



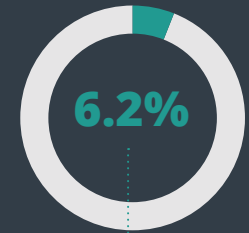
Marginalized Women's Experiences
and Aspirations Regarding Social
Protection in Uganda:

Policy and Programmatic Lessons

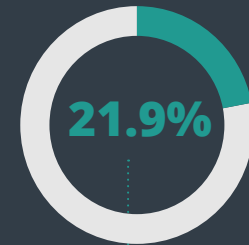
Introduction

The Government of Uganda defines social protection (SP) as a set of public and private interventions aimed at reducing poverty, vulnerability, and social exclusion, and promoting an adequate standard of living for all citizens throughout their lives.¹ Enshrined in the 1995 Constitution and articulated through key policy frameworks such as the National Social Protection Policy of 2015 and the Third National Development Plan (NDPIII 2020/21–2024/25), SP in Uganda is recognized as a fundamental right and a key pillar for advancing national development and social justice. Over the past decade, the country has been expanding SP programs for its most vulnerable populations. These efforts align with Uganda's commitments to regional and international frameworks, such as the African Union Social Policy Framework and the UN Sustainable Development Goals.

Despite these advances, Uganda's SP system remains fragmented, underfunded, and limited in reach. In 2022, only 6.2% of the population received at least one SP benefit, while 21.9% of Ugandans were living on less than \$1 a day.² Current expenditure on SP stands at just 0.15% of GDP, well below both the sub-Saharan African average and the lower-middle-income benchmark of 1.5%.³



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¹ Ministry of Gender, Labour and Social Development (2015). The National Social Protection Policy, MGLSD, Uganda.

² Uganda Bureau of Statistics (2025). Key Highlights of the Uganda National Household Survey 2023/24. Kampala: UBOS <https://www.ubos.org/key-highlights-of-the-uganda-national-household-survey-2023-2>

³ Ministry of Gender, Labour and Social Development (2024). The Annual Report on the State of Social Protection in Uganda for the Financial Year 2023/2024. Kampala: MGLSD.

Women and social protection in Uganda

Although Uganda has a progressive institutional framework for gender and SP, women remain disproportionately affected by poverty, lower educational attainment, and exclusion from formal SP mechanisms.^{4,5,6} Structural disadvantages such as concentration in informal and low-wage employment, limited access to assets, and entrenched gender norms particularly expose women during times of crisis.⁷ The COVID-19 pandemic put SP programs' shortcomings on stark display as emergency relief efforts often bypassed marginalized women, deepening their vulnerabilities and heightening existing inequalities.⁸ The pandemic's impact was especially severe for women in the informal sector, who suffered job losses, income insecurity, increased unpaid care work, and heightened exposure to gender-based violence. Government responses and stimulus packages primarily benefited formal sector workers, leaving most informal women workers without support or access to recovery programs.

Against this backdrop, it is clear that understanding how SP initiatives are experienced by the women they intend to serve is crucial to improving the effectiveness of SP programs. Currently, however, empirical research on the realities, perceptions, and aspirations of women beneficiaries regarding Uganda's SP programs is limited.

⁴ International Monetary Fund. African Dept. (2024). Social and Economic Programs and Gender Inclusion. IMF Staff Country Reports, 2024(291), A003 <https://www.elibrary.imf.org/view/journals/002/2024/291/article-A003-en.xml>

⁵ Madinah, N. (2020). The Gender Issues in Uganda: An Analysis of Gender-Based Violence, Asset Ownership and Employment in Uganda. *Urban Studies and Public Administration*, 3(3): p131.

⁶ Torsu, A. K. (2024). Ugandan women still face barriers to equality in education, employment, and politics. Afrobarometer Dispatch No. 854.

⁷ Wandera N., et al. (2021). Expanding Social Protection to Informal Women Workers for Better COVID-19 Recovery in Uganda. Nairobi: International Center for Research on Women (ICRW).

⁸ International Labour Organization (2021). Building Forward Fairer: Women's Rights to Work and at Work at the Core of the COVID-19 Recovery. Geneva: ILO.

Purpose of the evidence brief

To inform development of more efficient, gender-responsive, and contextually appropriate SP programs and initiatives for women in Uganda, the International Center for Research on Women (ICRW) investigated marginalized Ugandan women's attitudes, preferences, experiences, and aspirations in relation to SP programs in the country. This brief summarizes findings from the study which can help guide actionable policy and programmatic directions in the country. Undertaken in select rural communities in Nakaseke District and urban informal settlements in Kampala, the study was reviewed and approved by The AIDS Support Organization Research Ethics Committee, and a research permit was secured from the Uganda National Council of Science and Technology.

Findings

Knowledge and awareness of social protection programs and initiatives

The respondents had a high level of awareness about SP programs, with most understanding SP as a means of assisting disadvantaged individuals who would otherwise suffer greatly if left unsupported. Awareness was highest for government SP initiatives targeting livelihoods and economic security, such as the Social Assistance Grant for Empowerment, the Parish Development Model, and Emyooga, as well as health and education-focused programs like Universal Primary Education (UPE) and Universal Secondary Education (USE). Women also were able to identify NGOs and CSOs, including Tusitukirewamu, SACCOs Baylor Uganda, Living Goods, and Rotary Uganda, as SP implementers particularly in economic empowerment, skills training, entrepreneurship, and subsidized health services such as community-based insurance (Muno mu Bulwadde). Many of these non-

governmental programs reportedly targeted older women, those in remote or hard-to-reach areas, women with disabilities, female heads of households, and women with large families. Most women learned about SP initiatives informally—through friends, local leaders, or word of mouth—rather than formal channels. Women's understanding of SP varied, with some perceiving it as a right and entitlement, and others viewing it as charity or a discretionary favor from the government or benevolent organizations.

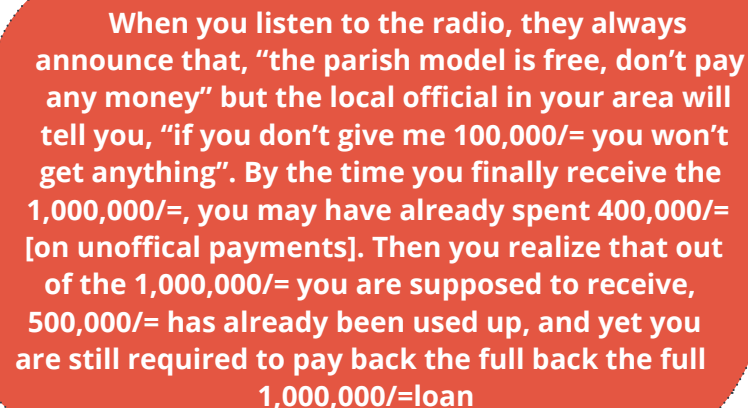
Benefits, experiences and challenges of social protection programs initiatives

Women's experiences with SP programs were mixed. On the one hand, respondents acknowledged tangible SP benefits such as free maternal and child health care, access to education for their children, and opportunities for skill acquisition and entrepreneurship. They

associated participation in these programs with improved food security, income, and overall household well-being. One woman shared, *"I have been getting free treatment in government hospitals, and I have delivered all my children there from the firstborn to the last ..."* Another noted, *"I also take my children to UPE and USE [universal primary and secondary education] schools. One is in secondary and another in primary. I also obtained an education in government schools ..."*

On the other hand, significant SP access barriers were reported. Some respondents recounted unsuccessful attempts to access SP benefits due to limited social networks, lack of information, or discouraging experiences. As one participant described, *"I heard of it, they even came here and registered me, but I have never heard them inviting us to go for the money or anyone saying anything about it again. So, such things hurt."* Women who were able to

access SP programs frequently described benefits as being insufficient, irregular, or diminished by hidden or unanticipated costs and unofficial fees. A respondent in Nakaseke shared:



When you listen to the radio, they always announce that, "the parish model is free, don't pay any money" but the local official in your area will tell you, "if you don't give me 100,000/= you won't get anything". By the time you finally receive the 1,000,000/=, you may have already spent 400,000/= [on unofficial payments]. Then you realize that out of the 1,000,000/= you are supposed to receive, 500,000/= has already been used up, and yet you are still required to pay back the full back the full 1,000,000/= loan

In some cases, the selection process for beneficiaries was perceived as opaque, unjust, and marred by unexplained deductions, favoritism, nepotism, and corruption. Respondents noted:

"If you go there to borrow, they demand several requirements that are hard to meet. They also make unfair deductions from the loans. For example, if you borrow 200,000 shillings and leave 20,000 as a deposit, you may end up receiving only 140,000 shillings, without a clear explanation of where the rest has gone."

"The money is meant for those who have connections, that's what I noticed. The first recipients were charged 150,000 shillings; they can attest to this. They chose people who were able to pay that amount, and most of them were NRM supporters [ruling political party supporters] ... You must beg them for help, yet you still don't benefit from it."

Stringent documentation requirements, complex eligibility criteria, and bureaucratic hurdles disproportionately excluded single mothers, women with disabilities, and those in informal employment. Low literacy, especially in rural areas, compounded these challenges, making it difficult for some women to navigate registration and application processes.

A number of women—especially those in rural areas, with disabilities, or having caregiving responsibilities—struggled to access some SP services due to distance to service points, high transportation costs, and the absence of disability-friendly infrastructure. One respondent explained, *"The stairs are not favorable for people with disabilities like us. I stopped using government health institutions, despite their free services."* Another shared, *"Imagine moving from here to Nakaseke hospital when you have a very sick child to get free treatment, you might reach when the child is in a very critical condition."* Yet another respondent noted: *"The nearest secondary school is very far and that is why many of our children in this community stop at primary level."*

Quality concerns were prominent in health and education-related SP programs. Women reported that public schools, though nominally free, were often overcrowded, understaffed, and still demanded fees, deterring some families from enrolling their children. *"You find that we fail to pay the little school fees that are charged, yet we were told that it [government school] is free, and we only must buy books, uniforms. This stops some parents from taking their children there,"* observed a Kampala-based respondent. Public hospitals were said to frequently lack essential medicines, equipment, and qualified staff, and some women reported neglect and abuse when seeking care there. One respondent recounted:

"I vowed never to go back to Naguru Hospital for the rest of my life although the services were free, because ... I unfortunately lost a child during birth due to negligence. In that process, another woman was giving birth, but the nurses didn't seem to care as they were eating watermelon, they were called and they refused to come, even when I had just lost my child. I hated that hospital since then."

Eligibility rules based on marital or land ownership status as well as male-dominated local governance structures further limited women's participation and voice in SP programs. Young, unmarried, and widowed women experienced more disadvantages in participating or benefiting from programs due to the limited voice they may have in social contexts dominated by traditional patriarchal systems.

What women want in SP programs

Women articulated their aspirations for more equitable, inclusive, and transparent SP systems. They recommended simplified and inclusive eligibility criteria that account for the diverse realities of vulnerable women, complemented by intersectional approaches attentive to age, disability, and rural-urban disparities. Respondents also emphasized the importance of community-based and participatory approaches, calling for the involvement of local councils, women's groups, and community leaders in beneficiary identification and program monitoring.

As one respondent highlighted, *“The local councils know their people and the neediest of them all, therefore, it should be at the center of the government programs, but it is ignored, and other criteria are used.”* Respondents also called for robust and effective feedback mechanisms—such as helplines and unannounced field visits—to enable real-time reporting of corruption, exclusion, and service delivery gaps. *“Go there [in the community] and observe firsthand how things are being done, to understand the current situation and identify areas for improvement,”* advised one woman.

Transparency and accountability were also seen as key to improving women’s SP experiences, with demands for clear guidelines on enrollment and benefit distribution, publicly available information in local languages, and strict enforcement of anti-corruption measures. As one respondent asserted, *“Such people [corrupt officials] should be given a heavy punishment that would deter others from doing the same.”* Women highlighted the need for improved information dissemination and financial

literacy. Recommendations for the former included using diverse communication platforms such as local radio, Village Health Teams, and community dialogues. For the latter, women suggested providing orientation sessions and financial literacy training, particularly for new beneficiaries. Women also emphasized the need to invest in service quality and infrastructure, including improving the availability of medicines, teaching materials, qualified personnel, and adequate facilities in health and education sectors, especially in rural areas and with disability-friendly infrastructure.

Finally, there was a call to leverage technology, such as biometric registration and mobile money transfers, to streamline access and reduce fraud—provided these systems are inclusive and user-friendly. Women also emphasized the need to integrate SP with broader economic development strategies, linking beneficiaries to market access, cooperative formation, and value addition chains, and coordinating SP with national employment and agricultural initiatives. Ensuring long-term financing and fiscal sustainability through diverse government revenue streams, public-private partnerships, and strengthened budget transparency was also viewed as important.

Discussion and conclusions

Evidence from the study shows high awareness about SP among marginalized women in Uganda. Women were most familiar with government initiatives targeting livelihoods, economic security, and access to health and education. In addition to government efforts, women recognized the contributions of NGOs and CSOs, which often targeted the most vulnerable groups—including older women, those in remote areas, women with disabilities, and female-headed households—through initiatives focused on economic empowerment, skills training, and subsidized health services.

Participation in SP initiatives brought about notable improvements for women, including food security, increased income, enhanced skills, better access to health care, and educational opportunities for their children. However, SP program access was often hindered by limited social networks, lack of clear information, bureaucratic hurdles, and stringent eligibility criteria. Corruption, favoritism, and hidden costs further eroded trust in programs, with some women reporting that benefits were only available to those with connections or the means to pay unofficial fees. Physical barriers, including distance to

service points, high transportation costs, and inaccessible infrastructure, disproportionately affected rural women, those with disabilities, and caregivers. Quality concerns in health and education services were also widely expressed.

In response to these challenges, women articulated aspirations for a reformed SP systems. They called for simplified and inclusive eligibility criteria, intersectional approaches attentive to age and rural-urban disparities, and greater involvement of local councils and women's groups in program implementation and monitoring. Robust and effective feedback mechanisms, improved transparency, and stricter anti-corruption measures were seen as important for improving delivery, restoring trust, and ensuring accountability in SP programs. Women also underscored the need for better information dissemination, financial literacy training, and investments in service quality and inclusive physical infrastructure. Women identified leveraging technology to streamline access, integrating SP with broader economic development strategies, and ensuring sustainable financing as key steps toward building more equitable, effective, and resilient SP systems in Uganda.

Recommendations

The study's findings lead to the following recommendations for enhancing Uganda's social protection system for disadvantaged women:



Prioritize inclusive and gender-sensitive targeting by revising eligibility criteria to explicitly include vulnerable women and developing intersectional approaches that consider age, disability, care-giving status, and rural-urban disparities.



Strengthen community-based and participatory approaches by involving local councils, women's groups, and community leaders who are best positioned to identify beneficiaries and monitor implementation, and by formalizing feedback mechanisms for real-time reporting of corruption, exclusion, and service delivery gaps.



Improve transparency and accountability by institutionalizing clear guidelines for enrollment and benefit distribution, making information publicly available in local languages and accessible channels, and enforcing anti-corruption measures.



Enhance information dissemination and financial literacy through diverse communication platforms, including local radio, Village Health Teams, and community dialogues, and by providing financial literacy and orientation sessions, especially for new beneficiaries.



Invest in service quality and infrastructure to ensure consistent availability of medicines, school instructional materials, qualified personnel, and adequate facilities in health and education sectors, with a focus on rural areas.



Leverage technology for efficiency and inclusion through digital tools such as biometric registration and mobile money transfers, while ensuring systems are inclusive and supported with user training, particularly for women with low literacy.



Integrate SP with broader economic development strategies by linking beneficiaries to market access, cooperative formation, and value addition chains, and by coordinating SP with national employment and agricultural strategies.



Ensure long-term financing and fiscal sustainability of SP programs through diverse government revenue streams and public-private partnerships, strengthening budget transparency, and protecting SP funding from political interference.

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