferences on the most probable, feasible, and convincing explanations of some findings from the literature review. Then we held six separate focus group discussions that involved district local government staff, beneficiaries, non-beneficiaries and sub-county local leaders to understand their experiences with various shocks, the coping mechanism, what needs to be done and how a programmes like the SCG could contribute to enhancing shock responsiveness.

4 POLICY AND INSTITUTIONAL FRAMEWORKS FOR SRSP IN UGANDA

4.1 Uganda's Policy Frameworks Relevant for SRSP

Uganda's national policy on SRSP is framed by the country's global, continental and regional commitments and ratifications of the SDGs, the Africa Agenda 2063 and the East African Community (EAC) Vision 2050, respectively. The SDGs, which Uganda adopted in 2015, consists of 17 goals with attendant targets. Target 1.3 obligates committing countries to implementing nationally appropriate SP systems for all their citizens by 2030 and achieving substantial coverage of all the poor and vulnerable demographic groups, particularly basic income security for children, vulnerable working group, PWDs, and the elderly. The SDGs have been adopted by both Africa Agenda 2063 and the EAC Vision 2050, including the agenda on human capital development generally and SRSP specifically as parts of the initiatives towards inclusive growth.

On the national front, Uganda has domesticated the above global, continental and regional agenda in its overarching policy instrument, the Uganda Vision 2040. The Vision proposes a government-funded universal pension, expanding SP for all to enhance human capital development and the resilience of households to shocks, and to galvanise the realisation of sustainable and inclusive growth as strategic interventions towards reducing vulnerability and poverty. These policy goals have been effected in NDP2 (FY2015/16-2019/20) and NDP3 (FY 2020/21-2024/25).

Under, NDP2's human capital development was identified as one of its five priority areas that has greatest multiplier effect on the economy for the realisation of the country's development ambitions. NDP2 sought to "increase the number of vulnerable people accessing SP interventions from about 1,000,000 in 2013 to about 3 million in 2020." It also prioritised "expanding access to contributory social security for workers in the informal sector and gradual roll-out of a non-contributory social pension scheme for older persons". NDP3 was building on the achievements of NDP2 and seeks to increase the average household incomes and improve the quality of life of Ugandans, retaining human capital development as one of its priority areas.

In terms of its relevance to SRSP, NDP3 aims at strengthening systems for the management of pests, vectors and diseases and the capacity to collect, report, disseminate and use weather or accurate meteorological information. In recognition of biological threats from emerging diseases such as Ebola, Marburg, and COVID-19 that have recently had immense impact on the economy, NDP3 recommends the need to invest in building national capacity in biosecurity and disease surveillance system for early detection and mitigation of bio threats from emerging diseases.

4.2 National Social Protection Policy (NSPP)

Uganda's social protection sector is guided by adequate policies and frameworks, that form the basis for the implementation of various social protection interventions. The key milestone in the sector was approval the National Social Protection Policy (NSPP) of 2015. The National Social Protection Policy (NSPP) of 2015 serves as a foundation, articulating the vision of a society where all individuals are socially secure and resilient. NSSP's objectives are to: i) increase access to social security; ii) enhance care, protection and support for vulnerable people; and iii) strengthen the institutional framework for SP service delivery.³⁶ The NSSP articulates that the SP system in Uganda consists of two pillars: Pillar 1 is Social security and entails protective and preventive interventions to mitigate income shocks. The pillar has two components: Direct Income Support (DIS) and Social Insurance. Then Pillar 2, which is social care and support services, which relates to provision of care, support, protection and empowerment to vulnerable individuals who are unable to care for themselves fully.³⁷

The NSPP recognises the central role of shock-responsiveness social protection in addressing risk and vulnerabilities of a given community. The policy defines a shock as a situation that disrupts livelihoods of individuals, households or communities. It classifies shocks either as idiosyncratic or covariate. The former affects individuals in households, e.g., job losses, disability, death of a breadwinner, etc., while the latter, as defined in [section 1.2](#), affects a large section of the population in a given geographical area simultaneously. The policy has been credited for providing a framework within which programmes such as the SCG, SEGOP and the disability grant were designed and implemented.

The implementation of the NSPP has been supported by other policy instruments that are relevant for social protection, including those that predate the formulation of NSPP in 2015. Among these are: The National Orphans and Other Vulnerable Children Policy, 2004; the National Equal Opportunity Policy, 2006; the National Disability Policy, 2006; the National Gender Policy, 2007; the National Policy for Older Persons, 2009; the National Health Policy, 2010; the National Policy for Disaster Preparedness and Management, 2010; and the National Employment Policy, 2011. Among the policies passed after the NSSP are the Uganda National Youth Policy, 2016; the Integrated Early Childhood Development Policy, 2016; the National Gender-Based Violence Policy, 2016; the Resettlement Policy Framework, 2018; and the Uganda National Population Policy, 2020, which provides guidelines on human capital development. The country, however, still lacks a dedicated natural resource policy, though the Natural Resource Efficiency Policy (NREP) has been drafted since 2019. The country also lacks a dedicated refugee policy, even though it has in place the Uganda Country Refugee Response Plan (UCRRP), 2022-2025.

As highlighted in the Social Protection Sector Review 2019, the implementation of the NSSP has faced challenges especially on; limited resource allocation, coordination and weak institutional capacity. Advocacy for increased funding to the social protection sector remains a key priority.

³⁶ MGLSD. 2015. *National Social Protection Policy*.

³⁷ Ibid.

4.3 The Institutional Framework for the Implementation of the SCG

Like other Government programme, the SCG is implemented with and through established government structures at national and district level. According to the SCG Implementation Guidelines (2019), the MGLSD, through the Directorate of Social Protection (DSP), leads the implementation of the SCG as part of its constitutional mandate over social development and protection of vulnerable groups. The Ministry operates under the multi-sectoral oversight provided by the Social Protection Thematic Committee (SPTC) to ensure the implementation of the SCG and the NSPP. The oversight role is reinforced by the ESP Steering Committee.

Operationally, the PMU under the DSP of MGLSD was set up to provide technical expertise and programme management, including SCG operations, finance and administration, information systems and monitoring and evaluation (M&E). As part of the service delivery chain, the PMU has a decentralised structure at the regional level called the Regional Technical Support Unit (RTSU). The RTSUs are responsible for providing technical support and quality assurance to District Local Governments in the implementation of the SCG programme.

The frontline implementers of the SCG, as is the case with most Government programmes, are the District Local Governments (DLGs). At the district level, the SCG is domiciled in the Department of Community based Services, led by the District Community Development Officer (DCDO), who serves as the SCG Focal Person. The SCG, the DCDO is assisted by a Senior Community Development Officer in charge of the SCG (SCDO-SCG) for the day-to-day management of the programme. The SCDO-SCG works with Sub County Community Development Officers, Parish Chiefs and associated structures at lower local government levels in the implementation of the various SCG activities.

Payment delivery is by a contracted payment service provider that works closely with the SCG operations unit and the respective district local governments in the implementation of the payment services. The payment service provider is guided by a service level agreement that was signed with the MGLSD and articulate minimum standards to be met on all the services to be offered to the SCG beneficiaries.

The SCG implementation follows key steps from targeting to payments and these are embedded in the programme guidelines. The programme has eight processes ([detailed under section 1.5](#)), four of which are core. These include: targeting, verification, enrolment and payments. The other four, namely: C&G management, gender and equity, M&E, and communication are implemented to support the four core steps.³⁸

³⁸ MGLSD. (2015). *The Programme Plan of Interventions for the National Social Protection Policy, Fiscal Years 2015/16 – 2019/2020*.

5 FINDINGS ON THE SCG DELIVERY SYSTEMS AND CAPACITY FOR SHOCK RESPONSIVENESS

5.1 Introduction

The SCG is GOU's SP flagship programme that is being implemented country wide to all the 135 districts, 11 cities and 31 municipalities. The programme's coverage now includes all locations that are prone to shocks and disasters, as elaborated in [section 1.2](#). The core objective of the programme is delivering regular cash transfers to the enrolled older persons. The implementation of the regular programme has been largely successful save for a few challenges such inadequate funding and more recently the COVID-19 pandemic that caused a shock in the delivery system. The design and implementation of the SCG was not intended to be shock responsive yet the need and opportunity exists. The prominence of Shock Responsive Social Protection came in the recommendation of the 2014 SP sector review³⁹ and then emphasised in the 2019 SP sub-sector review.⁴⁰

Investing in the shock responsiveness of the SCG is very important given the programme is prone to the impact of the various disasters/shocks prevalent in Uganda. Covariate shocks usually affect a large number of households at the same time with the most vulnerable persons such as the elderly being at greater risk. Integrating shock responsiveness in the SCG will improve its effectiveness, relevance and sustainability. The findings will focus on identifying existing capacities and challenges for making the SCG more shock responsive. This chapter will be presented under the following three key themes; Programme delivery system, Programme Administration, Coordination and Partnerships, Support system, Funding.

5.2 Programme Delivery System

The programme delivery system encompasses components that have an interface and implemented with or through each other in the programme operations processes and these include; the SCG MIS that supports the programme functions, the payment delivery system implemented payment service provider and the national single registry for social protection that is used for adhoc validation of national identification numbers (NINs).

5.2.1 The SCG Management Information System

The purpose of the SCG MIS is to manage the entire lifecycle of grant distribution efficiently, ensuring transparency, accountability, and ease of access for both beneficiaries and administrators

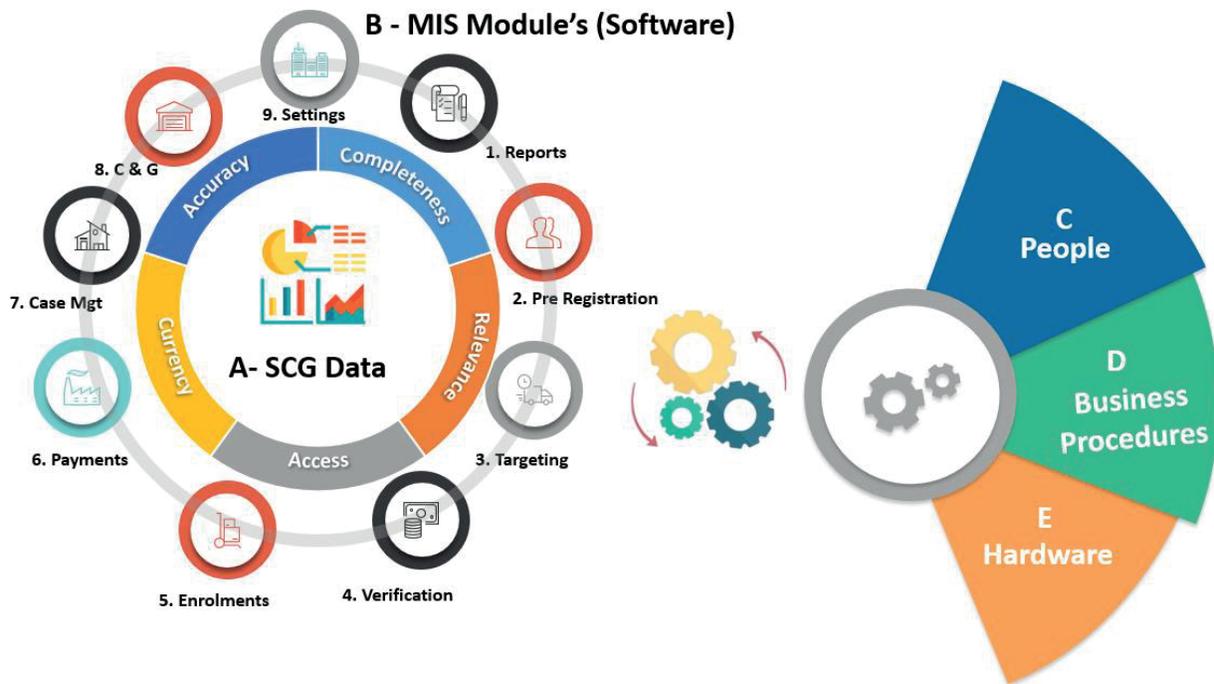
³⁹ MGLSD. (2014). Uganda Social Protection Sector Review.

⁴⁰ MGLSD. (2019). *Uganda Social Protection Sub-Sector Review*.

of the programme. The SCG has a robust MIS capable of performing various functions in the programme business processes. The SCG MIS has two main functions:

- i. As a central depository for all relevant *data*, e.g., data sourced from NIRA for targeting and
- ii. Operates different modules to ensure that there is timely and accurate processing of information for decision making.

Figure 2. Conceptual Relationship Between Data and Modules in the SCG MIS



Source: Author's illustration

From the figure 5 above, SCG data (marked “A”) represents all programme data sourced from various sources, including NIRA for targeting and the Ministry of Public Service (MPS) for pensioners’ validation. The data is evaluated against five key parameters: relevance, access, currency, accuracy and completeness. The MIS modules (marked “B”) represents all the system-enabled functions to support the programme. Then there are the support structures such as the people (C) referring to the staff; the business procedures (D) representing operational guidelines; and then the hardware (E) representing the infrastructure for housing the MIS.

The two key components of the SCG MIS – the Data and the MIS modules (Software) – are discussed in detail below.

A. SCG Data

The SCG has two main data sources – NIRA (the primary source) and MPS (the secondary source). The data from NIRA is for targeting SCG beneficiaries while the one from MPS is for verifying pensioners to be excluded. NIRA is a Government-designated agency mandated, among others, to register every person in the country who is 18 years and above, assign them unique national identification numbers (NIN) and issue national ID cards.

Prior to every targeting period, the programme makes a request to NIRA and MPS to provide datasets based on specified criteria on the elderly persons and pensioners, respectively. Once the data is received from NIRA, the programme conducts quality and completeness checks. Once that is completed, the programme conducts a verification check using the existing pensioners' data to exclude pensioners' using data from the MPS. A provisional beneficiary list is generated and shared with the DLGs for field verification. Successfully verified individuals are then registered onto the programme. At the end of this process, the data for both the eligible and those ineligible is stored in the MIS.

Data is a critical input for the SCG business continuity, including its ability to be shock responsive. It is relevant for SCG's core business processes, namely, targeting, registration, payments and change management. The SCG's data prerequisites are diverse and accessibility is influenced by many factors as discussed below.

i) Data Scope/Completeness

The programme MIS has countrywide data on 2,058,278 elderly persons aged 60 years and above,⁴¹ constituting 90% of the elderly persons in Uganda.⁴² As of July 2024, a total of 297,715 elderly person across the country had been enrolled onto the SCG,⁴³ representing only 13 % of the total population of the older persons in Uganda, including those in disaster-prone areas.⁴⁴ While NIRA has provided the programme with sufficient countrywide data on older persons, there have been several complaints related to the use of this data, mainly in the form of wrong dates of births recorded during the national ID registration process. Anecdotal evidence from the review attributed most of the targeting complaints (i.e. Exclusion) in the programme to errors in the national identity cards especially on the date of birth. Despite such weaknesses, the SCG has the most complete and accurate data on the older persons in the country, which is significant for the programme's own state of shock responsiveness. The comprehensive data base is also essential for any other programmes that intend to piggyback onto the SCG MIS database to deliver shock responses.

ii) Data Relevance

The data obtained from NIRA for the various SCG business processes is strictly on the older persons. The parameters include: names, sex, date of birth, National Identification Numbers (NINs) and geo-location. Once an individual is successfully registered, additional information such

⁴¹ MGLSD, SCG MIS data extract as of 11th July 2024.

⁴² UBOS (2024). National Population and Housing Census 2024: Preliminary Results. The report shows that 2.3 million (5%) of Uganda's population are aged 60 years and above.

⁴³ Most of them are 80 years and above although the persons' policy defines an older person as one who is 60 years and above, the Government of Uganda approved the eligibility threshold for SCG grant for persons who are 80years and above

⁴⁴ MGLSD, SCG MIS data extract as of 11th July 2024.

as phone contacts, details of the next of kin and the alternative recipient where applicable, and bank accounts are acquired and updated. Presently, no additional parameters, especially those related to socioeconomic, disability or health status are available for determining eligibility-related considerations in case of a shock or disaster. Still, the available data is relevant for targeting purposes and facilitating shock responsive interventions, whether in terms of scaling up or scaling down of the SCG. Other organisations can also access the SCG database for any necessary humanitarian interventions during a crisis.

iii) Data Access

Third party access of the SCG beneficiary database. Any programme or organisation intending to deliver humanitarian intervention goes through a very bureaucratic process. The SCG obtains data of the older persons from NIRA through a formal administrative request signed by the Permanent Secretary (PS) of the MGLSD to the Director of NIRA. The same applies for the data on pensioners where the PS, MGLSD sends a request to the PS, MPS. This process was reported to be quite bureaucratic and is marred by a lot of delays that affects efficient programme implementation. Once the data is obtained, it is accessible to all the programme staff with user rights. However, third parties, such as humanitarian actors who may wish to support the older persons in case of a crisis, cannot presently access data on SCG beneficiaries unless authorised by the PS, MGLSD. This restrictive accessibility undermines the programme's general state of shock responsiveness.

iv) Data Currency

The SCG data currency is influenced by two main factors: the currency of NIRA data itself; and the frequency with which the existing data is updated. The SCG MIS data obtained from NIRA is comprehensive and up-to-date for all individuals who registered for national IDs. This information is obtained by the programme every year. 90% of the data on all older persons from the 2024 population census is represented in the SCG database. The 10% can be accounted for by the various exceptions, including non-Ugandans who were counted during the census. As such, in case of any need for horizontal expansion of the SCG during a shock response, the available data is adequate for targeting.

Interviews with the SCG staff at the regional and district offices noted some challenges with data currency. Different respondents highlighted that updating data changes such as change of alternate recipients; death of a beneficiary can sometimes take up to 10 months to be effected in the database. This is mainly attributed to the delay in the information flow from the point of collection to the regional offices that have access to the MIS. The NIRA data can also include few cases of recently deceased elderly persons whose records have not yet been updated. Normally, the programme screens out such cases during the verification exercise. There are also hard-to-reach would-be eligible individuals whose details are not available in any system or database. These anomalies, though few, affect the credibility of the database. While there is still room for enhancing the timeliness of data updates, the level of the currency of the SCG data can adequately facilitate any necessary shock responsive intervention.

v) Data Accuracy

The SCG data is fairly accurate because of the automated data validation module in the MIS that checks the accuracy of all data sets obtained before it is imported into the system. The programme has designed various check parameters based on the established data eligibility criteria. These

include *completeness* checks for all the information on the national ID and *duplicate* checks against existing records in the MIS to avoid repetitions. The system is able to identify specific individual records that do not meet the compliance standards and flag them for appropriate action in an exception report. The accuracy of the SCG data can enable it to be utilised for targeting older persons in case of any delivery of shock responsive intervention.

B. MIS Modules (Software)

The report modules in the SCG system (SCGMIS) is designed to provide comprehensive reporting capabilities for monitoring and managing grant activities. These modules enable users to generate detailed reports that offer insights into various aspects of the SCG implementation cycle. The modules have important features and can generate reports on various subjects, including beneficiary, Case management, payment and C&Gs which can be essential to a shock responsive intervention.

The modules can be accessed through both the web-based MIS and mobile application, enabling users to generate and view reports from any location. By utilising the report modules, stakeholders can effectively manage beneficiaries, ensure compliance, and make informed decisions based on accurate and timely data.

The following are functional modules in the SCG MIS and their relevance to SRSP.

i) Pre-registration Module

The pre-registration module is responsible for managing data imports from NIRA and performing quality checks to ensure data accuracy. Only records that pass these checks are batched for import. However, all imported records must receive approval before further processing. The data quality check verifies the following: nationality (Uganda), date of birth, correctness of NIN, duplicate NINs, mismatch of gender, mismatch of names, geolocation and non-pensioner status. These checks provide capacity for targeting new SCG beneficiaries in case of any enrolment of new beneficiaries and/or horizontal expansion, enhancing the shock responsiveness of the programme.

ii) Targeting and Verification Module

The targeting module generates a list of eligible beneficiaries. It does this by conducting eligibility checks on records that have successfully passed data quality checks and the non-pensioner's check. The module specifically ensures that every targeted person is not already enrolled into the SCG MIS. The output of the targeting module is the list of targeted beneficiaries. This module can be used for ensuring accurate targeting of the affected persons during a disaster

iii) On-demand Registration Module

This web based module that is also available via a mobile application was developed to address the need for periodic registration of older persons who become eligible for the SCG. The module provides a feature for immediate verification (with NIRA) and registration of new beneficiaries upon presentation of a National ID. This information is then registered into the SCG MIS in real-time whenever there is internet connectivity. But it can also be captured via an offline mode. The module can enhance shock responsiveness by supporting horizontal expansion through the prompt registration of persons affected by a shock.

iv) Verification Module

The verification module is essential for ensuring the accuracy of targeting details and confirming the existence of beneficiaries deemed eligible through the targeting process. The verification application is available via both the web-based and mobile application platforms. The module has options of being used either online or offline. It helps in validating records against the various eligibility requirements, including the details of the national ID, and allows for additional information to be collected. This module helps to improve the accuracy and integrity of the targeting process, which is critical for an SRSP intervention.

v) Enrolment Module

Enrolment occurs when a registered beneficiary is assigned an account number enabling them to receive their grants (payments). The process starts with sending the verified list of beneficiaries to the PSP to open a bank account for each beneficiary in accordance with the PSP' policy. Once beneficiary accounts have been opened, the PSP sends back the list of enrolled beneficiaries to the PMU. Using the returns from the PSP, the PMU updates the SCG MIS with the account details of the new beneficiaries to support payroll processing. The assignment of accounts to SCG beneficiaries is essential for any horizontal or vertical expansion of the programme during any shock responsive intervention.

vi) Payment Module

The payments module facilitates efficient preparation of payrolls for beneficiaries and the disbursement of payments by the PSP(s). The approved payrolls are transferred from the PMU to the PSP through a portal in SAGEMIS. The module has the capacity to process the following sub-functions: pre-payroll checks, payroll generation, post payroll checks, case management and C&G management, all of which are important features of a SRSP.

5.2.2 Payment Delivery System

SCG payments are delivered through CERUDEB, contracted as the single PSP for the SCG programme beneficiaries nationally for a period of five years ending in March 2025. Every eligible beneficiary is required to open a bank account in order to receive the grant. Although CERUDEB had proposed multiple channels for disbursing SCG payments, only the mobile van approach has been implemented as part of the regular disbursement. The grants are accessed through Bank staff who carry the cash to the field during the scheduled payday and to designated pay points as per agreed schedule. However, during the COVID-19 pandemic, the bank implemented an innovative solution for the SCG payments.

BOX 1: Description of CERUDEB's Payment Solution for the SCG during COVID-19

The COVID-19 pandemic that struck Uganda in March 2020 was a huge test for CERUDEB's capability to deliver grants to SCG beneficiaries. The Bank has, however, implemented a unique solution to facilitate quick disbursements of cash to verified and approved beneficiaries. The solution has been in the form of a virtual wallet for each beneficiary, which is tagged to their respective NINs. Each wallet is assigned a unique payment token and personal identifier number to be used for authenticating payments.

The pandemic severely disrupted Government's service delivery systems, including that of the SCG. On March 8th, 2020 just before the onset of the COVID-19 pandemic in Uganda, H.E the President of the

Republic of Uganda announced a national rollout of the SCG. To implement the directive within the COVID-19 restrictions, the programme developed standard operating procedures (SOPs) for delivering grants in April 2024.

The SOPs were approved by the COVID-19 National Task Force, on the basis of which the programme engaged with the Bank to develop a payment solution for delivering the SCG, especially to new beneficiaries. With support of a financial technology company, the Bank proposed to implement the virtual wallet for all new beneficiaries without them having to open bank accounts. The virtual wallet was linked to the NINs provided by the programme. Every wallet used an auto generated token number and a unique PIN assigned for authenticating payments. New beneficiaries were only required to present their national ID to be eligible for payments.

The critical feature of this solution was that it enabled efficient implementation of horizontal expansion of the SCG without the requirement of a bank account. According to MIS payment reconciliation report for May – July 2020, a total of 173,884 beneficiaries were targeted and 105,388 (61%) were successfully paid within just one month. Under the regular process, it would have taken over five months to have SCG beneficiaries registered and paid. This innovative solution was an appropriate and shock responsive measure for implementing SCG payments during the COVID-19 pandemic.

The success of these payment was highlighted by an independent comprehensive assessment of CERUDEB's performance for the period from April 2021 to March 2022. The report noted that the COVID-19 payment solution was greatly effective because it enabled the programme to deliver cash rapidly, contributing to the mitigation of the impact of the pandemic on the SCG beneficiaries.

Source: Interview with SCG Programme team and CERUDEB, August 2024

The review assessed the shock responsiveness of the CERUDEB's payment delivery system and its ability to adapt to sudden disruptions that come with shocks and disasters based on the following parameters: robustness, accessibility, systems integration, efficiency, dignity and rights of beneficiaries.

5.2.2.1 Robustness

The ability of the CERUDEB payment systems to consistently deliver the SCG grant is based on the strength of its systems. CERUDEB has very strong and secure systems that have reduced the risk of fraud and manipulation. The system is very efficient in sharing payroll reports with the programme and crediting beneficiaries' accounts with the due grant value. It has the capacity to hold and credit large volumes of funds to large number of beneficiaries within 24 hours if required.

The payment system is supported by a robust operations unit specifically established to disburse cash to programme beneficiaries in the field. The Bank has the capacity to mobilise pay teams quickly from their field branches to disburse large volumes of cash. Setting the payment process in motion requires a one-day notice, provided adequate mobilisation has been undertaken to inform the beneficiaries about the payments. The Bank has established infrastructure in all the branches, which are charged with responsibility over SCG payments. However, the Bank needs to activate other channels for accessing grants, beyond the mobile van, to enable it serve a large number of beneficiaries. The Bank's payment system is sufficiently robust to accommodate any horizontal or vertical expansion as well as any other programme or organisation that may want to piggyback onto its services.

5.2.2.2 Accessibility

Accessibility of the payment system to the SCG beneficiaries is important for any shock responsive drive as it ensures they receive timely financial support and services to enable them strengthen their resilience and reduce their vulnerabilities. The SCG contract under clause 3.1 (7) was explicit on ensuring that every programme beneficiary can access payment services within a five-kilometre radius. The provision states that “beneficiaries should not walk more than 5 kilometers to access payment-related services.” This is an important provision given the advanced age of the beneficiaries.

CERUDEB proposed five payment options for the SCG grants, namely, the agent model, mobile vans, bank branches, Automated Teller Machines (ATM), and a mobile phone enabled application that supports the process of pushing and pulling money from a bank account. The implementation of these options was to provide beneficiaries with a choice of where to access the grant. However, the SCG is currently delivered mainly through the mobile van option that pays at the over 1,477 pay points countrywide. Bank branches are already being considered but have not yet been fully activated.

CERUBED’s foot print includes 82 bank branches, 193 ATMs and 8,000 banking agents. While these may look a significant number, especially the banking agent, the overall distribution of these payment channels between rural and urban areas still remains uneven. The coverage of rural areas where most of the SCG beneficiaries live is still low, which has implication for increased transaction costs. The Bank reported that they are working on their own mobile wallet solution – amplified in Box 1 – that would be used for accessing the grant without the need to open a bank account.

Besides, CERUDEB recently started collecting biometric information from SCG beneficiaries. The Bank reported as of the first week of August 2024 that a 40% coverage had by then been achieved. According to the Bank, capturing of the biometrics is intended to support the rollout of the agent model for SCG payments. The Bank plans to whitelist agents specifically for delivering these payments.

While accessibility of the SCG grant is a critical measure of the payment delivery system’s shock responsiveness, CERUDEB’s efforts towards improving it is still leaves a lot to be desired. The mobile van channel has so far remained the only channel for delivering SCG grants to beneficiaries. Rolling out the agent model is still a distant target, with capturing the biometrics still at only 40% of completion. This sluggish pace of expanding accessibility is worrisome in case a disaster such as an earthquake cuts off the road and communications infrastructure, thereby rendering mobile vans unable to reach various pay points. The inability to access disaster-struck areas would significantly weaken the shock responsiveness of the programme.

CERUDEB can leverage the experience of implementing the SCG programme to become a payment partner of choice for SRSP programmes. In delivering the SCG, the Bank has achieved great visibility and has managed to penetrate all disaster prone areas. Thus, in case of the need to deliver cash transfers as part of a shock or disaster response, the Bank is an obvious choice given their vast familiarity with shock responses, coupled with the fact that most communities understand the payment their mechanism. CERUDEB offers great opportunity in case of the need for horizontally expand the programme or piggybacking in SRSP.

The new mobile wallet solution being developed by the Bank (see Box 1), which will entail the beneficiaries not being required to own bank accounts stands to strengthen the shock responsiveness of the payment system. It is an appropriate short term solution through which payments can be delivered to a large number of beneficiaries within a short time. This solution should be strengthened with the Bank focusing on addressing identified gaps such as enrolling agents to deliver SCG payments enabled by the use of biometrics. Overall solution for challenges associated with payments identified as affecting SP beneficiaries can be mitigated through use of multiple payment service providers to give beneficiaries freedom of choice but also to increase efficiency by not over depending on one PSP. This has worked well in Kenya.

5.2.2.3 Reliability

The reliability of a payment system is critical to any shock responsive drive and for ensuring that vulnerable persons such as the elderly beneficiaries of the SCG receive cash at the earliest opportune time. The stakeholders from Napak District, which is prone to drought, emphasised the need to address the delays in payments to mitigate the effects of disasters on the older persons.

Achieving the reliability objective in the SCG payment system necessitates recognising the factors that hinder the payment from reaching beneficiaries on time. These factors include the release of SCG funds to activate the preparation of payrolls and the capability of the CERUDEB's systems to deliver field payments efficiently.

SCG cash disbursements are designed to be delivered quarterly following the schedule of fund releases from the Treasury. Although GoU has invariably allocated funding for the SCG, the releases have been irregular and unpredictable. In the financial years FYs2022/23 and FY2023/2024, the Government released all the funding for the SCG as shown below.

Table 2: Performance of the SCG Quarterly Releases for the FYs 2022/23 and 2023/24

FY	Approved Budget	Quarter	Budgeted Amount (Ushs)	Amount Released (Ushs)	Percentage Release
2022/3	121,799,545,232	1	31,513,188,308	30,804,671,984	98%
		2	30,802,917,308	30,323,500,000	98%
		3	29,936,032,308	30,023,500,000	100%
		4	29,547,407,308	30,093,148,016	102%
Sub-Total			121,799,545,232	121,244,820,000	100%
2023/4	121,220,000,000	1	31,025,407,803	30,304,741,000	98%
		2	30,219,267,803	30,004,741,000	99%
		3	30,001,867,803	30,000,000,000	100%
		4	29,973,867,803	30,909,482,000	103%
			121,220,411,212	121,218,964,000	100%

Source: The SCG Programme Records.

The irregular releases of the SCG quarterly funds by the Government hindered the programme from processing payrolls on time. As such, the Bank in turn could not deliver payments to beneficiaries on a predictable quarterly schedule. In delivering these payments based on the availability of funds, the Bank has exhibited flexibility required for shock responsiveness.

The reliability of payments is further backed by the fact that no liquidity challenges have been experienced in the SCG payments. CERUDEB reports that they have the ability to deliver any transfer value and adjust to any payment frequency as required. The Bank's ability to pay an adjusted value or have a flexible payment schedule is appropriate for vertical and horizontal expansion, respectively, which is a key prerequisite of shock responsiveness.

The ability of CERUDEB to have a flexible payment schedule is also critical to any other humanitarian programme delivering cash to piggyback onto the SCG's payment structures such as the 1, 477 established pay points. However, the reliability of the programme would be improved if SCG payments followed a predictable schedule.

5.2.2.5 System Integration

CERUDEB and the SCG have been working towards achieving an integrated and effective data sharing system to enhance efficiency. Currently, data exchange/transfers on enrolments and payments is through a dedicated transfer portal that has been established. The agreed data transfer protocols enable one party to load particular data set onto the portal, which can be accessed by the intended recipient. All necessary security controls are in place to ensure that the credibility of the data is not compromised. Once data is transmitted, an email notification is then sent to the intended recipient. A system-to-system integration that would enable a straight through linkage between the systems has not yet been established between the programme and the Bank.

Although data sharing arrangements are working well, they are not the most suitable especially in shock responsive state, where large data on beneficiaries has to be exchanged between the entities. The efficiency of the process is compromised when human interaction is involved. For example, enrolment/payment data for disaster response targeting, involving a significant number of individuals may be prone to errors, thus affecting the credibility of the information shared.

5.2.2.6 Dignity and Rights

From a rights-based perspective, implementing shock responsive social protection should never be at the cost of beneficiaries' rights and dignity. While it is common to emphasize delivering timely transfers during an emergency, significant effort should be made to protect beneficiaries' dignity and rights. Under the SCG charter, that responsibility is assigned to the various stakeholders engaged in the implementation process, including the PSP. Specifically, section 5(c) of the charter provides for the right of beneficiaries to be treated fairly and with respect and dignity at all times irrespective of gender, ethnicity, age or any other status.

In the payment services contract, the Bank committed itself to complying with this provision for the charter to ensure that beneficiaries' rights and dignity are respected at all times. The Bank has achieved this by adhering to key principles such as providing basic financial literacy to beneficiaries, making a provision to enroll alternates to enable access to the grant for the very frail beneficiaries, ensuring confidentiality and protecting beneficiary data, practicing non-discrimination in the payment service delivery, and treating the older persons with respect during enrolments and payments. However, the Bank's complaints management system for the SCG is still very weak and needs to be strengthened to ensure that beneficiaries' concerns are received, addressed and feedback provided expeditiously.

5.2.3 The National Single Registry and the Social Registry for Social Protection

The National Single Registry for SP (NSRSP) has been established, domiciled at the MGLSD.⁴⁵ At the time of this assessment, there were 11 programmes listed on the NSRSP, with the SCG being the largest. The systems records show that the SCG MIS so far has shared data on 2,062,780 individuals, with 1,92,7213 records related to payment. The MGLSD has conducted a feasibility study to embed a social registry as a module within the existing NSRSP. The NSRSP will be a crucial tool for improving the management and effectiveness of SP programmes in Uganda. It will assist in centralising SP data by enhancing targeting and service delivery, ensuring transparency and accountability and fostering coordination and informed policy-making. During the COVID-19 pandemic, GoU experienced challenges of targeting the most vulnerable households for the emergency cash intervention because there was no social registry in place.

The SCG MIS is already linked to the established NSRSP. This linkage has facilitated field validation of the NINs presented by potential SCG beneficiaries to support their registration into the programme, resulting in enhanced efficiency in the field verification process. The NSRSP presents a great opportunity for introducing SRSP, especially for targeting beneficiaries for complimentary services.

5.3 Programme Administration

5.3.1 SCG Registration Processes

After the beneficiaries have been targeted using the SCG MIS, a provisional beneficiary list is prepared for verification and then on ward registration of the successful individuals. The registration process is digitized with a module uploaded in a computer tablet. The registration process is preceded by a physical presentation of potential beneficiaries and verification of the national ID. An electronic registration form is then completed and submitted for approval and subsequent approval for enrolment into the programme. The registration guidelines allow for the inclusion of both the primary recipient and his/her nominated alternative recipient. The alternate guidelines were designed to cater for beneficiaries who are infirm to enable them access the grant.

The review findings note that the registration requirements to the SCG is quite rigid. The possession of a national ID as a key prerequisite that is a near non-negotiable requirement. Where it is not met, this leads to exclusion of many otherwise eligible persons from the programme. Eligibility into the SCG is strictly based on the criteria in the guidelines: one must be in possession of a national ID card or NIN.

The only exception though was the SCG implementation during the COVID-19 pandemic. The need to enroll additional beneficiaries necessitated a tweak in standards operating procedures (SoPs) and eligibility requirements such as the need for a valid national ID. In this case, the programme accepted other documents such as the voter registration card/slip to get enrolled and paid but still, the NIN was a requirement.

⁴⁵ The NSRSP is the answer to the proposal to have an enhanced single registry where the social registry is embedded, thereby constituting the single registry.

Therefore, the very strict SCG registration requirements and especially the need to be in possession of a NIN with no other alternative policy affects the shock responsiveness of SCG programme.

5.3.2 Human Resource Capacity Support Implementation SRSP

The SCG unit, headed by a Coordinator, operates under the auspices of the ESP secretariat and is generally well staffed. As of July 2024, the SCG unit had 71 contracted staff at both the headquarters in Kampala and the 10 regional offices across the country. Each regional office, led by a Regional Coordinator, is responsible for coordinating the SCG implementation in a given cohort of districts. These staff are charged with the singular responsibility of delivering the SCG.

The SCG staff fall under four sub-units: Operations, MIS, M&E and C&G. The design of the SCG entrusts DLG staff, particularly those in Community Development Offices, with the mandate of implementing the programme. The contracted programme staff at the RTSUs are responsible for providing technical support to the districts under their various jurisdictions. The combination of established DLG and contracted staff, and the fact the ESPP currently runs only one DIS programme, means that the programme operates with excess staffing capacity. The excess capacity is even more pronounced under the current arrangement where the centre shoulders much of the responsibility, which raises optimality and sustainability issues. The programme undertook a restructuring exercise in 2023 that left units such as M&E and MIS significantly downsized amidst the shrinking SP fiscal space. The restructuring was part of the wider effort by Government to streamline the operations of its administrative units for greater efficiency in service delivery and implementation of programmes. But the brighter side is that the current excess staffing capacity means that the programme can comfortably accommodate any need for horizontal expansion in the event of a covariate shock. It also presents a great opportunity for other programmes delivering SRSP to piggyback on the existing human resource capacity to deliver cost-effective shock responsive interventions.

The programme operations from the national, regional, district, sub-county and community levels have been well streamlined, with clear delineation of mandates resulting in efficient delivery of programme services. Even so, there is still room for improvement. For instance, GoU, through the MGLSD, should in the medium term make provision for contingency provisions in the budget for the SP sub-sector and strengthen the financial capacities of both DCDOs and RTSUs to handle emergency shock responses and related activities better. The enhanced budgetary allocation would also enable the ESP to diffuse responsibilities to the lower level cadres, strengthening their capacities for greater sustainability. Suffice to note that the existing capacity successfully implemented the adjustments (frequency, horizontal expansion) during the SCG COVID 19 intervention.

5.3.3 Coordination and Disaster Risk Management

The Expanding Social Protection Programme (ESPP) has an established secretariat in Kampala for coordinating all SP works, with 10 regional offices that support DLGs in the delivery of the SCG. The programme is implemented through existing Government structures from the national, regional, district, sub-county to community levels as highlighted in [section 4.3](#). The programme maintains regular engagements with all these structures, with the SCG shock responsiveness agenda spearheaded by the ESP Steering Committee.

The implementation of SRSP is a multi-sectoral undertaking that brings together the PMU, the SCG's frontline implementers and the DRM teams at various levels. The success of the shock responsive agenda requires a careful coordination of efforts by all these actors at the national, regional, district and sub-district levels. Unfortunately, disaster coordination has not been a smooth operation. During engagements with stakeholders at various levels, it was repeatedly noted that institutional structures for coordination exist with well delineated mandates and responsibilities, which should ideally ease mobilisation at both national and local levels and shock responsive interventions. But there remains minimal active participation in disaster coordination by the different operators, with most programme-aligned stakeholders at the national, regional and district levels feeling excluded in different ways from disaster coordination. The SCG is not an active participant in most disaster coordination forums outside the MGLSD's structures, whether at the district or national level, including the DDMCs. There were several reasons cited for this suboptimal coordination of shock responsive intervention at the district level.

- a) Top among them is the overly bureaucratic, top-down approach to disaster coordination and management under the OPM. Most of the key implementers of the SCG at the national, regional, district and sub-district levels do not participate the OPM-led disaster coordination forum, even though MGLSD has a representation on it. The top-down approach also slows down the effectiveness of the early warning system which is critical to mitigating the adverse impacts of covariate shocks. The OPM led early warning system is very laborious and this worsens the already slow pace of emergency response communication, hampering shock responsiveness.

Stakeholders at the district and sub-county levels were persuaded that decentralising emergency coordination while strengthening the capacity of local governments would be a more effective and expeditious approach to DRM.

Box 2: Summary of the DRM function from the National to the District Level

According to the Disaster Preparedness and Management Policy (OPM, 2010), the Office of the Prime Minister (OPM) is responsible for the overall coordination and implementation of disaster management in Uganda. Currently, there are nearly nine early warning systems embedded within different Ministries, Departments, and Agencies (MDAs) that work closely with the OPM. However, three key systems stand out:

1. **Uganda National Meteorological Authority (UNMA):** Responsible for monitoring hydrological risks.
2. **Ministry of Health:** Handles disease surveillance, including epidemics and pandemics.
3. **Ministry of Agriculture, Animal Industry and Fisheries (MAAIF):** Focuses on food insecurity and outbreaks of pests and diseases.

Each sector is tasked with leading efforts to monitor and detect hazards and risks based on their specific technical mandates. The OPM then coordinates the convergence of all this information, preparing appropriate communication materials, such as the monthly bulletin known as U-NIEWS (Uganda National Integrated Early Warning System), for stakeholders.

Coordination of Disaster Response

Disaster response is coordinated through a national platform chaired by the OPM, which serves as the National Coordinator. When a shock or disaster occurs that may require intervention, the OPM convenes a meeting with all relevant stakeholders, including ministries, departments, agencies, and NGOs. Each sector lead is asked to conduct an assessment, based on which a request for contingency funds can be prepared.

Role of Districts in Disaster Risk Management

Districts play a crucial role in disaster risk management, as they are the frontline institutions responsible for planning and responding when disasters occur. The roles of district local governments in disaster preparedness and management are delegated by the Ministry of Local Government, as outlined in the National Policy for Disaster Preparedness and Management (2010).

At the district level, risks and hazards are integrated into the development of sector work plans. These risks and hazards are prioritized, with those having the most significant impact considered for urgent funding. A service delivery plan is then developed for each type of disaster, in consultation with stakeholders at the sub-county level. These plans are informed by risk and vulnerability mapping, which identifies the parts of the district most affected by specific types of disasters and assesses the potential impact. Additionally, periodic early warning information shared by the OPM is used to update these plans regularly. District local governments, under the guidance of the disaster management officer, participate in the collection, analysis, and dissemination of early warning information.

Case Study: Moroto District, Karamoja Sub-Region

In disaster-prone areas like the Karamoja sub-region, districts collect data on potential risks through risk mapping based on various parameters. Sentinels in these districts gather data and send it to the disaster management officer, who compiles the information and forwards it to the OPM for analysis. The OPM, within its mandate, coordinates the submission of weather forecast data from UNMA, along with NDVI (Normalized Difference Vegetation Index) and SPI (Standardized Precipitation Index) data. Once the OPM has compiled all the information, it sends a draft early warning bulletin to the local governments, responsible for validating the information. The final bulletin is then used to raise public awareness of various risks and hazards, utilizing radios and government programs such as the Parish Development Model (PDM) and SAGE.

Challenges in Disaster Management

Despite the established disaster management coordination structures, these entities often become more active during emergency response interventions rather than engaging in efforts to support communities in implementing risk reduction measures. The monthly publication of the early warning bulletin, supported by the World Food Programme (WFP), aims to help local governments proactively plan and

support communities in adopting risk reduction strategies and building the resilience necessary to mitigate the impact of disasters.

However, key challenges persist in disaster risk management, including the accuracy, depth, and timeliness of information collected by various sectors. Additionally, the capacity of district disaster management offices and committees is often limited, particularly in taking the lead on conducting assessments without support from the central government.

Source: Interview with Disaster Management Officer, Moroto District, July 2024

- b) Another key factor behind the suboptimal disaster coordination is the lack of budgetary provision for shock responsiveness and contingencies. All the districts highlighted not having any budgetary provision for disaster coordination, responses or activities, including DDMC meetings. Lack of budgetary allocation was also cited as the reason behind the inactive district disaster coordination structures. Most initiatives and activities related to disaster management are handed down from the national level, with districts having little or no resources of their own to support shock responsive initiatives. Districts lack the necessary contingency budgetary provisions to do key activities such as mapping out disaster-prone areas to boost preparedness. Minimal local revenues hamper the capacity of districts to take leadership during disaster/shock responses, leaving most responsibilities to donor partners.

5.4.4 Partnerships with Other Humanitarian Agencies

Against these challenges, partnerships between the SCG and other humanitarian agencies such as Caritas, Oxfam, Sight Savers, Red Cross, Catholic Relief Services, etc., remain the most viable option for optimising SRSP in the foreseeable future. Presently, these partnerships, in the absence of any Memorandum of Understanding (MoU) between the Government and humanitarian agencies for a better coordinated provision of complimentary and technical services, have been operating on ad hoc basis. Still, such partnerships and multi-agency coordination have enhanced the state of shock responsiveness.

Agencies such as Sight Savers and Mastercard Foundation, among others, have piggybacked on the SCG's pay points and other gatherings to offer eye screening and treatment to improve sight and eye health, which are major concerns among the elderly in areas such as the Eastern and Northeastern regions. The DLGs in shock-prone places such as Karamoja, the greater Mbale region, and other organisations and programmes operating in those areas have made similar interventions, delivering sensitisation on health and climate-related issues such as climate change mitigation measures, communication of early warnings, preventive and safety, measures, relocation options, de-worming, basic hygiene, screening and treatment of communicable diseases such as Malaria, TB, HIV/AIDS, etc., to improve the safety, health and wellbeing of the elderly and the wider community. These initiatives underscore the great opportunity for piggybacking onto the SCG programme, especially its delivery structures.

5.4 Support Systems

The systems discussed in this section support the corresponding processes in the SCG's implementation cycle as stipulated in the *SCG Implementation Guidelines*. These processes play supporting role to the four core steps of the programme's implementation process as highlighted in [section 2](#).

5.4.1 Monitoring and Evaluation

The programme has an M&E unit that is reliant on the SCG delivery strategy and system. Unfortunately, the current M&E strategy was not designed for implementing the programme in a disasters situation. For instance, the existing strategy lacks the capacity to anticipate shocks and plan appropriate responses to reduce potential risks and vulnerabilities.

Second, the M&E plan has no set of indicators on shock responsiveness that can track early warning information or measure the impact of responses. During the COVID-19 pandemic, for instance, it didn't have reliable data on how many SCG beneficiaries were affected by the shock. There was no deliberate review of risks associated with the proposed changes for programme implementation for COVID-19 SCG transfers to enable the programme develop appropriate mitigation measures. As such, the programme had to develop a separate M&E plan for delivering the SCG payments during the COVID-19 pandemic.

The programme's M&E function also suffers from inadequate funding to finance its annual work plan. The restructuring that the ESPP underwent de-prioritised the M&E and left it with inadequate staff and funding to enable it deliver its mandate. The strategic thinking behind the restructuring was the proposition that the functions of M&E would be subsumed by other units, hence the need to keep the unit lean. In effect, the M&E system in its current downgraded state cannot effectively and efficiently track the programme's shock responsiveness. The existing system is not able to generate dependable evidence for decision making in case there is need for intervention in anticipation of, during or after a shock.

5.4.2 Communication Strategy

A shock responsive communication strategy is an important tool for disseminating clear, accurate, accessible, timely, operative and culturally sensitive information before, during and after a covariate shock. An effective communication strategy is key to shock responsive interventions in several important ways:

- Creating awareness about the programme, especially its objectives, interventions, target group, eligibility criteria, requirements for registration and enrolment, entitlement value, and how to access benefits;

- Conveying to beneficiaries and the wider community important messages on programme processes such as registration, enrolment, payments, service/pay points, complaints management procedures, rights and responsibilities of beneficiaries, responsibilities and obligations of duty bearers;

Timely dissemination of early warning information to the communities at risk, safety measures, sensitisation campaigns, training and skilling opportunities, and availability of complimentary or relief services.

An effective communication strategy is also crucial for intra-programme, intra-sectoral, inter-sectoral and inter-agency coordination for effective intervention and avoiding duplication of efforts and creating synergies for a more effective and efficient SRSP intervention. The SCG communication needs are embedded in the broader ESP communication strategy that is more than 8 years old and has since not been updated. At the time of its formulation, the objective of the strategy was to support the advocacy agenda for the national roll out of the SCG . This objective has since been achieved. There is need for a new communication strategy with the goal of strengthening the SRSP. In the absence of an updated communication strategy, all emerging SCG communication needs are addressed on a case-by-case basis. The current communication approach focuses narrowly on supporting the delivery of payments. It is mainly about sharing payment schedules through issuance of formal top-down letters to DLGs and through social media. The programme is not involved in disaster-risk communication, which is handled by the DLGs. The programme’s communication approach is also inward-looking and focused on delivering the SCG rather than the broader SP agenda that includes SRSP.

The existing SCG communication efforts are hampered by budgetary constraints. Due the limited resources allocated to this function, the more effective communication channels such as the use of FM radio stations that have wider listenership have not been adopted. The use of local structures and channels with the Local Council 1 Chairpersons and Parish Chiefs that have previously proven to be very effective modes of community mobilisation were abandoned due to limited funding. In effect, down-ward communication and community mobilisation have become increasingly less effective. There is urgent need to establish community communication channels between DLGs and communities for better shock responses.

The role of communication should not be down played in any shock responsive social protection intervention. For example, during the SCG implementation at the height of the COVID-19 pandemic, communication played a critical role in disseminating information on the need to observe SOPs during registration and payments. It is hard to imagine how to effect SRSP interventions and service deliveries without an effective communication strategy.

5.4.3 Complaints & Grievances Mechanism

The *SCG Implementation Guidelines* (June 2019) has a chapter on how to file or handle C&Gs under the programme. The *Guidelines* defines *complaints* as “a situation where there has been a violation of a beneficiary’s rights under the programme”. Whereas *complaints* extend, to and may include, any serious concerns and allegations on the programme staff or PSPs for cases such as fraud /corruption and mistreatment of beneficiaries. Beneficiaries, implementation partners, members of the public and any other concerned individual has a right to lodge a complaint or grievance against any aspect of the SCG implementation or service delivery using the various channels provided. The C&G mechanism is mainly implemented by the DLG staff, supported by the programme structure at the regional and national levels. A recent development saw a module built into the SCG MIS for C&G management.

The SCG presently does not have a functional C&G mechanism. A review of the SCG C&G system was undertaken in 2023, which recommended an update of the then existing guidelines to ensure that they are fit for purpose and implementable. The findings identified fundamental weaknesses in the policies, practices and the C&G management system, requiring updating the guidelines.⁴⁶ The absence of a clear C&G mechanism exposes beneficiaries to risks of abuse from duty bearers since they would not be aware of their rights. The study found out from engagements with district and sub-county officials that most of the complaints and grievances poor communication on programme processes.

For instance, the SCG implementation during COVID-19 entailed the “omnibus” approach to registration and payment. A number of requirements were relaxed and more beneficiaries were on-boarded as one-off shock responses. Most of these “new” beneficiaries expected to continue benefitting from the programme on a permanent basis. The “omnibus” approach created a catalogue of new complaints that were not anticipated. For example, a significant number of the beneficiaries who were temporarily on-boarded afterwards complained about having no money on their account in the aftermath of the pandemic. Unfortunately, the programme adopted no clear procedure to address this category of complaints.

A well-designed communication and sensitisation campaign would proactively address and resolve these kind of concerns. Moreover, most of these complaints were reported verbally with the expectation that these would be recorded in a form and submitted for further action by parish chiefs, which was not the case. The programme does not any record and status of the complaints that were received during the COVID-19 SCG implementation with their corresponding. The existing C&Gs mechanism also lacks the ability to manage a sudden upsurge in C&Gs that may occur in during the implementation of a shock response. Fortunately, at the time of this assessment, the programme had contracted a consultant to update the C&G guidelines.

5.5 Coverage of the SCG

The SCG is the only nationwide SP programme funded by the GoU for individuals who are 80 years and above. The preliminary results of the 2024 Population and Housing Census show that there are 2.2 million older persons, representing 5% of the country’s population. The SCG MIS show that a total of 297,716 beneficiaries are currently enrolled onto the programme, which is only 13% of the elderly person. This coverage is too low to enable the programme implement any shock responsive mechanisms geared towards addressing the vulnerabilities that affect the elderly when a shock happens. Advocacy efforts to lower the eligibility age threshold for the SCG has often run into the argument that the Government lacks the necessary funds to shoulder the increased coverage.

The ESP management team admitted to finding themselves at a cross road between advocating for resources to increase the horizontal coverage of the SCG against the need to: (i) extend enrollment to eligible beneficiaries who are currently not covered by the programme; and (ii) secure additional funding for other strategies such as integrating shock responsiveness into the SCG programme. The team view it as more prudent to first ensure the optimal performance of the programme as a springboard from which to advocate for further reforms.

⁴⁶ MGLSD (2024), Report of complaint management system review for the Social Assistance Grant for Empowerment and Development Response to Displacement Impact Project (DRDIP).

6 KEY CHALLENGES FACING THE ABILITY OF THE SCG TO BE MORE SHOCK RESPONSIVE

6.1 Introduction

The SCG's shock responsive drive faces many challenges, the most critical among which are low funding and resource constraints; design, capacity and structural limitations, and weaknesses in the support systems, all of which present a big challenge to the delivery of SRSP.

6.2 Design, Capacities and Policy Weaknesses

The design, capacity, institutional and/or structural weaknesses that the SCG faces in its shock responsive drive entail those that are intrinsic (built into the programme's design) and extrinsic (emanating from the institutional and structural environment within which the programme operates). Resolving intrinsic challenges such as low funding, coverage and transfer value and excessively high eligibility age threshold requires strong advocacy efforts and cabinet-level decision making and corresponding legislative actions, while extrinsic ones require carefully coordinated, multi-sectoral planning, initiatives and appropriate interventions to resolve.

6.2.1 Funding for the SCG

GoU has steadily increased its funding towards SCG. The programme has now been fully funded from domestic revenues since FY2020/21 after donor support ended in FY2019/20. While this shift from donor support augurs well for the sustainability of the SP sub-sector, the funding is still significantly inadequate, hampering any possibility of expanding the coverage of the programme and increasing the grant value. The low funding to the SCG should be understood against the context that the programme is the currently only remaining DIS initiative in the country since NUSAF3 wound up in June 2021. Even before NUSAF 3 wrapped up as stated in [section 1.4](#), the coverage of the two main DIS programmes was very low, with the combined reach of both the SCG and NUSAF3 at only 3% of the population and about 0.14% of GDP in FY17/18. These statistics are extremely low given the prevalence of shocks and the level of vulnerability and extreme poverty in the country.

This low spending trend has only become worse as key Government's priority areas continue to jostle for the limited resource envelope. The FY2024/25 budget of UGX 72.136 trillion was distributed among the seven key priority areas, with the lion share going to: education, health and water, sanitation and hygiene (UGX 10.204 trillion); peace and security (UGX. 9.107 trillion); infrastructure (UGX. 4.989 trillion); and wealth creation initiatives (UGX. 2.641 trillion). Natural

disasters was allocated UGX 18.1 billion plus a Contingency Fund of UGX 146.26 billion to support disaster response and management.⁴⁷

With significant budgetary cuts and reallocations in almost all the Ministries, Departments and Agencies (MDAs), the FY2024/25 budget offers no reprieve to the problem of underfunding of the SP sub-sector generally and the SCG particularly. The MGLSD was no exception to the cuts, which affected the allocation to the SCG programme. The FY2024/25 initial budgetary allocation for the SCG was UGX 121.06 billion, which was reduced by 17% to UGX 100.26 billion. The shortfall of UGX 20.8 billion has necessitated the MGLSD downsizing the SCG budget and plans. The implication is that no newly eligible older person (who turns 80 years during the fiscal year) will be enrolled onto the programme. Unless a supplementary budget is considered for the SCG, many eligible older persons will be excluded from the programme.

The dwindling funding means further that the lack of budgetary allocation for contingencies will continue to limit the range of SRSP interventions the SCG can undertake. Presently, donor support towards SRSP is limited to systems strengthening. There is, however, high prospects that GoU's capacity to address the challenge of low funding may improve, given the brighter economic outlook, with the country's economy projected to resume its steady growth potential of between 6.4 and 7%, and double digit over the next five years once the country begins to reap the anticipated oil and gas revenues. Uganda's GDP in FY2024/25 is projected to expand further to UGX 225.5 trillion (USD 60 billion).⁴⁸

For the time being, the limited funding for the SCG constrains its ability to expand horizontally or vertically in case of the need to respond to the effects of a shock or disaster. The only opportunity available is tweaking the programme's design to adjust the frequency of payment and allow frontloading of grants. But even this tweaking may be affected by irregular or delayed releases from the Treasury. Fortunately, GoU is currently formulating its National Strategy for Disaster Risk Financing. This strategy emphasises the need for contingency funding, with a greater appreciation for the need to invest in building resilience of households and communities during a shock. The strategy, once approved, is bound to address the broader funding challenges for DRM, including SRSP.

For routine transfers in case of the SCG transfers, the funds are ring-fenced and budgeted for, although delays have routinely been experienced in the releases from the Treasury, which has mainly been attributed to the shortfalls in revenue collection by Government. The irregular releases have necessitated adjustments in the delivery of the SCG entitlements, which has affected its predictability to the general detriment of beneficiaries. During the COVID-19 pandemic, SCG payments were prioritised. Unlike other Government programmes whose budgets were truncated, the SCG did not suffer from budget cuts in recognition of the crucial role the programme plays in enhancing livelihoods of the elderly as one of the most vulnerable groups.

6.2.2 Coverage of the SCG

The low coverage of the SCG is a challenge that stems directly from underfunding. Government continues to signal that resources are limited and that MDAs must be frugal in their prioritisations and expenditures. For sometimes, MGLSD under the social protection agenda has been advocating

⁴⁷ MoFPED (2024). The Budget Speech, Financial Year 2024/2025.

⁴⁸ Ibid.

for additional resources to increase coverage of the SCG through lowering the eligibility age threshold. This advocacy has not yet been successful although sustained efforts have been directed towards it. Of the 2,058,278 elderly persons on the SCG MIS database, aged 60 years and above,⁴⁹ constituting 90% of the older persons in Uganda,⁵⁰ only 297,715 have been enrolled onto the SCG programme,⁵¹ representing only 13 % of the total population of the elderly persons in Uganda, including refugees.⁵² According to the preliminary Census results (UBOS, 2024), the refugee population in Uganda is 780,061. Of this, the refugees who are 60 years and above are estimated to be around 3,900. But refugees are currently not eligible for the SCG programme.

Even then, the number of enrolled SCG beneficiaries is less than the 370,024 older persons that GoU covered under its budgetary provision for the SCG of UGX. 121.22 billion, as per the approved budget of the programme for FY2023/24. The difference between the numbers covered under the FY2023/24 budget and the number of enrolled beneficiaries implies that there was a redundancy in the budget that could cater for 72,309 older persons. In other words, the number of enrolled beneficiaries was 80.4% of what was budgeted. This therefore implies that there was a redundancy in the budget of 19.6%, that would have been used for expanding coverage of the SCG but remain utilised. The programme attributes the shortfall in the targeted enrolment to the high mortality rate among older persons who are 80 years and above. This scenario should further amplify the call to government to consider reducing the eligibility age for the SCG if it is to address the risks and vulnerabilities of older persons effectively.

This coverage is too low to enable the programme make any significant impact towards addressing risks and vulnerabilities associated with old age and be shock responsive. Advocacy efforts to reduce the eligibility age threshold for the SCG has often run into the argument that the Government lacks the necessary funds to shoulder the increased coverage.

During field interviews, the programme team acknowledged being at a crossroad between advocating for increasing coverage of SCG and the need for implementing social protection floors in Uganda that would ensure a more comprehensive SP system. Implementing social protection floors lays the foundation for increased coverage of SP for all the vulnerable persons that is necessary for a robust SRSP. However, the programme considers that advocating for additional funding for introducing other SP instruments may be at the risk of failing the advocacy agenda of lowering the eligibility age for the SCG, which is necessary for expanding coverage of the

Older persons. The team view it as more prudent to first ensure the optimal performance of the programme as a springboard from which to advocate for further reforms.

Achieving shock responsiveness necessitates that efforts be geared towards increasing coverage of the SP programme. Lowering the eligibility age threshold for the SCG to 60 years would also mean that at least 17% of households with older persons would be targeted.⁵³ The implication here is that in addition to addressing vulnerability related to old age, the SCG would cushion the elderly

⁴⁹ MGLSD, SCG MIS data extract as of 11th July 2024.

⁵⁰ UBOS (2024). National Population and Housing Census 2024: Preliminary Results. The report shows that 2.3 million (5%) of Uganda's population are aged 60 years and above.

⁵¹ Most of them are 80 years and above although the persons' policy defines an older person as one who is 60 years and above, the Government of Uganda approved the eligibility threshold for SCG grant for persons who are 80 years and above

⁵² MGLSD, SCG MIS data extract as of 11th July 2024.

⁵³ According to the Uganda National Household Survey 2019/2020, approximately 17% of households in Uganda have an older person

against the risks of covariate shocks. Besides, not all the needs of the elderly persons can be met by the SCG cash transfer and therefore households with elderly persons could potentially be targeted with specific shock responsive interventions through piggybacking onto the SCG.

6.2.3 The High Eligibility Age Threshold

The SCG's eligibility age threshold is currently 80 years. For a country like Uganda where the life expectancy at birth is 62.9 (males) and 69 (females),⁵⁴ this threshold is too high. The high level of poverty and vulnerability and the low life expectancy means that very few elderly persons, which the NSPP defines as those aged 60 years and above, make it to 80 years. The life expectancy is even lower still in areas such as Karamoja that are more prone to covariate shocks and have some of the highest level of poverty and vulnerability. This situation presents a big challenge to Government's SRSP vision.

Lowering the eligibility age threshold to 60 years, as many have advocated for, would make SRSP more impactful. It would improve the general wellbeing for a higher number of beneficiaries and enable them live healthier and more dignified lifestyle and enjoy for a relatively longer time the benefits of receiving DIS. Such benefits include better nutrition and food security, improved asset holding capacity, and improved psychological wellbeing. Other attendant benefits are greater capacity to extend social care and support to dependents and a higher rate of school enrollment as most elderly beneficiaries testified to using their grants to pay tuition fees and scholastic materials for their grandchildren.

Unfortunately, the PMU has no power to lower the high eligibility age threshold to expand the programme horizontally. That decision can only be taken by the Cabinet and legislated upon by Parliament that is responsible for appropriation. Concerted advocacy campaigns to lower the eligibility age threshold has so far been unsuccessful. Such setbacks undermine the achievement of SRSP objectives.

6.2.4 Payment Delivery Gaps

The low transfer value is aggravated by irregular frequency of SCG payments. The grants are supposed to be every after 3 months following the quarterly release schedule from MoFPED. However, as observed in Table 3, the releases have been irregular and, consequently, field disbursements have not followed the planned schedule. This irregularity of payments makes it difficult for any other programme that may desire to piggy back onto the SCG payment delivery system and infrastructure to deliver supplementary services and support to the affected community during a crisis. These delivery gaps and irregularity undermines the shock responsiveness of the programme.

6.2.5 The Low Transfer Value of Grants

In all the districts and sub-counties visited, a majority of stakeholders, including programme beneficiaries, while appreciative of the SCG as a good initiative by Government, expressed dissatisfaction with transfer value as not only being too low but is also prone to delays. In areas such as Karamoja, beneficiaries were more than six months in arrears. There has been concerted

⁵⁴ World Health Organisation (2022). Health Data Overview for the Republic of Uganda.

advocacy campaigns towards increasing the transfer in the face of the ever-increasing rate of inflation in the country.

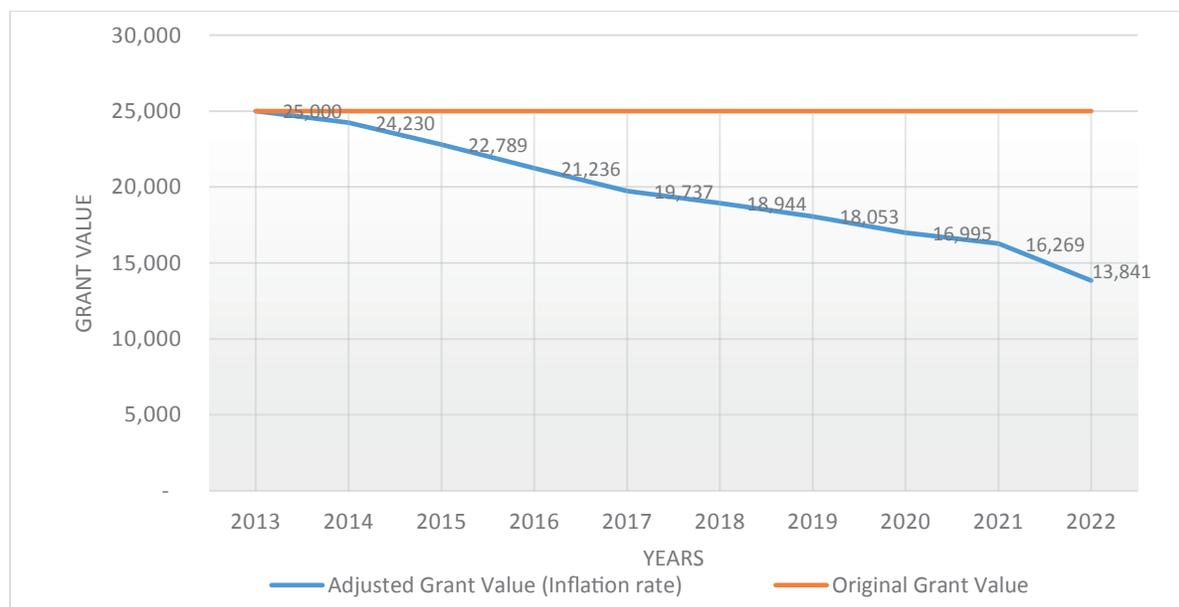
Amidst this challenge, the SCG has implemented two kinds of adjustments on the transfer value: a) indexing to the prevailing inflation rate on annual basis; and b) triggering a design tweak in the payment frequency as was implemented during the COVID19 pandemic.

Indexing the grant value should have been on annual basis to cater for the effects of inflation and ensure that beneficiaries continue to afford the same basket of goods as was envisioned at the time the grant was approved. The SCG value has been adjusted three times in the last 13 years, with the last adjustment occurring back in 2013. As such, the SCG transfer value has been fixed for the last 11 years at a monthly rate of UGX 25,000 per beneficiary.

Table 3: Adjustments implemented on the SCG Transfer Value To-date

Transfer value (UGX)	Status	Start date
25,000	Approved	01-09-2023
25,000	Approved	01-08-2013
24,000	Approved	01-07-2012
23,000	Approved	01-09-2011

Figure 3: Effects of Inflation on the Value (purchasing power) of the Senior Citizens Grant from 2013-2022



Source: Author's own analysis

The graph above shows that there has been no adjustment to the SCG transfer value from 2013, yet the inflation rate has been on an upward trajectory. The historical inflation data for Uganda

from 2014 to 2022⁵⁵ show that the grant value has been eroded by inflation from 25,000 to UGX 13,841 as of 2022. Consequently, the value (purchasing power) of the grant has steadily been eroded. The strategic objective of the SCG to cushion the elderly from the various risks and vulnerabilities has effectively been undermined. Economic shock in the form of inflation has left SCG beneficiaries highly vulnerable, undermining the effectiveness of the grant as a well-intended shock-responsive intervention.

While the transfer value has remained fixed, GoU was able to tweak the design of the programme during the COVID-19 pandemic by adjusting the frequency of transfers to allow a three-month front loading (advance payments) of entitlements to all beneficiaries as a shock response. The tweak in the frequency of the transfer was to enable the beneficiaries absorb the COVID-19 effects and also build their resilience.

6.2.6 Limited Skills and Knowledge on SRSP

The frontline implementers of the SCG, as amplified in [section 4.3](#) are DLG staff, whose speciality is admittedly not in delivering SRSP or even emergency response for that matter. Most of the programme and district staff interviewed confessed to having limited knowledge and expertise on SRSP. A majority were better attuned to disaster risk management. This lack of familiarity with SRSP poses a major challenge to any successful implementation of shock-responsiveness in a programme such as the SCG.

Most of the duty bearers implementing the SCG have benefited from various training and other capacity building interventions. The existing capacity is in the delivery of the SCG as opposed to the wider SP interventions. Shock responsiveness is not a strong part of these interventions. The PMU needs to take initiative to strengthen capacity of DLGs and lower local government levels to equip frontline staff with a better appreciation of SRSP. One possible intervention could be to organise orientation workshops for frontline cadres on the implementation and delivery of SRSP, its rationale and significance as a core part of Government's vision for social development, and how it can be incorporated into various SP programmes.

6.2.7 Lack of a Clear Framework on How to Use Early Warning

The SCG doesn't use any information from the early warning system to trigger a shock response. There is no clear framework on how to use early warning information to trigger shock responses under the SCG. Relatedly, there is no defined threshold for disaster that are used to call the programme to action. At the moment, OPM is the only institution with the mandate to declare a disaster, yet there is no clear mechanism through which the SCG can use these declarations to even trigger a request for contingency funding. The forthcoming SRSP Framework has identified that temporarily increasing the frequency and/or value of payments is one of the options for integrating SRSP in the SCG once OPM declares a disaster in the absence of any contingency fund. Stakeholders from the regional, district and sub-county levels recommended the need to fund the development of a document on contingency plan for disasters which can enhance the capacity of the district to handle most of the planned preparations and responses.

⁵⁵ <https://www.macrotrends.net/global-metrics/countries/UGA/uganda/inflation-rate-cpi?UgandaInflationRate1960-2024><a>. Retrieved 2024-07-27

6.3 MIS and Support Systems

6.3.1 Absence of Protocols for Data Sharing

The programme has no protocol on data sharing with NIRA and the Ministry of Public Service (MPS), the two key sources of data that are critical for its operations. NIRA provides the primary targeting data while the MPS provides the data that is used for excluding pensioners. Currently, there is no formal protocol in the form of an MoU signed between the programme and these entities to enable the establishment of a seamless process of data exchange. Although there exist opportunities to align the SCG MIS with the MISs of these entities, the current practice is that requests by the SCG are considered on a case by case basis via exchange of letters between the accounting officers.

The absence of protocol constrains any efforts towards the evolution of an efficient shock responsive system since there is bound to be delays in case of the need for large volumes of data to facilitate targeting beneficiaries during a covariate shock. It also hampers any expeditious and well managed expansion of the programme.

6.3.2 Operational Lags in the Data Flow

The main challenge with the SCG data flow processes are lags arising from the point of collection to entering them into the MIS to achieve real-time updates. There are several structural weaknesses in the programme that need to be addressed, including, but not limited to: staffing and staff capacity gaps, inadequate operational budget, and the absence of a strong M&E system for promoting accountability among duty bearers.

One of the key strategies to address this problem is digitisation of the whole process by decentralising the MIS to the district level to enable real time data collection and updates. The current data collection process at the front end managed by the districts is not only inefficient but also expensive. The process is paper based and involves a lot of operational costs for collecting and delivering the reports to the district and onwards to the region.

6.3.3 Exclusion from the NIRA Data

The primary data for targeting SCG beneficiaries is accessed from NIRA. However, two key weaknesses have emerged in this data: a) Some elderly persons missed the national ID registration process, so their information not available; and b) Some of them have errors in their national ID details, especially the date of birth. The errors in the national IDs generated several complaints from would-be beneficiaries who felt unfairly excluded from the programme.

Between January and March 2024, with support from both the GoU and the WFP, the programme piloted an appeals vetting exercise in seven districts. Each sub-county had an established vetting committee comprised of technical leaders, political leaders and representative of the elderly person's councils. In the seven districts, a total of 6,120 appeals were received and adjudicated. The results from the adjudication of the appeals shows that 71% of the appeals were successful as per table below.

Table 4: Results from the Adjudication of Exclusion Appeals Lodged.

S/No	District	Funding	Appeals Received	Successful Appeals	Unsuccessful Appeals	Successful Appeals (%)
1	Kakumiro	GoU	245	77	168	31
2	Ngora	GoU	1,183	958	225	81
3	Sheema	GoU	390	294	94	75
4	Moroto	WFP	139	27	112	19
5	Kotido	WFP	2,009	1,454	555	72
6	Abim	WFP	880	626	254	71
7	Kaabong	WFP	1,274	893	381	70
	Total		6,120	4,329	1,789	71

Source: Activity report on the vetting of exclusion appeals piloted, March 2023.

The adjudication process revealed that several elderly persons had the wrong date of birth captured by NIRA at registration. The use of NIRA data is therefore bound to lead to exclusion errors, which require planning for appropriate mitigation measures. The SCG MIS, nonetheless, remains a critical tool in the SRSP drive.

6.3.4 Limited Usability of the SCG Database

The SCG database has very limited scope since it only contains details of persons who are 60 years and above, yet disasters invariably impact everyone in the community. The second significant challenge is that the database doesn't have a mechanism of real-time updating of the data on the older persons when they register for national ID since there is no direct linkage with NIRA. Lastly, there are no other variables such as socioeconomic indicators, disability, household information, and data on other age groups that can be used for wider vulnerability targeting beyond age. This narrowness limits the use of the SCG database for shock responsiveness especially when there is need for scaling up or assessing eligibility beyond just the age factor in case of a shock or disaster.

6.3.5 Data Privacy and the Limited Access to SCG Data by Third Parties

The SCG data is not yet accessible to third parties, although the capability is available in the MIS. There are no arrangements or mechanisms in place for sharing data with third parties in case doing so is required for a shock response for example if there is need for piggy backing. Relatedly, data privacy and protection is recognised as a key concern by management. But there are no clear guidelines for ensuring compliance. Given that data access is limited, with no guidelines in place to facilitate it, the ability of other programmes to piggyback on the SCG's otherwise rich database for shock responsiveness is constrained. This may affect effective utilisation of the SCG database by other programmes for targeting during a shock response.

7 LESSONS LEARNT AND INADVERTENT BENEFITS FROM THE DELIVERY SCG PAYMENTS DURING COVID-19

The COVID-19 pandemic caused major disruptions in the SCG operations affecting the normal delivery of the grant to the beneficiaries yet older persons were identified as one of the most at risk group. Hence, there was urgent need to quickly deliver payments to the beneficiaries so as to enable them and their families cope with the adverse impacts of the COVID-19 shock.

Government and development partners then agreed that payments to SCG beneficiaries should be prioritised. To this effect and as a requirement, the programme developed standard operating procedures (SOPs) to ensure efficiency while minimising the risk of exposure to COVID-19 virus for all beneficiaries and stakeholders involved the delivery chain. The SOPs were approved by the national task force for implementation. The approved SOPs covered how to deal with communication, organisation of the pay points, handling arrivals and sitting arrangements and payment procedures.

On the basis of the approved SOPs, the payment guidelines and operations were highly tweaked and adjusted to ensure compliance. The following adjustments were implemented in close coordination with the district local governments and the payment service provider to ensure successful payments;

- i. Processing of six months' advance entitlements (UGX 150,000) to all beneficiaries and clearing all arrears
- ii. Additional pay points were established and moved closer to beneficiaries from the sub-county to reduce congestion (not more than 100 persons per pay point) and reduce distance. In addition, ensuring beneficiaries' sitting arrangement allows for adequate social distancing
- iii. Provision of personal protective supplies/facilities at the pay points e.g sanitizers and hand facilities
- iv. Suspension of all paper based processes such as; registration and complaints reporting

The PSP, Centenary Bank, developed a payment option compliant with COVID-19 restrictions and the agreed SoPs. The solution involved the assignment of unique token numbers to all beneficiaries with authentication done by the use of a PIN as opposed to biometrics or the manual payment system. This approach was time saving and significantly reduced risk of spreading COVID-19 among the elderly persons as contacts at the pay points was minimised.

While the major objective of SoPs was to ensure safe and efficient delivery of cash grants during the COVID-19 period, the newly introduced practices had inadvertent outcomes and presented

new opportunities for enhancing the programme's impact. These adjustments have greatly improved the programme's operational efficiency, contributing to the achievement of wider SP objectives that have now been mainstreamed as part of SCG service delivery. The following are the notable inadvertent benefits:

- i) **The practicing of COVID-19 SoPs and healthy measures have been continued at pay points in the aftermath of the pandemic.** The programme has continued to encourage healthy practices such as social distancing, handwashing, basic hygiene and encouraging the use of mask among its elderly beneficiaries and their care givers at the pay points. These safety measures reduce the risk of spreading communicable diseases such as COVID-19, TB, cough and common flu, and among others, which are usually transmitted through person-to-person contacts. These diseases affect the elderly more severely as a good number of them usually have co-morbidity. In effect, pay points have become safer spaces with less likelihood of diseases transmission, hence reducing the vulnerability of the elderly to avoidable infections and the cost of treatment and medical care.
- ii) **COVID-19 established pay points continue to be operational in the post-COVID-19 period.** Several of the new pay points that were established to reduce congestion and bring services closer to the beneficiaries during the lockdown have continued to operate beyond the COVID-19 period. The spreading out of pay points has led to greater efficiency in service delivery, reduced cost of transaction for, and increased programme satisfaction among, the programme beneficiaries.
- iii) **COVID-19 led to increased use of alternative media of communication.** Prior to COVID-19 situation, the dominant mode of SCG communication to various stakeholders was through top-down formal letters and communiques – from ministries to districts, and from Chief Administrative Officers to other district and sub-district levels – and physical meetings. But these modes of communication have largely given way to increased emphasis on, and adoption of, radio and social media as alternative ways of reaching out to the community. Radio has been the most effective for reaching out to public officials, social care caregivers, beneficiaries and the general community.
- iv) **The COVID-19 pandemic paved way for the adoption of digitisation in the SCG implementation processes.** Prior to the pandemic, the programme implementation processes, especially registration and complaints management were mostly paper-based. The paper-based system was not only slow but also prone to many errors and the risk of loss of data, often leading to delayed action. The implementation of the SCG during the COVID-19 period necessitated adopting the e-registration system for on boarding new SCG beneficiaries. The e-registration process further did away with the in-person verification process and ultimately saved time and led to more accurate data capture, hence ensuring greater efficiency in service delivery.
- v) **The COVID-19 pandemic further led to the coalescing of the activities in the SCG implementation cycle that had previously been undertaken discretely.** The SCG implementation guidelines outlines four core steps – targeting, verification, enrolment and payments of beneficiaries – that should be followed in lockstep as part of the programme implementation process. The practice before COVID-19 had been to follow these steps sequentially as outlined in the programme implementation guidelines, which would consume

a lot of time. During the implementation of the SCG COVID-19 initiative, the programme adopted an omnibus approach that merged the core steps of registration, verification and enrolment into a single procedure. Besides simplifying and hastening the process, this omnibus approach further resulted in more beneficiaries being on-boarded, with less data errors, leading to greater programme satisfaction. The benefits of this approach continue to accrue well into the aftermath of the COVID-19 pandemic, signaling possibilities of best practices.

8 OPPORTUNITIES FOR ENHANCING THE SHOCK RESPONSIVENESS OF THE SCG

8.1 Introduction

GoU has over the last decade been mainstreaming shock-responsiveness as a key feature of the SCG. The programme has benefitted significantly from GoU and donor support, which has enabled it to establish robust systems and strengthen its capacity to deliver its core mandate and become more shock responsive. Mainstreaming shock responsiveness in the SCG has proven to be an effective way of strengthening the resilience of the elderly to accelerate the reduction of vulnerability and poverty among them. But there has been a lingering concern that the emphasis on shock responsiveness in SP programmes risks overwhelming their core objective and overburdening them with humanitarian agenda.

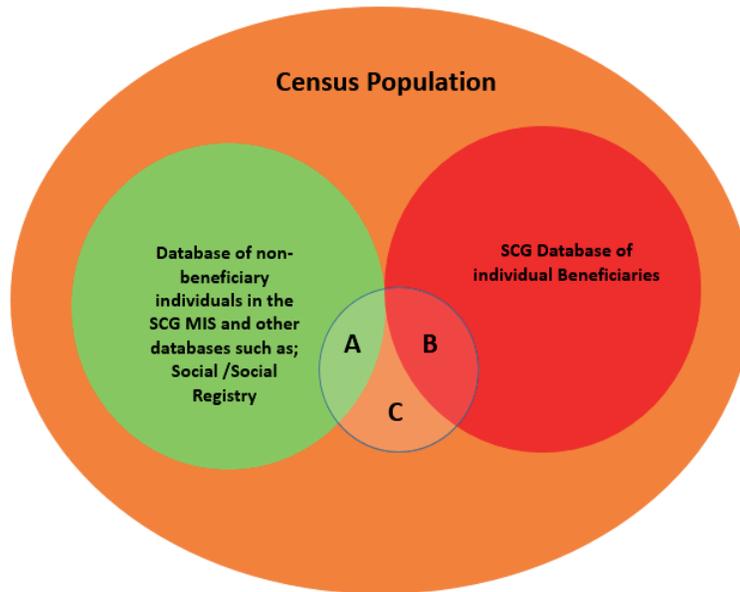
The flexibility within – and the robustness of – the SCG means that there are opportunities within it for integrating SRSP, which should, however, be weighed carefully against the cost to its core objective. The study recommends incremental introduction of shock responsive measures to specific components of the SCG instead of wholesome adoption of the approach to preserve the uniqueness of the programme as presented below.

8.2 Opportunities in the SCG MIS Flexibility to Support Implementation of SRSP

The SCG MIS database presents great opportunities for enhancing the shock responsiveness of the SCG in the event of a covariate shock. This programme resource tool has undergone several metamorphoses, aimed at strengthening its overall functionality and information processing to achieve efficiency in delivering accurate reports to support operational decisions. At the time of the review, the SCG, with support from the WFP, had undertaken an update of the MIS and reviews of the other business processes such as the C&G system, were on-going.

The Database, as arguably the most up-to-date repository on the older persons, can be a useful resource for targeting potential beneficiaries for expeditious responses in the event of a covariate shock. The capability of the system to interface with others enable more expeditious and efficient programme processes such as targeting, registration, updates, C&G lodging and handling, and strategic communication, all of which are vital in shock responsive interventions. Below is an illustration of how the SCG MIS can be used in shock responsive interventions.

Figure 3. Options for Using SCG MIS in Shock Responsive Interventions



Source: *Adapted from Shock Responsive Social Protection Tool Kit. January, 2018.*

Figure 6 shows that the SCG has two key data sources: the SCG MIS database that has existing beneficiaries and non-beneficiaries; and other external databases such as the NSRSP. The figure shows two targeting options (A & B) for enhancing the ability of the SCG to be shock responsive, with the third category (C) representing those who are unreachable. These options are explained below;

- i) Section A represents individual older persons that can be reached through a horizontal expansion of the SCG;
- ii) Section B represents individual older persons that can be easily reached through piggybacking on the SCG database; and
- iii) Section C represent the hard-to-reach older persons who belong neither to the database of SCG beneficiaries nor the existing database of non-beneficiaries, and cannot therefore be reached through horizontal expansion or piggybacking. In the case of the SCG, these could be individuals who either have wrong dates of birth on their national IDs or were excluded from the ID registration process.

The existence of an up-to-date database is vital as the necessary first step in any shock responsive intervention and for maximising the inclusion of intended beneficiaries.

8.3 Opportunities for Targeted Design Tweaks to Address Specific Risks/Shocks

Design tweaks entail cost-effective ways of making adjustments to programme features or processes due to flexibilities in the programme design. These tweaks can be done in disaster-prone areas such Karamoja (drought), Kasese (floods) and Eastern Uganda (landslides). In such areas, regular SP services may be insufficient to mitigate risks and vulnerabilities and strengthen resilience of households and communities. Limited disaster risk or contingency funds may also

inhibit Government from making largescale interventions. In such cases, the programme could, at a minimal or existing budget, implement four types of design tweaks:

- a) Adjust the payment frequency for the beneficiaries at risk of a shock or disaster: Within the existing budget, a design tweak could be introduced in the SCG payment frequency to enable beneficiaries to receive six-months' worth of grants in advance to enable them build their resilience and coping capacity in case a disaster happens. For Karamoja, for instance, the Multi-Hazard Early Earning System implemented by the DLGs and coordinated by OPM is responsible for providing the trigger to SCG response. A design tweak in the payment frequency in no way suggests additional funding since the entitlement value remains unchanged.
- a) Prioritise payments to beneficiaries at risk of a shock when there is a short fall in the funds released: It has become common for government not to release all the funds for a particular quarter, leading to shortfalls in the SCG budget. This is one of the main causes of arrears in the SCG. In such cases, Government could prioritise paying beneficiaries affected by, or at risk of, shocks or those from the most vulnerable regions.
- b) Reduce the eligibility age in shock-affected areas, if not across the country: the programme can temporarily reduce the eligibility age for the SCG to address the effects of specific shocks across the country or in specific areas impacted by shock. This would be critical in cushioning the older persons from risks and vulnerabilities that come with shocks or disasters.
- c) Integrate the implementation of complimentary services during regular SCG events: When a disaster happens, the most vulnerable people are exposed to various risks and vulnerabilities that require various forms of shock responses and deliveries of multiple services to the affected households and communities. In Karamoja, for instance, OPM and humanitarian agencies have taken advantage of SCG gatherings such at venues such as pay points to offer complementary services such as HIV and TB screening, Malaria tests and treatment, de-worming, sensitise communities on basic hygiene, best agricultural practices, etc., and to distribute relief items, among other interventions. DLG staff have also used such gatherings to offer agricultural advisory services, sensitisation campaigns, disseminate messages such as early warnings, safety and security measures, all of which help to mitigate risks and vulnerabilities and strengthen the resilience of households and communities to shocks.

8.4 Piggybacking on the SCG MIS and Implementation Structures

The SCG as the single, countrywide SP programme in Uganda provides important opportunity for piggy backing for SRSP. The recent establishment of the National Single Registry for SP (NSRSP) stands to strengthen MGLSD's mandate for coordinating SP actors, provide a robust framework for SP M&E and promote interagency collaborations. All the benefits accruing from the single registry are very relevant for promoting SRSP in Uganda

The programme has, over the years, invested considerably in building the capacity of the SCG MIS and delivery structures to facilitate efficient running of programmes. This investment has provided great opportunity for piggy backing in two main ways.

- a) Supporting the establishment of the NSRSP that is considered a precursor to the development of the social registry. The single registry, which is linked to the NIRA system, stands to facilitate SCG's field registration process by enabling real time validation of potential beneficiaries' national ID details. Over two million records from the SCG database have been shared and updated in the NSRSP. The establishment of the NSRSP is bound to provide great opportunity to other agencies, including humanitarian organisations, to piggyback onto the SCG database for targeting purposes. For example, the SCG database can be used as a screening list for validating vulnerable households with elderly persons when a disaster occurs. The programme can also piggyback onto the NSRSP to enrol additional individuals from other age groups other than the elderly persons. The social registry will make this opportunity possible.
- b) Enable the implementation of other SRSP intervention through using the functional delivery structures and systems established for the implementation of the SCG. These structures provide opportunities at two levels; strategic piggybacking and operational piggybacking.

At the strategic level, there is a strong relationship established with NIRA that allows the exchange of targeting data. The programme can support other humanitarian actors by accessing additional data from NIRA, for example in case of the need to target other age categories. This means piggybacking on the strong relation between the SCG programme and NIRA to deliver assistance to the affected community.

On the operational level, as noted earlier, the SCG is implemented with and through the DLG structures, whose capacity has been built over time. The local government structures are reinforced by RTSUs across the country. These structures are quite flexible and can be mobilised quickly for any response, even if it involves work outside the staff's duty station.

The programme operations are supported by strong structures and systems for registration, targeting, communication and payments. These structures and systems have some level of flexibility in the SCG MIS and implementation arrangements. Thus, in case there is need to deliver urgent humanitarian assistance, it is possible to piggyback on them to deliver emergency cash effectively and efficiently. For instance, the contract with the PSP can be easily amended to enable it deliver extra cash within a short time. Normally, it takes several months to set up a cash transfer operational system and structure that include putting in place a payment delivery contract. As such, the capacity provides an opportunity for other programmes to leverage onto the SCG systems and structures. For example, cash transfer programmes targeting refugees and the Special Enterprise Grant for Elderly Persons (SEGOP) under the MGLSD, which provides cash grants to elderly persons outside the SCG bracket, could implement and deliver payments via SCG infrastructures.

Lastly, other programmes can use the SCG platform for delivering complimentary services to the beneficiaries based on assessed needs. When additional services, e.g., health screening, vaccinations, agricultural extension, nutrition support, skills training, etc., are delivered during a covariate shock, they enhance the impact of SP interventions.

8.5 Ample capacity for horizontal expansion to increase coverage of the SCG

The SCG database has over 2,058,278 records on all persons who are 60 years and above as highlighted under [section 5.2.2.1](#). Of these, only 297,715 (14.4%) are currently enrolled for the SCG. The implication is that the programme has an existing capacity to increase the number of beneficiaries exponentially by up to 86%. The SCG MIS can, as such, be used to pre-identify, validate and enroll additional beneficiaries in case of a disaster. The SAGE MIS infrastructure also has spare capacity to store and process data for additional beneficiaries. Besides, the implementation structure at national, regional and district levels can support any additional beneficiaries in case it is necessary.

Lastly, the payment infrastructure for SCG – via CERUDEB – is established across the whole country. The current PSP’s system is scalable. For instance, it can enroll and pay additional beneficiaries without any challenge. The PSP also has flexibility to adjust its payment schedule to accommodate additional days of cash-out sessions for particular locations in case there is need to pay more beneficiaries.

8.6 Possibility for Vertical Expansion to Adjust the Transfer Value during Shocks

Despite funding constraints, vertical expansion can be possible through adjusting the transfer value in the SCG MIS. The MIS has a settings module that allows for flexibility to temporarily adjust the transfer value to any amount that has been approved by the PMU. This transfer value can be re-adjusted to the original value once as and whenever necessary. The PSP has capacity to disburse any amount of cash transfers – including large amounts – that have been credited on beneficiary accounts. The PSP also has flexibility to adjust the payment schedules to spend more days at a given location to pay additional transfer values if required. While the PSP confirms there is adequate capacity, it is important that further details are discussed with the Bank on how this can be operationalised should the need arise. This may require that SCG payment services contract is reviewed to ensure clear alignment with such scenarios.

8.7 Enhancing the Alignment of the SCG for Wider SP Benefits

The enhancement of the alignment of the programme can be done to achieve wider impact. First, the programme has made significant progress in digitising most of its business processes, i.e., targeting, registration, targeting and payments. The SCG database has now been integrated into the NSRSP. This alignment can be vital, especially when new or other existing SP programmes want to target SCG beneficiaries.

Second, the registration module can be enhanced to collect data on other parameters beyond just the information required for delivering the SCG. Additional parameters such as those on health, disability, marital status, property ownership, type of house, assets, skills, etc., can be included in the e-registration form for any potential support during a shock response. Though this may not seem a typical shock responsive intervention, the implementation of the same improves the risk absorption capacity of such individuals.

The programme should, thus, leverage on the use of technology to align its systems and information to enhance efficiency and create opportunities for strengthening the programme's capacity for shock responsiveness.

8.8 Refocusing

This is possible if informed by a clear criteria and basis for such decisions. Like any other government sector, the SCG faces the risk of budget cuts or delayed releases of funds by the Treasury. Once such delays or cuts happen, the programme has no existing basis for the decision regarding who to pay and whose payment to delay. The SCG can use existing information on the cyclic or predictable covariate shocks to make decisions on prioritisation of where and who to pay in such circumstances. The refocusing is very important for improving the risk absorption of programme beneficiaries and reducing the likely impact of the shock or disaster. This approach to enhancing the shock responsiveness of the programme can be guided by an affirmative action policy, requiring the prioritisation of SCG payments to the extremely poor in shock-prone and extremely marginalised locations such as Karamoja where individuals and households often suffer from multiple levels of vulnerability, exacerbating their level of poverty.

9 KEY RECOMMENDATIONS

9.1 Introduction

The recommendations considered are mainly drawn from three main areas of the review: a) the current capacity of the programme; b) the experiences, especially during the SCG COVID-19 response; and c) opportunities in the programme for shock responsiveness. The facts providing the bases for the recommendation were gathered from literature reviews and analyses of engagements with stakeholders. The programme's shock responsiveness has been assessed in its ability to contribute to: disaster risk reduction; disaster risk absorption; and resilience building. The recommendations have been presented in terms of the timeframe within which they can be addressed to enhance the SCG shock responsiveness, i.e., the short term, medium term and long term. Important to note that some of the recommendations (especially the short term) can be implemented without the need for additional resources.

9.2 Short-Term Recommendations

a) Prioritise Paying Affected SCG Beneficiaries from Shock-Prone Communities

Uganda is prone to both unpredictable and predictable/recurrent covariate shocks. These shocks sometimes last for a long time while others last a short time and their levels of severity vary. The SCG programme can be more shock responsive by triggering anticipatory SCG payments to the older persons from the affected locations to build their shock absorption capacity and resilience. In addition, it will ensure that limited resources are targeted to those mostly in need to reduce their exposure to vulnerability risks.

The programme should develop an affirmative action policy (programme policy) requiring the re-prioritisation of SCG payments to the extremely poor in shock-prone and extremely marginalised locations such as Karamoja where individuals and households often suffer from multiple levels of vulnerability, exacerbating their level of poverty.

b) Strengthen the Capacity of the Programme and Local Government Staff to Deliver SRSP

There is need to organise capacity building trainings for programme and DLG staff on SRSP. When a shock happens, it usually overwhelms the core frontline staff, especially at the district level, yet it is their responsibility to deliver shock/disaster responses. Building the capacity of the district staff, particularly those in Community Services and related units for shock responsiveness would translate into better responses in case a shock or disaster occurs. Key areas for capacity building include: improvement in information management, disaster risk management, providing the necessary hardware and software for information management, and strengthening coordination capacity of the district for a coherent response to shocks.

c) *Adjusting SCG Transfer Value to Enhance the Capacity of SCG Beneficiaries to Mitigate the Impact of Price Related Shocks.*

The SCG transfer value of UGX 25,000 has not been adjusted for over 10 years. The value of the grant has been eroded over time due to the effect of inflation. The purchasing power of the grant in 2022 was estimated at UGX 13,841 denoting a 44% loss in value. Adjusting the grant value would enable the programme to address the impact of inflation thereby maintaining the purchasing power of the grant and mitigate any price related shocks. In addition, it will reduce the risk of negative coping mechanism being adopted by SCG beneficiaries especially when a shock has happened. These adjustments should be done more regularly to build resilience of SCG beneficiaries given the upward spiral of inflation in the country.

d) *Regularise the Frequency of Payments to Enhance the Risk Absorption Capacity of SCG Beneficiaries*

The irregular releases have necessitated adjustments to the delivery of the SCG entitlements, which has affected its predictability. The programme, through the MGLSD, should advocate to the MoFPED for full and timely release of the funds for SCG transfers. Increasing and regularising the frequency of the payments improves the ability of SCG beneficiaries to meet immediate needs during a crisis, recover and build their overall resilience. The case for predictable transfer should be made with emphasis on, among others, the urgency to mitigate vulnerability and disaster risks to build resilience and coping capacity of households and communities and thereby reduce poverty levels.

e) *Enhance the Payment Delivery System to Make it Shock Responsive*

The payment delivery system plays a critical role in SRSP. The following recommendations stand to enhance the shock responsiveness of the payment delivery system:

- i) *Contract multiple PSPs to mitigate risks and enhance more efficient payment services:* The magnitude and scope of some shocks may overwhelm the capacity of one PSP to support a response. In some cases, shocks such as floods may impair the basic infrastructure of a given PSP, rendering it unable to deliver payment services. In such instances, having alternative PSPs would not only ensure that programme services are not interrupted but also that there is available capacity for delivering payment beyond one provider hence making the programme more shock responsive.
- ii) *Expand the payment solutions to enable effective response to shocks:* Within the service level agreement (SLA) signed, the programme should have a key requirement for the PSP to establish a shock responsive payment services delivery strategy that can be used for enrolment and payments during a shock or disaster. The strategy should include several appropriate payments delivery options that can be used in the event of a shock for example; the solution for COVID-19 SCG (see Box 1) and activating other channels.
- iii) *Review the existing payment contract to enable flexibility for shock responsiveness:* the existing contract between MGLSD and the PSP should include clauses that can be activated in case there is need to respond to a shock or disaster. Such amendments should specify the measures to be taken in case a shock or disaster happens, including any applicable fees to be charged in case the PSP is required to make payments over and above the targets in the contract.

- iv) *Develop alternative enrolment and payment requirements to be implemented in disaster situations:* MGLSD and the PSP should explore alternative enrolment and payment requirements in case beneficiaries lose their national IDs during a disaster. For payments, there is need to scale up the biometric authentication approach. On enrolments, discussions should be held with the regulator on how to relax the Know Your Customer requirements for opening accounts or temporary wallets. This would reduce the risk of delaying the delivery of urgent support to persons affected by a shock.
- v) *Establish systems that support the implementation of programme decisions towards shock responsiveness.* To achieve efficiency in payments, the PSP's and programme systems should speak to each other. A system-to-system connection should be established to implement payment decisions and enhance reporting. Shock responsive mechanisms such as vertical or horizontal expansions would be effectively implemented if programmes are in control of the core processes leading to timely payment delivery in the field. For instance, this can be achieved through having a self-service interface connected to the core banking system that enables bulk crediting of beneficiaries' accounts directly by the programme. This straight-through process would enhance accountability, reduce the turnaround time on payments and address the challenges of reporting. Such systems integration would eliminate any manual entries, minimise errors, and improve the overall operational efficiency by allowing data to flow between SCG MIS and the PSP's system seamlessly.

f) Expand variables collected during SCG registration to enhance an opportunity piggybacking

Apart from the details obtained from the national ID, the programme collects very limited information from the SCG beneficiaries at registration. The registration data requirements should be expanded to consider additional variables for assessing vulnerability, which would support in targeting of the elderly persons for other humanitarian assistance in case a shock happens. Additional information such as type of dwelling unit, occupation, marital status, living status (alone or with others), known chronic illness(es), enrollment in other government programmes, etc., would be useful for assessing vulnerability and enable piggybacking in shock responsiveness. The availability of this information would complement the function of the social registry once established.

g) Decentralise and enhance the digitisation of the SCG processes to enable efficiency and heightened shock responsiveness

Shocks normally require SRSP programmes to extend services beyond the routine beneficiaries. The implementation of shock responses invariably involves collecting and processing large volumes of data, necessitating efficient systems. During the review, the local government staff reported that beneficiary updates can take up ten months to be effected, which dents the credibility of the SCG database. This sluggish process calls for greater digitisation of programme processes such as change in beneficiary status, updating beneficiary data, complaints reporting process, etc. These processes ideally should be decentralised to the lowest levels of the local government. Realising efficiency in the SCG business processes is necessary for enhancing the shock responsiveness of the programme.

h) SCG should lead the efforts towards strengthening SP coordination mechanism at the district level

An effective coordination is a critical requirement for enhancing shock responsiveness of the SCG. With support from the WFP, the West Nile districts were able to establish and train district and sub-county-level SP coordination structures. These coordination committees are supposed to provide a framework for sharing data, coordinating responses and exploring opportunities for collaboration among the actors. As the largest – and at present, the only – government-run SP programme, the SCG should lead the efforts towards strengthening SP coordination at the district level across the country.

- i) Roll out the appeals adjudication guidelines on exclusion due to national ID errors and enhance the ability of the C&G system to be able to respond in case of a surge in numbers due to a shock.***

With the limited coverage of the SCG, there is need to minimise exclusion errors so as to have inclusive coverage of the eligible elderly persons and maintain the programme's legitimacy. Results from piloting the vetting of appeals against date-of-birth errors in the national ID show that 71% of complaints were genuine. The results point to a significant number of elderly persons who have been excluded from the programme due to ID errors. The appeals adjudication guidelines should be updated and rolled out to other districts to address similar complaints with the aim of increasing the enrolment of the elderly persons on the programme. Exclusion seriously undermines the shock responsiveness of the programme through increasing vulnerability of the excluded persons and also weakening social cohesion among elderly persons

On the other hand, the existing C&G mechanism was designed for the regular SCG but not for a shock response when there is an upsurge in the number of complaints. In most cases, delivering interventions during disasters will always come with increased cases of complaints beyond what programmes usually manage. In its current form, the C&G system for the C&G programme is not appropriate for shock responsiveness. The C&G system should therefore be enhanced to deal with large volumes of data and have the capability of performing basic processes such as tracking complaints, capturing and assigning them to various duty bearers, recording action taken and providing feedback.

9.3 Medium-Term Recommendations

- a) Advocate for increased coverage of the SCG to address risks and vulnerabilities faced by elderly persons when a shock happens.***

The SP coverage in Uganda is only 2.9% of the population and one of the lowest in Africa (State of Uganda's Population Report 2019). With the wrapping up of NUSAF3, the country now offers only one DIS programme (SCG), further shrinking the coverage of available social protection programmes.

The SCG covers only 13% of elderly persons. There is an urgent need to increase the coverage of the SCG, given that the SCG is currently the only remaining DIS programme in the country, and given the high prevalence of vulnerability and poverty and the resultant high mortality rate among the elderly. Expanding coverage can be achieved by reducing the eligibility age below 80 years although universal coverage for everyone above 60 years would be desirable. Increased coverage for the SCG is vital for addressing the different risks and vulnerabilities faced by elderly persons.

b) Strengthen the M&E Unit with adequate staff and integrate relevant indicators in the M&E strategy so that it is suited for the implementation of SCG shock responsive interventions.

The M&E unit of the SCG suffers from the absence of a robust system, inadequate staffing and resources to enable it deliver its functions effectively. As such, there is need to review the programme's M&E strategy to integrate indicators on shock responsiveness and strengthen data collection, analysis and dissemination systems. A key aspect of strengthening shock responsiveness of the programme is establishing a linkage between the SCG M&E and OPM's early warning system so as to trigger timely anticipatory actions.

The M&E framework should also be reviewed to enable it effectively assess key SCG principles that include; timeliness, predictability, coverage, effectiveness, adequacy, cost efficiency, equity and inclusion, accountability and sustainability to enhance its readiness for SCG shock responsiveness. A critical area that needs to be explored is how to draw on folk culture and indigenous knowledge, e.g., on early warning signs, local shock response measures, and perceptions of shocks and disasters to inform SCG shock responses.

c) Develop and operationalise a robust communication strategy for the SCG to support cost-effective and accurate dissemination of information on the programme to a wider audience during a crisis situation.

The COVID-19 pandemic transformed approaches to implementing programmes successfully within a restrictive environment and underlined the importance of a good communication strategy. Communication can improve the SCG shock responsiveness through providing channels for disseminating information on; early warning, programme processes, location of service points, guidelines and feedback on C&Gs, and coordination of responses, among others.

The programme should prioritise resources to: (i) develop an SCG communication strategy sensitive to the various contexts and with a crisis communication plan; (ii) invest in establishing a robust communication system supported by multiple channels; and (iii) build the capacity of actors on effective communication across the board.

d) Develop a shock responsive SCG implementation strategy that can be activated during a shock/disaster situation.

The current operational guidelines are not shock responsive because they were developed for implementing routine SCG. A shock-responsive implementation strategy will define the institutional arrangements necessary for implementing shock responsive interventions and in addition recognise the uniqueness of the various contexts, communities and geographical areas for effective response. With respect to payments, the strategy will necessitate that contracted PSPs should activate additional payment options that can potentially handle wider coverage, e.g., the mobile money enhanced solution, given the popularity of mobile money in Uganda, with over 30.5 million accounts opened as of 2021, 66% of which are active.⁵⁶

It is therefore imperative to develop a shock/disaster responsive implementation strategy or update the SCG operational guidelines so it can anticipate SCG implementation in various scenarios of disasters such as; breakdown in regular communication (telephones & radios) or infrastructure,

⁵⁶ <https://www.geopoll.com>

delivering payments in a challenging landscape, dealing with a moving population or scattered settlements and dealing with immobility due to old age, among others.

A shock responsive implementation strategy will promote efficiency amidst any scale-up, while ensuring uninterrupted delivery of programme services to beneficiaries. The strategy is also important for enhancing the capacity of the programme to respond to and recover from shocks while minimising adverse impacts on the beneficiaries and facilitating recovery.

9.4 Long-Term Recommendations

a) Sustain advocacy for the enactment of the DRM Act to support the establishment of a disaster fund for SP.

Currently there are no contingency funds earmarked for emergency response that can easily be accessed by a DIS programme like the SCG and this limits the ability of the programme to vertically or horizontally expand. In case of the need for a response in a disaster situation, programmes are supposed to request these funds separately from the MoFPED. The approval for these funds takes long due to bureaucratic rigidities in the process. Therefore, establishment of a disaster risk fund for SP would ensure that:

- i. programmes such as the SCG can access adequate resources to scale up interventions before, during or after a shock or disaster; and
- ii. that a framework is in place for channelling funds to the SP sub-sector during a disaster response.

The Uganda Parliamentary Forum on Social Protection should intensify their advocacy with the Ugandan Parliament to expedite the enactment of DRM Act to create an enabling legal instrument to fund disaster responses across the country.

b) Beyond the SCG-build linkages and referral systems to strengthen the resilience and coping capacity of beneficiaries.

There is need to consider building a linkages and referral system for SCG as an opportunity for building capacity for risk reduction, risk absorption and resilience among programme beneficiaries. The SCG does not address all the needs of elderly persons, but there are other programmes that would wish to target this category of persons for services in areas such as health, agriculture, nutrition, and microfinance.

The SCG programme can therefore provide a framework for formalising and measuring the impact of such linkages. Such interventions would make the programme more shock responsive through strengthening the resilience and risk absorption capacity of the beneficiaries.

c) Strengthen coordination with OPM for sharing early warning information and decentralize emergency responses.

The SCG programme has not yet integrated the use of early warning in its shock responsive drive. The programme also not yet connected to any early warning system to trigger response in case of a shock. The disaster coordination process and emergency responses are currently top-down and too bureaucratic, with all the initiatives concentrated under the OPM. Most of the key implementers of the SCG at the national, regional, district and sub-district levels do not participate

the OPM-led disaster coordination forum, even though MGLSD has a representation on it. Coordination remains problematic as stakeholders at the district, the response plans are weak and no resources are available for implementing shock responsive interventions.

The top-down approach to DRM was widely vilified for the poor coordination and for slowing down the effectiveness of the early warning system which is a vital to mitigating the adverse impacts of covariate shocks. For example, the EWS implemented by the district local governments in the Karamoja sub-region are very bureaucratic taking a lot of time and cannot be relied upon for timely response. This also worsens the already slow pace of emergency response thus hampering any efforts towards shock responsiveness. (See Box 2)

Against this bureaucratic rigidity, most district officials pleaded for the urgent need to decentralise disaster response (funding) process while strengthening the capacity of districts to analyse and disseminate data for quicker responses. Integration of SRSP and early warning system is also crucial for resource mobilisation and informing response plans. For the SCG, a shock responsive intervention should be informed by triggers and thresholds defined in the SRSPF or any other relevant instrument.

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ANNEX: LIST OF STAKEHOLDERS CONSULTED

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2	Dr. Lim Lim Robert	NUSAF/DRDIP Director- OPM	Office of the Prime Minister-Kampala	0785202925
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5	Edonu Janaan	FPP-DDMC	Moroto	0779688410
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9	Oludo Paul	Community Member/SCG	Katikekile Sub-County Moroto District	0788918970
10	Lokeris Felix	Community Member/SCG	Katikekile Sub-County Moroto District	0787475539
11	Nakut Teresa	Community Member/SCG	Katikekile Sub-County Moroto District	
12	Maruk Maria	Community Member/SCG	Katikekile Sub-County Moroto District	
13	Tulele Namac	Community Member/SCG	Katikekile Sub-County Moroto District	
14	Nakut Lucia	Community Member/SCG	Katikekile Sub-County Moroto District	
15	Achia Rose	Community Member/SCG	Katikekile Sub-County Moroto District	
16	Kudet Magret	Community Member/SCG	Katikekile Sub-County Moroto District	
17	Ilukot Natelena	Community Member/SCG	Katikekile Sub-County Moroto District	
18	Lokwang Maritina	Community Member/SCG	Katikekile Sub-County Moroto District	
19	Longoria Ellis	Community Member/SCG	Katikekile Sub-County Moroto District	
20	Iriama Michael	Community Member/SCG	Katikekile Sub-County Moroto District	
21	Meri Anna	Community Member/SCG	Katikekile Sub-County Moroto District	

S/No	Name	Designation	Location	Contact
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24	Lokuda Hamura	Community Member/SCG	Katikekile Sub-County Moroto District	0776482327
25	Awes Gabriel	Community Member/SCG	Katikekile Sub-County Moroto District	0773719251
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31	Sam Acodu	SCG Operations Coordinator	Ministry of Gender, Labour and Social Development/ESP	
32	Opio Jimmy	SCG M&E C&G Programme Officer	Ministry of Gender, Labour and Social Development/ESP	
33	Owor Joseph	SCG Operations Officer	Ministry of Gender, Labour and Social Development/ESP	
34	Achia Gabriel	RTSU Coordinator, Moroto	Ministry of Gender, Labour and Social Development/ESP	
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36	Lotyang Phillip	SCG B	Matany Sub-county, Napak District	
37	Aguma Michael	SCG B	Matany Sub-county, Napak District	
38	Angolere Sabina	SCG B	Matany Sub-county, Napak District	
39	Kiyae Berendetta	SCG B	Matany Sub-county, Napak District	
40	Anyakun Agatha	SCG B	Matany Sub-county, Napak District	
41	Lokut James	Parish Chief/Lokupoi	Matany Sub-county, Napak District	0751/7821063 26
42	Lokiru Dan Charles	Parish Chief/Lokali	Matany Sub-county, Napak District	0787020077

S/No	Name	Designation	Location	Contact
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45	Nate Regina	Internee	Matany Sub-county, Napak District	0760835393
45	Nasike Eunice	Parish Chief	Matany Sub-county, Napak District	0775997920
47	Lokapel Joseph	D/S (Lokuwas Parish)	Matany Sub-county, Napak District	0772348052
48	Ilukol James	CDO	Matany Sub-county, Napak District	0782532036
49	Lokutei Abiya	SCG B	Matany Sub-county, Napak District	
50	Lochole Rose	SCG B	Matany Sub-county, Napak District	
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68	Lawrence Okello	Technical Staff	Ministry of Water and Environment	
69	Nicholas Tumwine	Technical Staff	Ministry of Water and Environment	
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74	Bisikwa Joyce	Community Member	Bulucheke S/cty, Budada Dist.	0763142884
75	K. Peter Bushiyi	Community Member	Bulucheke S/cty, Budada Dist.	0757463897
76	Murenanyi Sam	Community Member	Bulucheke S/cty, Budada Dist.	0784051316
77	Wakooba Simon	Community Member	Bulucheke S/cty, Budada Dist.	0765893938
78	Ekrasa Kawambuha	Community Member	Bulucheke S/cty, Budada Dist.	
79	Mukahayi Bolina	Community Member	Bulucheke S/cty, Budada Dist.	
80	Namara James	Community Member	Bulucheke S/cty, Budada Dist.	
81	Wakhatala Juma	Community Member	Bulucheke S/cty, Budada Dist.	
82	Muton Wanambula	Community Member	Bulucheke S/cty, Budada Dist.	0774928393
83	Mayila James	Community Member	Bulucheke S/cty, Budada Dist.	
84	Mushikoma Fred	Community Member	Bulucheke S/cty, Budada Dist.	0781832053

S/No	Name	Designation	Location	Contact
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86	Makayi Petero	Community Member	Bulucheke S/cty, Budada Dist.	
87	Naniwa Eva	Community Member	Bulucheke S/cty, Budada Dist.	
89	Wambete Patrick	Community Member	Bulucheke S/cty, Budada Dist.	
90	Nabifo Beatrice	Community Member	Bulucheke S/cty, Budada Dist.	0783544376
91	Nandala Nasitanwa	Community Member	Bulucheke S/cty, Budada Dist.	
92	Nabulo Joyce	Community Member	Bulucheke S/cty, Budada Dist.	0773532711
93	Masanga Henry	Community Member	Bulucheke S/cty, Budada Dist.	0784156200
94	Rev. Peter Musapiti	Community Member	Bulucheke S/cty, Budada Dist.	0775046080
95	Foronika Antony Bunyira	Community Member	Bulucheke S/cty, Budada Dist.	
96	Wamoto George	Community Member	Bulucheke S/cty, Budada Dist.	
97	Nabea Maimuna	P/Chief	Bulucheke S/cty, Budada Dist.	0770538227
98	Bukawa Hamidah	Vice-Sub-county Chairperson	Bulucheke S/cty, Budada Dist.	0774661507
99	Wabomba Benard	Speaker S/C	Bulucheke S/cty, Budada Dist.	0789990400
100	Nangaka Boniface Marobo	Community Member	Bulucheke S/cty, Budada Dist.	0781218496
101	Bisikwa Beatrice	Sec/ Tec	Bulucheke S/cty, Budada Dist.	0780588166
102	Masifa Zadoc	P/Chief	Bulucheke S/cty, Budada Dist.	0772951655
103	Wafula Julius	Internee	Bulucheke S/cty, Budada Dist.	0757764603
104	Wayeneera .E	Community Member	Bulucheke S/cty, Budada Dist.	0783123212
105	Kigai Anthony Kutosi	Community Member	Bulucheke S/cty, Budada Dist.	0774980947
106	Wanzala Kefa	SAS Bulucheke	Bulucheke S/cty, Budada Dist.	0782259641
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