



THE REPUBLIC OF UGANDA

THE NATIONAL SOCIAL PROTECTION POLICY

Income security and dignified lives for all

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MINISTRY OF GENDER, LABOUR AND SOCIAL DEVELOPMENT

November, 2015



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Published by : Ministry of Gender, Labour and Social
Development

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Development

ISBN : 978-9970-507-10-8

FOREWORD

For the past two decades, Uganda's economy has undergone significant transformation. GDP has grown at over 7 per cent annually while the incidence of poverty has more than halved, from 56 per cent in 1992 to 24.5 percent in 2009/10 and 19.7 percent in 2012/13. There has been improvement in the wellbeing for many of Uganda's citizens. However, poverty and vulnerability continue to affect large sections of society with serious implications on Uganda's long term growth and prosperity. Inequality, as measured by the gini coefficient of 0.395, is still high potentially undermining the achievements in growth and poverty reduction. For Uganda to consolidate and build on the successes of the past two decades, new policy responses and approaches are required.

The Government of Uganda recognises that social protection is a critical pre-requisite for achieving national development goals. Government recognises the need to guarantee social security to the population and to provide assistance to people who are vulnerable either by age, social class, location, disability, gender, disaster or who do not earn any income in order to promote equity.

Social protection has become a major development intervention because it directly reduces poverty, supports excluded citizens to access services, provides a foundation on which to build productive livelihoods as well as enables citizens to live a life of security and dignity. It aims at empowering all citizens to participate in and benefit from the social and economic transformation in the country.

In light of this, Government is implementing various social protection interventions. However, these interventions are being implemented in a policy vacuum. This Policy has been developed to promote effective coordination and implementation of relevant social protection interventions. This policy is an integral part of the Uganda Vision 2040 which underscores

the importance of social protection in addressing risks and vulnerabilities.

The process of developing this policy has been consultative and participatory involving key stakeholders; namely relevant Ministries, Departments and Agencies, Local Government Authorities, Civil Society Organizations, Faith Based Organizations, as well as Traditional and Cultural Institutions. I encourage all actors to implement this policy by designing interventions under the identified priority areas. It is my sincere hope that the implementation of this policy will contribute to the resilience of Ugandans to withstand shocks and to a secure population that contributes to the economic development of Uganda.

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

FOR GOD AND MY COUNTRY



Wilson Muruuli Mukasa (MP)

Minister for Gender Labour and Social Development

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ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immuno-Deficiency Syndrome
CSO	Civil Society Organization
EOC	Equal Opportunities Commission
ESP	Expanding Social Protection Programme
FBO	Faith-Based Organization
HIV	Human Immuno-Deficiency Virus
ILO	International Labour Organization
M&E	Monitoring and Evaluation
MGLSD	Ministry of Gender, Labour and Social Development
MIS	Management Information System
NPA	National Planning Authority
NDP	National Development Plan
NGO	Non-Governmental Organization
NSSF	National Social Security Fund
NUSAF	Northern Uganda Social Action Fund
OVC	Orphans and other Vulnerable Children
PSPS	Public Service Pensions Scheme
PWD	Persons with Disability
SAGE	Social Assistance Grant for Empowerment
UBOS	Uganda Bureau of Statistics
UDHS	Uganda Demographic Health Survey
UNHS	Uganda National Household Survey
UPE	Universal Primary Education
WHO	World Health Organization

1.0 INTRODUCTION

1.1 Background

Social protection refers to public and private interventions to address risks and vulnerabilities that expose individuals to income insecurity and social deprivation, leading to undignified lives. It is a basic service and a human right that ensures dignity of people. In the Ugandan context, the social protection system is comprised of two pillars, namely: social security and social care and support services. Social security refers to protective and preventive interventions to mitigate factors that lead to income shocks and affect consumption. Social Care and Support Services are a range of services that provide care, support, protection and empowerment to vulnerable individuals who are unable to fully care for themselves.

Social security is composed of direct income support and social insurance. Direct Income Support is non-contributory regular, predictable cash and in-kind transfers that provide relief from deprivation to the most vulnerable individuals and households in society, while social insurance are contributory arrangements to mitigate livelihood risks and shocks such as retirement, loss of employment, work-related disability and illhealth.

Governments all over the World recognize Social Protection as a crucial component of national development strategies for achieving inclusive, pro-poor and equitable growth. Social Protection has emerged as an important intervention for supporting the population to maintain a minimum acceptable level of consumption and live dignified lives. It strengthens the capacity of the vulnerable persons and their families to meet basic needs, build resilience, access opportunities and improve life chances.

Every Ugandan whether employed or not, needs guarantee for some form of social protection across their lifecycle. The need for social protection is driven by the fact that, irrespective of socio-economic status, all people are

faced with various risks and vulnerabilities which could render them unable to meet their basic needs such as food, clothing, housing, health care and education.

Social Protection in Uganda has evolved overtime. A number of positive traditional and informal social protection mechanisms exist in the communities such as family and clan support systems, mutual assistance schemes and neighbourhood support groups. These social protection initiatives have played a significant role in assisting individuals and families during times of need and distress.

The formal SP interventions in Uganda include the Public Service Pensions Scheme (PSPS), the National Social Security Fund (NSSF) and Parliamentary Pensions Scheme. The purpose is to ensure that workers are guaranteed a decent life upon retirement. Other social protection initiatives are embedded in various government programmes such as the Orphans and other Vulnerable Children Programme, Community-Based Rehabilitation Programme for persons with disabilities, School Feeding Programme and Social Assistance Grants for Empowerment, among others. Much as these SP initiatives exist, they are limited in scope and coverage and are not coordinated under a unified policy framework.

1.2 Importance of Social Protection

Social protection provides a secure platform upon which individuals can build productive and sustainable livelihoods, directly reduces poverty and vulnerability, as well as supporting excluded citizens in accessing other services. It enables citizens to lead secure and dignified lives and empowers them to contribute to and benefit from economic growth. Social protection helps individuals to avoid risky coping strategies such as selling assets, adopting negative health seeking behaviours or withdrawing children from school. It also reduces the burden on children to contribute to family income by participating in child labour. Social protection enables children to attend

school, acquire skills and break the inter-generational transmission of poverty. Unlike welfare programmes in developed countries which lead to dependency on the state, social protection interventions in Uganda are meant to complement the efforts of the poor and vulnerable to cope with socio-economic risks and shocks.

Social protection provides economic stimulus to the local economy by increasing the demand for goods and services. Evidence from the Social Assistance Grant for Empowerment (SAGE) Programme in Uganda indicates that the income received by the beneficiaries has boosted trade within the communities. New businesses have sprung up around the SAGE pay points and labour-constrained households have been able to hire labour, thereby increasing their productivity and creating employment opportunities at the community level.

The beneficiaries of direct income transfers spend most of their income on food, health care and education. As a result social protection contributes to improved nutritional status of household members, better health, retention of children in school and improved wellbeing of the beneficiaries.

Social protection in form of public works creates short term employment and community assets. Public works have potential to address the concerns of the unemployed youth and adults with limited skills who have the ability and are willing to be engaged in rehabilitation and maintenance of community infrastructure such as roads, markets, safe water points and community forests. These assets support long term economic growth and social development. Contributory social security minimizes income shocks associated with ill health, unemployment or retirement. Evidence shows that health insurance helps households to mitigate the high costs of accessing health services and to minimize the loss of working days. As a result, it enables the households to save the money, which they would have spent on health care for meeting other basic needs¹.

1 WHO: The impact of health insurance in Africa and Asia: a systematic review

Social care and support services such as child protection, care for older persons and the chronically sick, community-based rehabilitation for persons with disabilities, and mitigation of gender-based violence improves the quality of life of these vulnerable groups and promotes inclusive development. Protecting the most vulnerable citizens from abuse and neglect enhances their confidence, self-esteem and participation in socio-economic activities as well as in the development process.

Social protection is a visible, tangible way for the Government to directly reach the poor and vulnerable citizens and demonstrate the commitment to uphold the rights and dignity of the population. It plays a central role in building a cohesive society by reinforcing the state-citizen contract which contributes to political stability.

Social protection supports the attainment of middle income status. Provision of income security and basic care and protection for the most vulnerable citizens is essential for stimulating local economies, supporting political stability as well as building and protecting the human capital necessary for sustained growth and development. Provision of social protection is therefore both a catalyst for, and an indicator of a country's middle income status.

1.3 Legal and Policy Framework

The Social Protection Policy is premised on the provisions of the Constitution of the Republic of Uganda, laws that address issues of risks and vulnerabilities as well as Regional and International Instruments the country is party to. It is also consistent with other National Policies and Planning Frameworks.

1.3.1 Legal Framework

The Constitution of the Republic of Uganda under the National Objectives and Directive Principles of State Policy, stipulates as follows:-

- ☞ **Objective VII:** “The State shall make reasonable provision for the welfare and maintenance of the aged”.
- ☞ **Objective XI (i):** “The State shall give the highest priority to the enactment of legislation establishing measures that protect and enhance the right of the people to equal opportunities in development”.
- ☞ **Objective XIV (b):** “All Ugandans shall enjoy rights and opportunities and access to education, health services, clean and safe water, work, decent shelter, adequate clothing, food security and pension and retirement benefits”.

Chapter four of the Constitution provides for the protection and promotion of fundamental human rights and freedoms. In particular, the Constitution enjoins the State to take affirmative action in favour of marginalized groups, protect the unique and natural maternal function of women, the rights of children, persons with disabilities, ethnic minorities and economic rights of every Ugandan. The Constitution further provides that a public officer shall upon retirement receive such pension as is commensurate with his or her rank, salary and length of service.

There are specific laws that provide for various aspects of social protection and they include:-

- i. The Pensions Act, (Cap. 286) which provides for granting and regulating of pensions, gratuities and other allowances in respect of the public service of officers under the Government of Uganda;
- ii. The National Social Security Fund Act, (Cap. 222) provides for social security benefits for employees in the private sector;
- iii. The Uganda Retirement Benefits Regulatory Authority Act, (2011) provides for an Institution to regulate the establishment, management and operation of retirement benefits schemes in Uganda in both the private and public sectors;

- iv. The Workers Compensation Act, (Cap. 225) provides for compensation to workers for injuries suffered and scheduled diseases incurred in the course of their employment. It commits employers to provide compensation to workers in case of injuries at work or to and from work;
- v. The Domestic Violence Act (2010) provides for the definition of domestic violence, domestic relationship and the basis for legal protection of victims or those threatened with domestic violence;
- vi. Employment Act No. 6 (2006), which provides for rights of workers and employers' obligations, including the duty to give maternity and paternity leave, prohibits any kind of work that is dangerous or hazardous to a child's health;
- vii. The Children Act (Cap 59) gives a legal framework for the rights and duties of parents, protection of children's rights, protection from harmful customary practices and harmful employment. It emphasizes the right of a child with a disability to have early diagnosis, treatment and rehabilitation, the legal powers to make care and supervision orders, juvenile justice provision including possibilities for diversion;
- viii. The Succession Act (Cap 162) provides for succession matters for both testate and intestate succession in case of death of an adult male or female;
- ix. The Land Act (Cap 227) provides for restrictions on transfer of family land and states; "that no person shall sell, exchange, transfer, pledge, mortgage or lease any family land, enter into any contract for the sale, exchange, transfer, pledging, mortgage or lease of any family land, or give away any family land, inter vivos, or enter into any other transaction in respect of family land, except with the prior consent of his or her spouse".

- x. The Birth and Death Registration Act (Cap 309) provides for registration of birth and deaths for purposes of enabling government planning and programming;
- xi. The Persons with Disability Act (2006) provides for comprehensive protection of PWDs against all forms of discrimination and equalization of opportunities.
- xii. The Minimum Wages Board and Wages Councils Act, (Cap 221) provides for the establishment of minimum wages advisory boards and wages councils, and for the regulation of the remuneration and conditions of employment of employees; and
- xiii. The Occupational Safety and Health Act No. 9 (2006) which regulates the safety and health of workers at the workplace and requires employers to put in place measures to ensure safety of workers and provision of protective gear to avoid injuries or occupational disease.

1.3.2 Policy Framework

The Uganda Vision 2040 underscores the importance of social protection to address risks and vulnerabilities. Government recognises the need to provide assistance to people who are vulnerable either by age, social class, location, disability, gender, disaster or who do not earn any income. The Vision envisages a social protection system that includes a universal pension for older persons, public works schemes for vulnerable unemployed persons and social assistance to vulnerable children, persons with disabilities and the destitute. The Vision also identifies universal health insurance as one of the key strategies for alleviating the high cost on health care by households and enhancing access to affordable health services for all. The National Development Plan (NDP) also highlights Social protection as one of the key strategies for transforming Uganda from a peasant society to a modern and prosperous Country.

Other related policies are summarized below:

- i. The National Orphans and Other Vulnerable Children Policy (2004) provides for survival, development, participation and protection of vulnerable children and obliges Government to design appropriate instruments to achieve this;
- ii. The National Child Labour Policy (2006) provides a framework for addressing child labour and actions that need to be taken to deal with child labour;
- iii. The National Policy on Disability (2006) seeks to promote equal opportunities, care and support for the protection of PWDs. It recognizes the fact that given the same chances and conditions, PWDs can perform to their full potential;
- iv. The National Policy for Older Persons (2009) provides for equal treatment, social inclusion and provision of livelihood support for older persons. It identifies provision of direct income support and social insurance as key social protection instruments for addressing the needs of older persons;
- v. The National Employment Policy (2010) supports provision of social security for workers in the formal sector especially those who are able to contribute to social security schemes such as the NSSF, private pension or health schemes. It also specifies responsibilities of employers to provide contingencies for their workers such as paid maternity, paternity and sick leave;
- vi. The Uganda Gender Policy (2007) promotes gender equality and women's empowerment in all spheres and provides guidance for engendering social protection interventions;
- vii. The National Policy for Disaster Preparedness and Management (2010) emphasizes the critical importance of restoring and maintaining the quality and overall welfare and development of human beings in

- their environment. It advocates for an approach to disaster response that focuses on reducing risk of loss of life, property and livelihoods;
- viii. The Special Needs and Inclusive Education Policy (2012), provides guidelines to all stakeholders to ensure that learners with special needs have equal education opportunities in this country;
 - ix. The National HIV/AIDS Policy (2011) provides a broader framework for delivering HIV/AIDS related services in Uganda;
 - x. The National Health Policy (2010), aims to provide a good standard of health for all people in Uganda in order to promote healthy and productive lives;
 - xi. The National Food and Nutrition Policy (2003), aims to promote the nutritional status of all the people of Uganda through multi-sectoral and coordinated interventions that focus on food security, improved nutrition and increased incomes;

1.3.3 Regional and International Frameworks

The East African Common Market Protocol (2010) permits workers to move freely within the territories of the partner states for the purpose of employment and guarantees them the rights and benefits of social security as accorded to the workers of the host partner state.

Uganda endorsed the Ouagadougou Declaration and Plan of Action on Employment and Poverty Alleviation in Africa (2004). The Plan calls for improvement and strengthening of the existing social protection schemes and extending it to workers and their families currently excluded. Uganda is also a signatory to the Livingstone Call to Action (2006), which obliges African States to put in place costed plans for the implementation of Direct Income Support (DIS) programmes. The African Union Social Policy Framework (2008) calls on member States to recognize that social protection is a state obligation, with provisions in national legislations.

The Universal Declaration of Human Rights (1948) provides for everyone's right to social security in the event of unemployment, sickness, disability, widowhood, old-age or other lack of livelihood in circumstances beyond ones control. Other instruments that commit Government to provide social protection include the International Covenant on Economic Social and Cultural Rights (1966)², the Convention on Elimination of all forms of Discrimination Against Women(1979), the Convention on the Rights of the Child (1989), the

Convention on the Rights of Persons with Disabilities (2006), the ILO Convention on Employment Policy No. 122 (1976), the ILO Convention on Public Contracts, the ILO Convention on the Prohibition of the Worst Forms of Child Labour No. 182 (1999).

The above policies, laws and obligations demonstrate government's commitments and obligations to provide social protection to all citizens.

2.0 SITUATION ANALYSIS

2.1 Analysis of Risks and Vulnerability

In Uganda, different population groups face various risks and vulnerabilities associated with age, gender, disability, health, employment, poverty, environmental and natural disasters, which negatively impact on their well-being.

2.1.1 Age

Children in Uganda face various risks at different stages of childhood. They are faced with malnutrition which results into physical, cognitive and psychosocial underdevelopment, disease and disabilities with significant implications in later life. They are also faced with orphan-hood, child labour, high school dropout rates, abuse and neglect. According to the UDHS 2011, about 33 percent of children under 5 years were stunted, 14 percent were severely stunted, 5 percent were wasted while 2 percent were severely wasted³.

While the net primary school enrollment rate is 82.3 percent, primary school net completion rate is only 67 percent. Many vulnerable children drop out of school, while transition to secondary school is far lower with a net secondary school enrollment rate of only 25 percent. In 2013, net enrollment for girls in Secondary School was 23.6 percent, compared to 25.9 percent of the boys. The Child Labour Report of 2013 indicates that 605,000 children were exclusively engaged in work without attending school. Up to 330,000 of the children engaged in child labour were male and 275,000 were female.

In addition 3.73 million children enrolled in school, including 1.88 million males and 1.85 million females, were also engaged in work.

³ UDHS 2011 Preliminary Report

The UNHS 2012/13 indicates that about 2.24 million children in Uganda had lost one or both parents, of whom 374,000 were double orphans. Up to 45 percent of OVCs were under the care of older persons, while about 28,800 households were headed by a child.

Besides other vulnerabilities, 38% of children experienced violence at home and 32% at school. In addition, some of the challenges faced by adolescents include sexual exploitation, early marriages, human trafficking, drug and substance abuse, involvement in social unrest and engaging in criminal activities.

Older persons constitute 4.7 percent of the population, representing 1.6 million people, of whom 53 percent are women and 47 percent are males⁴. Of these, 64.5 percent have old-age related disability and 10.7 percent live alone. Up to 17 percent of the households in the country are headed by older persons and almost 72 percent of them have responsibilities of caring for children. Risks of old age affect women and men differently. While 63.2 percent of older persons are widows, only 15.3 percent are widowers. In most Ugandan societies, older widows are left helpless and are often stripped off their properties left behind by their late husbands.

Older persons are less productive and the majority of them do not have savings and other means for their livelihoods. As their labour capacity declines, they become more dependent. Those without support, experience difficulties such as inability to take care of their personal needs and isolation. Their susceptibility to ill-health coupled with high costs of drugs and absence of specialists on diseases associated with ageing, exacerbates their vulnerability. This is compounded by the impacts of HIV and AIDS, including the loss of their would-be care-givers.

4 UNHS 2012/13

2.1.2 Gender

Societal norms influence gender roles, often resulting in high inequalities between men and women in all spheres of life. The traditional rules and practices that discriminate against women are a key constraint to women's empowerment and economic progress. These rules and practices explicitly exclude women from participating in and benefiting from the development process, thus exacerbating the different forms of vulnerabilities. For instance, women have limited access to and control over land. According to UDHS 2011, only 39% of the people who own registered land are women. Discrimination in access to financial services, employment and property inheritance disproportionately affects women. Other vulnerabilities include; early marriages and female genital mutilation among the girls and the high rate of violence against women and children. The UDHS Report further indicates that 55 percent of women aged 15 to 49 years have experienced domestic violence, compared with 26 percent of men, while 28 percent of women and 9 percent of men have experienced sexual violence.

2.1.3 Employment

Uganda has a total labour force of 16.3 million people and a working population of 13.9 million. Out of the working population of 13.9 million people, 7.9 million are employed and 6 million are engaged in subsistence production for own consumption of whom 58 percent or 3.5 million are female and 42 percent or 2.5 million are male. The working population who are poor constitute 17 percent of the employed persons, corresponding to 1.4 million people. It is estimated that 817,000 people in Uganda are unemployed, representing unemployment rate of 9.4 percent.

In terms of gender, 14.6 percent of the women are in paid employment compared to 22.6 percent of the men; 85.4 percent of the women are self-employed, compared to 77.4 percent of the men and 33.4 percent of the women are unpaid family workers compared to 28.2 percent of the men.

The Unemployment rate of 11 percent among women is also higher than the unemployment rate of 8 percent among men.

Even among the working population there are enormous risks which include low pay, job insecurity, limited labour mobility, discrimination, sexual harassment, lack of maternity protection and poor working conditions. About 85 percent of the paid workers are employed in the informal sector without formal contracts and have no social security. Approximately 33.8 percent of the workers in the private sector earn less than Shs 50,000 per month. The lowest wages are received by agricultural wage workers, majority of whom are women. The low income of many workers in both formal and informal sectors cannot enable them to meet their basic needs and limits their ability to save or contribute for future social security.

Workers are also exposed to occupational accidents and health hazards at their workplaces or in the course of performing activities related to their work. Some of the accidents may cause severe disabilities and incapacitate the workers permanently. Despite the existence of the Worker's Compensation Act, many workers in formal and informal sectors who are affected by accidents and occupational diseases in the course of their employment do not receive compensation. By June 2015 there were 205 outstanding claims amounting to Shs 5.78 billion to be paid out in compensation to workers from various Government Ministries, Departments and Agencies. Some of the workers have waited for more than 5 years.

2.1.4 Disability

Disability affects people of all ages. It exposes people to limited livelihood opportunities which consequently lead them into a state of absolute poverty and vulnerability. The UNHS Report 2009/10 indicates that 16 percent of people aged five (5) years and above have a disability, while four (4) percent have a severe disability. Persons with Disability (PWDs) face significant constraints in accessing services and opportunities. About 14 percent of

the PWDs aged 6–24 years are permanently limited by their disabilities to attend school while 40 percent aged 14–64 are permanently unable to work. Households having at least one member with severe or partial disability have a higher poverty rate of 30 percent compared to the national average of 22 percent.

2.1.5 Poverty

The Uganda Household Survey Report, 2012/13 indicates that 19.7 percent of the population, representing 6.7 million people are living below the poverty line. The Poverty Status Report produced by the Ministry of Finance, Planning and Economic Development estimates that 43 percent of the population, representing about 13 million people are living barely above the poverty line and are at the risk of becoming poor in case of any slight shock which could tamper with their sources of income. The poverty rate in Uganda is highly variable across regions, ranging from 4.7 percent in Central Region to 8.7 percent in Western, 24.5 percent in Eastern and 43.7 percent in the North. There are also rural-urban disparities in poverty, with 22.8 percent of the population in rural areas living below the poverty line compared to only 9.3 percent in urban areas.

Extreme poverty has significant implications for the wellbeing of the people. Many of the poor households are unable to meet their basic needs such as food, clothing, shelter, health care and education for children. People in such households also lack access to gainful employment and are unable to participate in development programmes. Up to 17 percent of households cite financial constraints as the main reason why they cannot access medical services. In addition, many of these households are unable to access resources to invest in income generating activities mainly because they cannot access credit and other financial services. Those who try to engage in income generating activities, opt for low risk ventures, which result in low returns.

2.1.6 Health

The Uganda Vision 2040 notes that the current health delivery system is expensive, inefficient and not sufficiently responsive to the healthcare needs of the different categories of the population, thus limiting access especially among the poor and vulnerable populations. Whereas the average distance to a health facility in the country is 3 Kilometres, about 23 percent of the population live in a radius of more than 5 Kilometres to their nearest facility. The statistics on health seeking behaviours reveal that 37 percent of sick people first visit private health facilities for medical attention, while 35 percent go to Government health centres. The average waiting time in private health facilities is 13 minutes compared to 87 minutes in Government health facilities.

Almost 50 percent of the cost of health care in Uganda is borne by the households. The health care costs borne by the households include transport fare to health facilities, expenses on drugs that may be out of stock in Government health centres and payment for treatment in private health facilities. The UNHS Report of 2009/10 indicates that about 16 percent of the households were affected by health-related shocks like illness and death of household members, leading to reduction of incomes of almost 96 percent of the affected households.

2.1.7 HIV and AIDS

Uganda had experienced a sharp decrease in the HIV infection rate as a result of the public health strategies which were adopted to fight HIV infections in 1990s, but new studies show the number of HIV cases is again rising. In recent years the HIV infection rate in Uganda has grown from 6.4 percent in 2005 to 7.3 percent in 2012. The Uganda AIDS Indicator Survey reveals that HIV and AIDS rates in Uganda are increasing not only in urban areas, but rural areas as well, particularly among those who are married. By their late 30s, roughly one in 10 women become HIV positive. For men, roughly one in 10 are infected by their early 40s.

Like elsewhere in the World, HIV and AIDS has an enormous negative impact on the social economic structure of the households and communities in Uganda. Frequent and long episodes of sickness due to HIV and AIDS deprive families of their means of production and exacerbates both existing poverty status and gender inequalities within households. Lack of money because of inability to work further limits people's access to health services and leads to a vicious circle of illness and poverty. This compels households to sell their assets, borrow money and go further down the hill of poverty.

2.1.8 Disasters

Natural and human induced disasters are a common occurrence in Uganda, putting many people at risk. The most frequent disasters experienced in the country include drought, famine, floods, epidemics, landslides, collapsing civil structures and windstorms. According to UNHS Report of 2009/10, more than 57 percent of the households in Uganda experienced climatic shocks resulting in a decline in crop production and income for more than 80 percent of the population. The Disasters affect households disproportionately, with those which are poor more likely to be exposed to higher levels of risks such as food shortage or ill health because they have limited ability to cope when these risks occur.

2.2 Existing Social Protection Interventions

Government is implementing various social protection interventions, which include:-

- i) The Public Service Pension Scheme;
- ii) The National Social Security Fund, Workers Compensation;
- iii) The Social Assistance Grants for Empowerment (SAGE);
- iv) Public Works Programmes; and
- v) Social Care and Support Services.

There are also various savings initiatives by individual organisations both in the formal and informal sectors as well as traditional support systems in the community.

2.2.1 Public Service Pension Scheme

The Public Service Pensions Scheme (PSPS) is currently a non-contributory, defined pay-as-you-go retirement benefit scheme financed directly by tax revenues from the Consolidated Fund. The benefits include a lump sum amount given upon retirement and a monthly pension based on the last pensionable salary of the civil servant. The scheme targets only 436,000 people employed in the civil service. Civil servants who opt out of the service before attainment of retirement age forfeit the benefits.

2.2.2 National Social Security Fund

The NSSF is the largest social security scheme and currently has about 1,4 million registered members and only 458,000 active members. Products include an age benefit, survivor's benefit, withdrawal benefit, invalidity benefit and an emigration benefit. The scheme however is limited to the formal sector and covers employees who work in firms employing a minimum of five (5) workers. The scheme does not reach people who work in the informal sector, including small holder farmers.

2.2.3 Voluntary retirement benefits Schemes

Some of the private non-statutory social security schemes managed by employers and public institutions either on their own or through insurance companies include Makerere University Retirement Benefits Scheme (MURBS), Bank of Uganda Retirement Benefits Scheme and Parliamentary Pension Scheme. Different sub-sectors within the informal sector have also established diverse forms of savings schemes which support members in times of financial crisis. However, these are few and do not reach many individuals who require social protection.

2.2.4 Workers Compensation

The Workers Compensation Act, Cap 225 provides for compensation to workers employed both by Government and the private sector who suffer injuries or contract occupational diseases in the course of their employment. The injuries covered are only those which result in permanent incapacity or incapacitate the worker for at least three consecutive days from earning full wages at the work at which he or she was employed.

In spite of the fact that the law requires every employer to insure and keep themselves insured in respect of any liability which may arise under Workers Compensation Act, only a few employers in the private sector have insurance cover. Government does not provide insurance cover for its employees.

2.2.5 Health Insurance

Health insurance coverage is very low. Private commercial health insurance schemes cover between one and two percent of the Ugandan population. Characteristically they neither cover chronic illness, persons aged below 3 months or nor persons over 70 years. They mostly target the formal private sector that is easy to enrol. Annual health benefits are often capped to contain costs and make profit.

2.2.6 Social Assistance Grants for Empowerment

Uganda is currently implementing a pilot Social Assistance Grants for Empowerment (SAGE) programme, which provides regular, predictable income support to older persons and vulnerable households. The SAGE programme has two components, namely the Senior Citizens Grant (SCG) and the Vulnerable Family Grant (VFG). The programme covers only 110,000 direct beneficiaries and 500,000 indirect beneficiaries in 15 districts out of 112. This, however, leaves out other vulnerable groups and older persons in other districts.

2.2.7 Public Works Programmes

There are a number of programmes with public works components being implemented in the country, particularly in Northern Uganda. They include the Northern Uganda Social Action Fund (NUSAF), the Karamoja Livelihoods Improvement Programme, Community-Driven Development Programme and Agricultural Livelihoods Recovery Programme. The objectives of the public works include creation of community assets, provision of food items to households affected by famine and transfer of cash to poor households with labour capacity. As of 2012, these programmes benefited about 500,000 people.

Public works programmes have the potential to address vulnerabilities, but they are currently fragmented, limited in coverage and do not guarantee regular and predictable minimum level of income for vulnerable households. The programmes usually focus on construction of community roads and provide one-off benefits to the communities.

2.2.8 Social Care and Support Services

In the past, social care and support in Uganda was based on traditional social networks, particularly the family and the community. However, over time these networks have been strained by HIV and AIDS, conflicts, rural-urban migration and poverty, among others. This has compelled government and civil society organizations (CSOs) to play an increasing role in providing social care services. Existing formal social care and support services include resettlement of abandoned and street children, care and protection of children in conflict with the law, institutional support to vulnerable children, PWDs and older persons, care and support to gender-based violence victims/survivors, community-based rehabilitation for PWDs, community-based care and support for older persons.

Considering the high number of vulnerable groups in the country, these services are limited in scope and coverage, grossly underfunded and poorly

coordinated. For instance, the youth who have diverse social care needs such as rehabilitation from drug and substance abuse are hardly reached. In addition, social care and support services are handled by the Community-Based Services Department in the Local Governments which has inadequate human resource and logistical capacity for effective service delivery.

Where CSOs are complementing Government efforts, they usually concentrate on a small geographical area and select a few communities from an entire district. Most of the CSOs operate in isolation, making coordination, supervision, monitoring and evaluation of their activities very difficult for both Central and Local Governments. The weak coordination of services delivered by CSOs leads to duplication of efforts, wastage of resources and minimal impact on the population.

Furthermore, the lack of an integrated and comprehensive management information system for social care and support services in the country is a major constraint to proper planning and resource mobilization for social care services.

2.2.9 Informal and Traditional Social Protection

Traditional support systems are valuable and beneficial social protection mechanisms as they define personal and collective identity. They are institutions of first instance for support to vulnerable persons which provide immediate, more effective, culturally familiar support.

Although the traditional social protection initiatives at the community level have been on the decline, the few that still exist have continued to provide support to vulnerable groups. These include family and clan support systems, local credit and savings groups, mutual assistance schemes and burial groups.

However, the support received by community members through these initiatives is inadequate, requiring government intervention to strengthen them.

These interventions however, cover only a small proportion of the population, leaving the majority without access to any form of social protection services.

2.2.10 Monitoring and Evaluation System

The current M&E arrangements for social protection interventions are weak and comprise only a few functional systems. They are characterized by fragmentation, duplication, weak co-ordination, lack of a clear results chain, unclear definitions, lack of tracking and reporting of outcomes as well as use of different formats and approaches with no common guidelines and standards. There is inadequate feedback and sharing of results across Government and other stakeholders, poor use of the data generated, limited capacity and resources, and the M&E processes are largely donor driven.

3.0 RATIONALE FOR THE POLICY

Government has formulated and implemented a number of policies, programmes and enacted laws intended to improve the livelihoods of the people for socio-economic transformation. Whereas these interventions address cross-cutting needs of the poor and marginalized groups, they have not had a specific focus on reducing risk and vulnerability across all population groups which is the major concern for social protection. These interventions have largely benefited the economically active population with the capacity to work leaving out the poorest and most vulnerable populations. As a result, 19.7 percent of the population in Uganda is still poor and approximately 43 percent are highly vulnerable to falling into absolute poverty⁵.

The vulnerabilities faced by certain categories of the population such as older persons, children, youth, women and persons with disabilities do not only directly impact on their livelihoods but also slows national development. Bringing these groups to the vanguard of development and enhancing their contribution to the development process requires specific social protection instruments that address the peculiar risks and vulnerabilities they face. This Policy shall provide a framework for putting in place the comprehensive social protection system that caters for diverse categories of the population. The existing social protection initiatives are selective and target a few people.

The schemes and services which provide social protection cover only the working population in the formal sector, leaving about 93 percent of the labour force, most of whom are employed in the informal sector, without access to social security services. This Policy therefore facilitates a better understanding of social protection in the Ugandan context and provides a basis for a holistic approach to addressing the risks and vulnerabilities faced by different categories of the population in both the formal and informal sectors.

⁵ Uganda Poverty Status Report 2012

Lack of policy guidance has led to fragmented and uncoordinated implementation of social protection interventions. As a result there is duplication, incoherence, wastage of resources and limited impact on the beneficiaries. This policy therefore seeks to harmonize and promote effective coordination and implementation of the various interventions that address different risks and vulnerabilities.

This policy articulates the vision and the role of social protection in national development and facilitates establishment of a social protection system in Uganda. The Policy contributes to the realization of the Uganda Vision 2040 aspirations of adoption of a system of universal pension for older persons and provision of assistance to the vulnerable population.

4.0 POLICY DIRECTION

4.1 The Social Protection System in Uganda

Uganda aspires for a high standard of living for its citizens by 2040. Provision of social protection services to the different categories of the population is one of the strategic actions to achieve this vision. Social protection aims at building secure and resilient families. This policy focuses on the social protection system that is built on two pillars, namely social security and social care and support services.

The pillar on social security shall be in two forms, namely;

Contributory schemes targeting the working population in both formal and informal sectors (social insurance); and the non-contributory transfers targeting vulnerable children, youth, women, persons with disabilities and older persons (direct income transfers). The social care and support services pillar shall focus on the aspects of care, support, protection and empowerment to the most vulnerable individuals who are unable to fully care and protect themselves.

Social protection programming for non-contributory component of social security and the social care and support services pillar shall be based on evidence regarding the beneficiaries, their needs, length of time the support is required and potential impact of the programme on people's lives. Priority shall be given to the most vulnerable.

In addition to the two pillars, there are complementary interventions which are critical to social protection beneficiaries to overcome risks and shocks. These include interventions articulated in policies for agriculture, health, education, employment and finance sectors.

4.2 Guiding Principles

The implementation of the Social Protection Policy shall be guided by the following principles:

- i) **Individual, family and community involvement:** Whereas Government at all levels shall take leadership in the implementation of this policy, communities, target groups and duty bearers shall be actively involved in the design, implementation, monitoring and evaluation of social protection interventions.
- ii) **Human Rights-Based Approach to Service delivery:** Communities shall be empowered to know and claim their rights and demand accountability from duty bearers and institutions implementing social protection interventions.
- iii) **Timeliness, reliability and sustainability:** Systems shall be strengthened to facilitate timely delivery of social protection services and generate reliable information for decision making
- iv) **Universalism and inclusiveness:** Appropriate measures shall put in place to protect every Ugandan from risks and shocks.
- v) **Transparency and Accountability:** Openness and value for money shall be emphasized in the provision of social protection services.
- vi) **Gender Responsiveness:** All social protection interventions shall address specific risks and vulnerabilities that affect boys and girls, men and women.
- vii) **Equity:** Fairness and justice shall underpin the provision of social protection services across different demographic categories and geographical locations.
- viii) **Dignity:** All beneficiaries of social protection interventions shall be treated with respect regardless of their sex, cultural, religious, and socio-economic status.

4.3 Target Group

- i) **Workers in the formal sector** – employed in public and registered private sector workplaces;
- ii) **Workers in the informal sector** – working in economic units or family business with less than 5 persons, unregistered workplaces, rural agricultural areas;
- iii) **Orphans and other vulnerable children** such as abandoned children, Children in contact with the law, child labourers;
- iv) **Labour constrained individuals and households** – who have no capacity to work and earn a living;
- v) **Unemployed persons** – who have the ability to work and are actively seeking for employment;
- vi) **Older persons** aged 60 years and above;
- vii) **Persons with severe disabilities;**
- viii) **Ethnic minorities;** and
- ix) **Disaster-affected persons** - individuals affected by natural or man-made calamities that disrupt their normal functioning and livelihoods.

4.4. Vision, Mission and Goal

4.4.1 Vision

A society where all individuals are secure and resilient to socio-economic risks and shocks.

4.4.2 Mission.

Provision of comprehensive social protection services to address risks and vulnerabilities

4.4.3 Goal

To reduce poverty and socio-economic inequalities for inclusive development by 2024.

4.5. Objectives

The objectives of the policy are to:

- i) To increase access to social security;
- ii) To enhance care, protection and support for vulnerable people; and
- iii) To strengthen the institutional framework for social protection service delivery.

4.5.1 Increasing access to social security

Social security enables people to continue living lives of dignity after retirement or when a calamity that could adversely affect their income befalls them. While most citizens can appreciate the importance of preparing for any eventuality that could affect their income in the future, Government needs to put in place an effective mechanism to facilitate access to social security by those in need among the population. In order to increase the coverage and scope of contributory social security, Government shall pursue the following strategies:

- i) Expand the coverage and scope of contributory social security in both the formal and informal sectors;
- ii) Undertake reforms in the provision of contributory Social Security;
- iii) Establish and expand direct income support schemes for vulnerable groups;
- iv) Enhance access to health insurance services;
- v) Enhance access to compensation by workers in both the private and public sectors; and

4.5.2 Enhancing care, protection and support for vulnerable people

A significant number of children, youth, survivors of gender based violence, persons with disabilities, older persons and chronically ill persons face various personal and social vulnerabilities which render them helpless and unable to realise their full potential. Current social care and support services are patchy, limited in scope and geographical coverage and are mainly provided by civil society and faith based organizations. Government shall enhance social care and support services through the following strategies:

- i) Promote community based response mechanisms for supporting vulnerable people;
- ii) Expand the scope and coverage of care, support and protection services;
- iii) Promote public-private partnerships in the delivery of social care, support and protection services; and
- iv) Build the capacity of social care and support service providers.

4.5.3 Strengthening the institutional framework for social protection service delivery

Social protection interventions are implemented by various actors both at Central and local government levels, with differing capacities. Sustainable delivery of social protection services requires establishment of systems, structures and building capacity of duty bearers and other service providers.

In order to strengthen the institutional framework for implementation of social protection programmes, Government shall pursue the following strategies:-

- i) Establish coordination mechanism for social protection at various levels;
- ii) Establish an effective monitoring and evaluation system for social protection;

- iii) Strengthen the functionality of civil registration system;
- iv) Develop Management Information Systems for different components of social protection; and
- v) Strengthen the technical and logistical capacity for delivery of social protection services.
- vi) Develop a long term financing mechanism for social protection

4.6. Priority Areas of focus

In the implementation of this Policy, Government shall focus on the following priority areas:

1. Reform the Public Service Pensions Scheme

The Public Service Pensions Scheme is a Defined Benefit (DB), non-contributory, pay-as-you-go scheme governed by the Pensions Act (Cap) 286. It is fully funded by the Government through budget allocations from the Consolidated Fund. Current annual pension obligations constitute 0.4% of GDP and covers only about 60,000 older persons who retired from the Public Service out of 1.6 million people aged 60 years and above. The resource requirement for the pensions is bound to increase, as the average age of the estimated 350,000 civil service is currently at 38.8 years. This implies that annually, over 15,000 employees are bound to retire thus rendering the scheme unsustainable. In addition, the increase in life expectancy (now estimated at 59 years) is likely to increase the pension obligations in the national budget and a burden on the working population. In order to mitigate these challenges Government shall undertake institutional reforms of Public Service Pension Scheme to address the governance issues and carry out parametric reforms to address, among others, issues related to the long term sustainability of the PSPS, chronic budget shortfall and delayed payment of terminal benefits.

2. Expand social security services in the private sector to include provision of pensions

Contributory social security is an arrangement that enables the working population to save for retirement or unforeseen shocks from their current earnings on regular basis. The existing contributory social security schemes like the NSSF and private non-statutory social security schemes managed by employers and public institutions, operate like a savings schemes for workers and not a pensions schemes. In order to enhance income security for workers in the private sector Government shall undertake reforms in the retirement benefits sector and diversify social security products to include provision of pensions.

3. Develop appropriate social security products for the informal sector.

The informal sector represents a large and growing share of the economy and the labour force. About 85 percent of the workers employed in the informal sector have no access to social security. Leaving out this big number of the working population out of reach of existing social protection systems may not only translate into heightened vulnerability to poverty, but also into substantial economic losses in the long run. Government shall therefore prioritise developing appropriate products and extending the coverage of social security to cover the informal sector workers.

4. Introduce affordable health insurance scheme

Government recognizes that ill-health has two implications for the wellbeing of affected households. The first implication of ill-health is that it interrupts the economic activities of households as a result of days lost in the course of the illness or taking care of the sick family member , Secondly, it reduces the disposable income of households through increased expenditure on transport to health facilities, consultation fees in private health facilities,

medical examinations and drugs. In order to meet the medical expenditures, some families are compelled to adapt negative coping mechanisms like sale of assets including land, livestock or any other available physical property, thus rendering them more vulnerable to shocks in the future. Consequently, ill-health is a major cause of poverty in many households. In an effort to alleviate the burden of healthcare costs on households, Government shall introduce affordable health insurance schemes.

5. Expand access to direct income support by vulnerable groups in need

Although Government has made commendable progress in reducing poverty, a significant proportion of the population still face high levels of risks and vulnerabilities due to their socioeconomic status. In particular, persons with severe disabilities, older persons and members of households with limited labour capacity constitute the most vulnerable groups of the population. These vulnerable groups have inadequate capacity to take advantage of existing economic opportunities and therefore face enormous challenges to maintain a minimum acceptable level of consumption. In order to ensure that these groups live in dignity Government shall scale up existing direct income support interventions and design new programmes to cater for other groups in need.

6. Strengthen family and community capacity to provide and care for the children, persons with disabilities, older persons and other individuals in need of care

Most of the social care and support services in the country are offered by non-state actors such as NGOs and CBOs. Some services like mental health, rehabilitation for substance abuse and alternatives to residential care for OVCs are virtually inadequate. While the family and communities should be the first line of support for provision of social care and support services, many of them have inadequate capacity to provide holistic services to those

in need. In order to improve the quality and increase the coverage of social care and support services, Government shall strengthen the capacity of family and community institutions.

7. Enhance the institutional capacity for provision of comprehensive social protection services

Delivery of social protection services requires strong institutions, structures and systems. As social protection becomes one of the basic services in Uganda, there is need to develop structures, systems and institutions for delivery of social protection services at all levels. In order to facilitate effective delivery of social protection service Government shall enhance institutional capacity for implementation of social protection interventions.

5.0 INSTITUTIONAL FRAMEWORK FOR POLICY IMPLEMENTATION

The Policy shall be implemented through a multi-sectoral approach using Central and Local Government service delivery structures. The roles of the various stakeholders shall vary according to their mandates and functions.

Government shall establish a Committee of Cabinet on Social Protection whose mandate shall be to provide oversight and policy direction. The Cabinet Committee shall be composed of Ministers from the following Ministries:

1. Office of the Prime Minister
2. Ministry of Gender, Labour and Social Development
3. Ministry of Finance, Planning and Economic Development
4. Ministry of Public Service
5. Ministry of Health
6. Ministry of Education and Sports
7. Ministry of Agriculture, Animal Industries and Fisheries
8. Ministry of Local Government
9. Ministry of Justice and Constitutional Affairs

Terms of Reference for the Cabinet Committee:

- ☞ Coordinating the multi-sectoral interventions;
- ☞ Advising Government on the situation of risks and vulnerabilities in the country;
- ☞ Providing guidance on social protection interventions;
- ☞ Advising on social protection financing;
- ☞ Providing guidance on the institutional framework for delivery of social protection services;

- ☞ Advising on social protection policies; and
- ☞ Advising on legislation for social protection.

A Multi-sectoral Technical Committee of Permanent Secretaries from the above Ministries will be established to provide technical support to the Cabinet Committee. This committee will also have representation from National Planning Authority, Uganda Bureau of Statistics, Uganda Registration Services Bureau, Uganda Retirement Benefits Regulatory Authority, Uganda Immigration and Citizenship Board. The MGLSD shall provide the secretariat to the Committee.

5.1 Roles and Responsibilities

The roles and responsibilities of the key stakeholders in the implementation of this Policy will be as presented in the matrix below:

Institution	Mandate and Role
Cabinet	<ul style="list-style-type: none"> i) Provide leadership and direction for delivery of social protection services in the country; ii) Approve the institutional framework for delivery of social protection services; iii) Approve social protection policies; iv) Approve legislation on social protection; v) Monitor the delivery of social protection services; and vi) Allocate resources for social protection services.

Parliament	<ul style="list-style-type: none"> i) Enact and amend laws on social protection; ii) Approve and appropriate financial resources for delivery of social protection services; iii) Provide oversight on delivery of social protection services; and iv) Raise awareness on social protection services.
Office of the Prime Minister	<ul style="list-style-type: none"> i) Monitor performance of social protection interventions; ii) Integrate social protection indicators in the National Monitoring and Evaluation framework; and iii) Provide information and national guidance on social protection.
Ministry of gender, Labour and Social Development	<ul style="list-style-type: none"> i) Popularize the Social Protection Policy; ii) Spearhead implementation of the policy; iii) Provide technical guidance and leadership on social protection; iv) Initiate and/or review policies and laws on social protection; v) Establish mechanisms for delivery of social protection services; vi) Set standards and guidelines on delivery of social protection services; vii) Build the capacity of other stakeholders to effectively deliver social protection services; viii) Monitor and coordinate implementation of social protection interventions; and ix) Establish and maintain a social protection Management Information System.

<p>Other Ministries Departments and Agencies</p>	<ul style="list-style-type: none"> i) Review laws on social protection; ii) Identify and register citizens; iii) Mobilise resources for delivery of social protection services; iv) Facilitate and promote public awareness of social protection; v) Establish institutional structures for delivery of social protection services; vi) Deliver complementary services; vii) Develop programmes for delivery of social protection services; viii) Integrate social protection in policies, programmes and plans; ix) Establish and maintain Social protection MIS; and x) Conduct and disseminate research.
<p>Local Governments</p>	<ul style="list-style-type: none"> i) Integrate social protection in programmes, plans and budgets; ii) Enact ordinances and bye-laws to facilitate provision of social protection services; iii) Mobilize resources for implementation of social protection interventions; iv) Mobilize and sensitize the population on social protection; and v) Monitor social protection programmes. <p>Development Partners</p>

Development Partners	<ul style="list-style-type: none"> i) Align financial support to the priorities of this Policy and use existing systems; ii) Coordinate actions, simplify procedures and share information; and iii) Provide technical assistance for social protection.
Private Sector	<ul style="list-style-type: none"> i) Partner with Government in financing and implementing social protection interventions; ii) Provide infrastructure and human resource for delivery of social protection services; iii) Incorporate social protection in corporate policies and programmes; and iv) Support social protection programmes as part of corporate social responsibility.
Civil Society and Faith-Based Organisations	<ul style="list-style-type: none"> i) Advocate for social protection policies and legislations; ii) Mobilize resources and advocate for increased funding for social protection programmes; iii) Participate in planning, implementation and monitoring of social protection programmes; iv) Monitor the operationalization of international instruments on social protection; v) Mobilize and sensitize the population on social protection; and vi) Develop and implement social protection programmes.

<p>Traditional and Cultural Institutions</p>	<ul style="list-style-type: none"> i) Promote traditional social protection mechanisms; ii) Mobilize and sensitize the population on social protection; iii) Mobilize resources and advocate for increased funding for social protection programmes; iv) Participate in planning, implementation and monitoring of social protection programmes; and v) Develop and implement social protection programmes.
<p>Households and the Community</p>	<ul style="list-style-type: none"> i) Participate in procedures for targeting beneficiaries of social protection interventions; ii) Encourage and support community generated social protection initiatives; and iii) Participate in planning, implementation and monitoring of social protection programmes.

6.0 MONITORING AND EVALUATION

Monitoring of the implementation of the Policy shall be carried out on a regular basis using appropriate indicators. The Policy measures shall be evaluated at midterm and after 10 years to establish impact, gaps, emerging issues and challenges. Monitoring and Evaluation shall involve full participation of the Government Ministries, Departments and Agencies, Private Sector and Civil Society.

6.1 Policy Outcomes

The Policy shall achieve the following outcomes:-

- i) Improved quality of life of the vulnerable population;
- ii) Enhanced social inclusion of vulnerable persons in the development process; and
- iii) Increased life expectancy of the population.

7.0 FINANCING

Government recognizes that there are different potential sources for financing Social Protection. These include revenues from the Government, grants from Development Partners, private sector investment, CSO financing, community support, household savings, individual and employer contributions.

In the short and medium term, Government shall finance some aspects of social protection in partnership with Development Partners. Indeed, in the medium term, government has committed to provide Shs.149 billion towards roll out of the SCG over the next five years as part of the MTEF starting with 9 billion in FY2015/16 and development partners have committed to provide up to Shs.290.6 over the same period. In the long-term, a proportion of the domestic revenues to be determined through studies shall be appropriated to finance social protection services.

The costs of implementing this Policy are reflected in the Programme Plan of Interventions (PPI). The PPI gives detail of cost of the interventions and proposed financing arrangements for implementation of the commitments in the Policy.

The private sector, being significant source of paid employment, shall play a critical role in financing social protection through workers and employers contribution. In addition, the private sector will provide resources for social protection through corporate social responsibility.

Government shall encourage individuals to contribute towards social protection. In particular, Government shall educate the public about opportunities and benefits for personal contribution towards social protection. In addition, Government shall promote traditional and informal social protection initiatives to ensure that families and communities provide support and care for vulnerable groups such as widows, orphans, abandoned children, persons with severe disabilities, the chronically ill and older persons.

8.0 GLOSSARY

- Direct Income Support:** Refers to non-contributory regular, predictable cash and in-kind transfers that provide relief from deprivation to the most vulnerable individuals and households in society.
- Informal Sector:** Comprises units of production which operate on a small scale, with low level of organization, and depend mainly on casual, kinship or personal labour rather than workers employed through contractual arrangements. The sector is not regulated and not formally taxed.
- Pension:** This is regular, predictable income provided by the state or authorized agency to retired individuals or older persons. It may be a regular payment made to an individual during retirement from the contribution made by the person and their employers during their working life or a grant given by Government to old persons in recognition of their diminished productivity.
- Public Works Programmes:** These are interventions that usually provide short-term employment at a prescribed wage in return for their involvement in construction or maintenance of community facilities. The activities entail the payment of a wage (incash or in kind) by the State or an agency.
- Older persons:** Refers to persons aged 60 years and above.
- Risks:** are social, economic, demographic and natural factors that expose individuals to deprivation, extreme poverty and social exclusion.

- Shock:** is a situation that disrupts a normal way of life or livelihood of individuals, households or communities.
- Social Care and Support Services:** provide care, support, protection and empowerment to vulnerable persons who are unable to fully care for themselves. They include personal care, rehabilitation, psychosocial support, respite care, protection services, provision of information and referral.
- Social exclusion:** Refers to the process in which individuals or entire communities are deliberately and systematically denied access to rights, opportunities and resources.
- Social Insurance:** are contributory arrangements to mitigate livelihood risks and shocks such as retirement, loss of employment, work-related disability and ill-health.
- Social Protection:** Refers to public and private interventions to address risks and vulnerabilities that expose individuals to income insecurity and social deprivation, leading to undignified lives.
- Social Protection System:** Comprises a range of coordinated policies, interventions, structures and mechanisms across different sectors which address social and economic vulnerabilities.
- Social Security:** Refers to protective and preventive interventions to mitigate factors that lead to income shocks and affect consumption such as retirement, illhealth, unemployment, old age, disability, death of breadwinner or disasters

Vulnerability:	Refers to limited ability to manage risks or cope with shocks that may lead to undignified lives.
Vulnerable Groups:	are categories of the population who are predisposed to deprivation, extreme poverty and social exclusion by virtue of age, gender, disability, ethnicity and geographical location or other social attributes.
Youth:	Refers to any person aged between 18 years and 30 years of age.