



# Perceptions, Experiences, and Aspirations of Vulnerable Ugandan Women Regarding Social Protection Programs

**Acknowledgments:** The Hewlett Foundation provided generous funding support for this study.

---

**Suggested Citation:** ICRW (2025). Perceptions, Experiences, and Aspirations of Vulnerable Ugandan Women regarding Social Protection Programs. International Center for Research on Women, Kampala.

---

# CONTENTS

<b>ACRONYMS</b>	<b>4</b>
<b>EXECUTIVE SUMMARY</b>	<b>5</b>
<b>INTRODUCTION</b>	<b>7</b>
BACKGROUND	9
<b>METHODOLOGY</b>	<b>13</b>
STUDY PURPOSE	13
STUDY SETTING AND METHODS	13
LIMITATIONS	14
<b>FINDINGS</b>	<b>15</b>
KNOWLEDGE AND AWARENESS OF SOCIAL PROTECTION PROGRAMS	15
WOMEN'S EXPERIENCES ACCESSING SP PROGRAMS: BARRIERS AND BENEFITS	16
ASPIRATIONS FOR IMPROVED SOCIAL PROTECTION PROGRAMS	24
<b>DISCUSSION AND CONCLUSIONS</b>	<b>27</b>
<b>RECOMMENDATIONS</b>	<b>28</b>

# ACRONYMS

<b>CSO</b>	Civil society organization
<b>FGD</b>	Focus group discussion
<b>GDP</b>	Gross domestic product
<b>IDI</b>	In-depth interview
<b>MGLSD</b>	Ministry of Gender, Labour and Social Development
<b>NGO</b>	Nongovernmental organization
<b>NSSP</b>	National Social Protection Policy
<b>PDM</b>	Parish Development Model
<b>SAGE</b>	Social Assistance Grant for Empowerment
<b>SP</b>	Social protection
<b>UPE</b>	Universal Primary Education
<b>USE</b>	Universal Secondary Education

# Executive summary page

Globally, social protection (SP) has emerged as a cornerstone of development action. Uganda has made notable progress in establishing SP programs to reduce poverty and inequality. However, despite being anchored on the country's National Social Protection Policy (2015) and commitments to international frameworks, these SP programs remain fragmented and underfunded. Furthermore, they frequently fail to reach the most vulnerable and needy, particularly women, as seen during the COVID-19 pandemic when emergency relief efforts bypassed marginalized women, exacerbating their vulnerabilities.

This study explores the perceptions, experiences, and aspirations of marginalized Ugandan women regarding SP programs. Conducted in rural Nakaseke and urban informal settlements in Kampala, the study sought to elevate women's voices to inform ongoing debates about the gender responsiveness and context-appropriateness of Uganda's SP strategies.

Findings demonstrate that women have a high level of awareness about SP programs and understand their importance in supporting marginalized individuals. Women's primary route of knowledge about these programs was informal channels such as friends, local leaders, and community networks rather than formal media or public campaigns.

Women's experiences with SP programs were mixed. Many reported benefits such as free maternal and child health care,

access to education for their children, and participation in initiatives that supported skill acquisition, entrepreneurship, and ultimately improved income and household food security. However, respondents also noted unsuccessful attempts to benefit from SP programs, often due to limited social connections, lack of information, or negative experiences shared by others. Even when accessed, benefits were often reported as insufficient, irregular, or eroded by hidden costs, undermining trust in both SP programs and public institutions. Many women perceived SP programs as poorly managed, characterized by limited and poorly disseminated information, complex and exclusionary eligibility criteria, bureaucratic hurdles, and widespread corruption. Quality concerns were prominent in health and education-related SP programs which, although nominally free, were often overcrowded, understaffed, and still demanded fees, deterring vulnerable families from enrolling their children or seeking care.

Women's aspirations for reform underscored the need for SP systems that are not only equitable, transparent, and participatory but also responsive to their diverse needs and realities. These aspirations could be realized through simplified and inclusive eligibility criteria alongside fair and transparent beneficiary selection processes, women's active involvement in program design, transparent accountability measures, and sustained investments in service quality and infrastructure, among others.

Lessons from these findings suggest that to strengthen its SP efforts and pledges for women, Uganda would need to:



**Prioritize vulnerable groups** in targeting and eligibility, with explicit inclusion of disabled women, single mothers, and those in informal work.



**Strengthen community-based and participatory approaches** through the involvement of local councils, women's groups, and community leaders in beneficiary identification and program monitoring.



**Improve transparency and accountability** through clear guidelines, anti-corruption measures, and accessible feedback mechanisms such as helplines and regular field visits.



**Enhance information dissemination** and financial literacy through diverse communication channels and tailored orientation sessions for new beneficiaries.



**Invest in service quality in health and education** by ensuring reliable supplies, skilled staff, and improved infrastructure, with a focus on expanding facilities in rural areas.



**Leverage technology**—for example, biometric registration, mobile money—to streamline access and reduce fraud, while ensuring systems are inclusive and user-friendly.

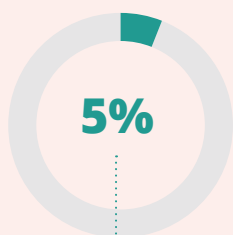


**Integrate SP with broader economic development strategies** to link beneficiaries to market access and sustainable livelihoods.

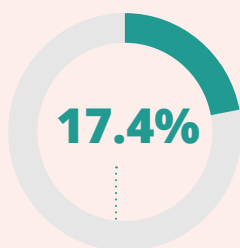


**Ensure long-term financing** and fiscal sustainability through diversified funding sources and protected SP budgets.

# Introduction



**Most countries in Africa spend less than 5% of their Gross Domestic Product (GDP) on SP**



**17.4% of eligible populations receiving at least one SP benefit compared to a global average of about 47%**

Social protection (SP)—the policies and initiatives that safeguard individuals and households from poverty, vulnerability, and social exclusion—has emerged as a cornerstone of global development policy and a key component of international poverty reduction strategies.<sup>1</sup> In Africa, the past two decades have seen an explosion of SP programs aimed at improving health, social, economic, and food security outcomes. However, coverage remains low in the continent, with most countries spending less than 5% of their Gross Domestic Product (GDP) on SP and, as of 2020, with only 17.4% of eligible populations receiving at least one SP benefit compared to a global average of about 47%.<sup>2</sup> SP systems in these contexts are also typically characterized by fragmented donor-driven programs, weak institutional coordination, and insufficient data infrastructure.<sup>3,4,5</sup>

Uganda's experience reflects these broader continental trends. SP implementation in the country remains hampered by fragmented delivery, limited legal enforceability, and a lack of gender-sensitive design.<sup>6</sup> The majority of women in rural areas, informal employment, or living with disabilities remain at the margins of formal SP systems. Considering Uganda's commitment to global, regional, and national frameworks, as well as the imperative for current development frameworks to include objectives that guarantee all groups are included in SP programs, there is need for ongoing learning and adaptation to create policies that are

<sup>1</sup><https://www.ilo.org/topics-and-sectors/social-protection#:~:text=Social%20protection%2C%20or%20social%20security,general%20poverty%20and%20social%20exclusion>

<sup>2</sup> International Labor Office (2022). World Social Protection Report 2020–22: Regional companion report for the Middle East and North Africa (MENA) region. ILO: Geneva.

<sup>3</sup> Holmes, R., & Lwanga-Ntale, C. (2012). Social protection in Africa: A review of social protection issues in research. Policy and programming trends and key governance issues in social protection. Nairobi: Partnership for African Social and Governance Research (PASGR) & Overseas Development Institute (ODI)

<sup>4</sup> Del Ninno, C., et al. (2016). Social Protection Programs for Africa's Drylands. Washington, DC: World Bank Group.

<sup>5</sup> Devereux, S. (2020). Policy Pollination: A Brief History of Social Protection's Brief History in Africa. IDS Working Paper 543, Centre for Social Protection Working Paper 018. Brighton: Institute of Development Studies.

<sup>6</sup> INCLUDE Platform. (2019). Uganda Social Protection Sector Review 2019. INCLUDE Knowledge Platform.

effective and fair for all. Obtaining feedback from intended and actual SP program beneficiaries could significantly contribute to shaping and improving related policies and programs. To date however, little empirical research has been conducted on beneficiaries' realities, perceptions, and aspirations for existing SP efforts in Uganda. This report presents findings of a study on

vulnerable Ugandan women's awareness and views of existing SP programs as well as their preferences and expectations regarding how these programs should be administered to be useful and relevant to them. The following sections describe the SP context in Uganda and outline the study's objectives, methods, findings, and policy implications.



## Background

### *Social protection in Uganda*

The Government of Uganda defines SP as public and private interventions that address vulnerabilities associated with being or becoming poor, with the aim to promote an adequate standard of living for all citizens throughout their lives.<sup>7</sup> Over the past decade, the country has introduced and expanded SP programs for vulnerable groups to secure their livelihoods, reduce poverty, and enhance their well-being. The right to SP for all Ugandans is set out in the 1995 Constitution. This right is reflected in the Third National Development Plan (NDPIII 2020/21–2024/25), with provisions to expand the coverage of social assistance to 50% of the vulnerable population by 2030. Other key frameworks include the National Social Protection Policy (NSPP-2015), which maps out the framework for establishing a comprehensive and coordinated SP system covering social insurance and social assistance; the National Social Protection Strategy (2023–2028); and stipulations on income support for vulnerable population groups outlined in the Uganda Vision 2040. In addition, Uganda’s SP efforts have continued to align with regional and global development agendas, including the Ouagadougou Declaration and Plan of Action on Employment and Poverty Alleviation in Africa (2004), the African Union Social Policy Framework (2008), and the UN Post-2015 Agenda.

The Ministry of Gender, Labour and Social Development (MGLSD) coordinates social protection in Uganda, while the mandate for SP delivery falls to national ministries and local authorities.<sup>3,7</sup> The Office of the Prime Minister has both an oversight and coordination function, as well as responsibility for implementing the labour-intensive public works programs. Development partners have also played an important role in the development of the SP sector in the country. SP is currently structured along two main pillars according to the NSPP: social security (including non-contributory programs [social assistance] and contributory programs) and social care and support services. Uganda’s flagship social assistance programs include the Senior Citizens’ Grant, the Northern Uganda Social Action Fund, and the Development Response to Displacement Impacts Project,<sup>8</sup> as well as a number of smaller direct income support programs such as:

<sup>7</sup> Ministry of Gender, Labour and Social Development (2015). The National Social Protection Policy, MGLSD, Uganda.

<sup>8</sup> Ministry of Gender, Labour and Social Development (2019). Uganda Social Protection Sector Review 2019. Kampala: MGLSD



- Social Care and Support Services for resettlement of abandoned street children, care and protection of children in conflict with the law, and care and support to disabled persons, older persons, and survivors of gender-based violence.
- Initiatives that address vulnerabilities facing the unemployed, women, youth, and disabled: Uganda Women Entrepreneurship Program, Youth Livelihood Program, Universal Primary Education, Universal Secondary Education), and 60 days of paid maternity leave for women in formal employment.

Overall, coverage of direct income support programs in Uganda is extremely low by regional and global standards. In 2020, an estimated 21.9% of the population lived on less than \$1 a day;<sup>9</sup> yet by 2022, only 6.2% of the population received at least one SP benefit.<sup>10</sup> Currently, expenditure on SP in the country stands at 0.15% per GDP, well below the sub-Saharan African average and the lower-middle-income group benchmark of 1.5% of GDP.<sup>11</sup> In addition, the effectiveness of available SP programs is compromised and eroded by factors related to institutional weakness (lack of legal redress structures and accountability mechanisms, bureaucratic fragmentation), fiscal constraints, and limited political will.<sup>10</sup> Other key gaps include the absence of explicit provisions for youth and female-headed households, poor integration of formal and indigenous support systems, and a lack of mandates for gender-responsive budgeting or participation quotas.<sup>12,13</sup>

Several social insurance programs operate in Uganda, but participation remains low, with only about 5% of the working-age population making contributions to these schemes<sup>8</sup>. The Public Service Pensions Scheme, which is funded through government tax revenues, provides retirement benefits exclusively to civil servants and does not require employee contributions. The National Social Security Fund (NSSF), Uganda's primary social security program, has limited reach with just 1.2 million active contributors. Efforts

<sup>9</sup> 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-2023-24/>

<sup>10</sup> 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.

<sup>11</sup> United Nations Children's Fund (2017). Investment Case for Social Protection in Uganda. UNICEF.

<sup>12</sup> Grebe, E. & Mubiru, B. (2014). Development and Social Policy Reform in Uganda: The Slow Emergence of a Social Protection Agenda (1986-2014).

<sup>13</sup> Guloba, M., et al. (2017). A pathway to social protection development in Uganda: a synthesis report. Kampala: Economic Policy Research Centre.

are underway to reform the NSSF by shifting it from a provident fund to a broader social insurance scheme, with proposed changes currently under parliamentary review. Additionally, although the Cabinet approved a National Health Insurance Scheme Bill in 2019, it is still under parliamentary consideration and has not yet become law or a formal policy (Ibid.)

### *Women and social protection in Uganda*

Uganda benefits from a progressive institutional framework for gender and SP, including national policies and strategies that aim to promote inclusion and reduce vulnerability. The country has also made notable progress in narrowing gender gaps across several social and economic dimensions, performing relatively well compared to other sub-Saharan African countries.<sup>3</sup> For instance, since its inception in 2014, the Youth Livelihood Program has benefited about 6.5% (245,870 youth) of the target population, 46% of whom are female.<sup>14</sup> Female participants in the program moved from unskilled to skilled and unpaid to paid occupations, while also reporting enhanced access to credit.<sup>15</sup>

Despite these advances, women in Uganda continue to confront higher rates of poverty and vulnerability, and lower educational achievement than men, as well as considerable barriers to accessing SP.<sup>16,17,18</sup> Existing evidence indicates that SP coverage for women falls short particularly in contexts of poverty and vulnerable employment, where women are over-represented in informal and low-wage employment with minimal or non-existent SP coverage for health insurance, maternity benefits, and pensions.<sup>19</sup> In addition, access to formal credit, land, and productive resources remains lower for women, constraining their ability to benefit from economic growth and social programs.<sup>2</sup> Evidence also points to women's heightened vulnerability due to unpaid care burdens; and gender norms and patriarchal structures further constrain their ability to benefit from existing SP programs.<sup>20</sup>

**6.5%**

*percent of the target population, approximately 245,870 youth, have benefited from the Youth Livelihood Program since its 2014 inception, with 46 percent of beneficiaries being female.*

<sup>14</sup> Ministry of Gender, Labour and Social Development (2021). Summary Update of Youth Livelihood Program Implementation. Ministry of Gender, Labour and Social Development (MGLSD), Uganda.

<sup>15</sup> Bukenya, B., et al. (2019). Do Revolving Funds Generate Self-employment and Increase Incomes for the Poor? Experimental Evidence from Uganda's Youth Livelihood Programme, 3ie Grantee Final Report, International Initiative for Impact Evaluation, New Delhi.

<sup>16</sup> International Monetary Fund. African Dept. (2024). Social and Economic Programs and Gender Inclusion. IMF Staff Country Reports, 2024(291), A003. <https://doi.org/10.5089/9798400289293.002>

<sup>17</sup> 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.

<sup>18</sup> Torsu, A. K. (2024). Ugandan women still face barriers to equality in education, employment, and politics. *Afrobarometer Dispatch No. 854*.

<sup>19</sup> 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).

<sup>20</sup> Devereux, S., & Sabates-Wheeler, R. (2004). Transformative Social Protection. IDS Working Paper 232. Institute of Development Studies.



**75%**

*of micro and small businesses laid off employees, most of whom were women.*

The structural disadvantages facing Ugandan women such as concentration in informal work, limited access to assets, and entrenched gender norms leave them particularly exposed during times of crisis. This underlying vulnerability was pronounced during the COVID-19 pandemic, which amplified existing inequalities and further marginalized women who were already excluded from formal SP mechanisms.<sup>5,21</sup> The pandemic disproportionately affected women in the informal sector through job losses, income insecurity, increased unpaid care work, and heightened exposure to gender-based violence. About 75% of micro and small businesses laid off employees, most of whom were women. Yet, government COVID-19 responses and stimulus packages primarily benefited formal sector workers, while informal women workers were often excluded from support, credit, and business recovery programs.

The persistent gaps between policy intent and lived reality highlight a critical need to understand how SP is experienced by vulnerable Ugandan women. This study seeks to help bridge this knowledge gap by elevating women's voices and insights on current SP initiative to inform ongoing debates about the gender responsiveness and context-appropriateness of Uganda's SP strategies.

<sup>21</sup> 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.

# Methodology

## Study purpose

The purpose of this research study was to explore the attitudes, preferences, and aspirations of marginalized Ugandan women regarding SP programs, as well as their perceptions on how these programs can be better designed and delivered to meet their specific needs. Conducted in two localities in Uganda, the study had three key objectives: 1) elucidate the perceptions, preferences, aspirations, and experiences of marginalized women regarding the design and delivery of SP programs; 2) elicit views of key barriers and facilitators to their participation and access in these programs; and 3)

synthesize the lessons from women's perspectives and preferences for current and future SP efforts in Uganda.

## Study setting and methods

The study was implemented in three purposively selected rural communities in Nakaseke District and two purposively selected urban informal settlements in Kampala. Subsistence farmers, livestock keepers, and small business owners comprise the majority of the population in Nakaseke District. On the other hand, Kampala is an urban settlement where most people work in paid employment or own small businesses.





To investigate individual and community attitudes and goals about SP initiatives, the study used a qualitative cross-sectional research approach. The study population was marginalized women, particularly those living in rural areas, poor single mothers and widows, elderly women, those engaged in informal and vulnerable employment, and unemployed women. Study respondents were selected purposively to ensure inclusion of individuals with specific experience related to SP programs and to capture the voices of under-represented groups. This approach entailed identifying initial respondents who then referred other individuals with similar experiences, helping to reach populations that may otherwise have been difficult to access, such as women with disabilities and those in nomadic or remote settings.

Primary data were collected using focus

group discussions (FGDs) and in-depth interviews (IDIs). A total of 20 FGDs each comprising 7-8 women participants were conducted in local languages. Twenty (20) IDIs with women, including elderly women, married women, young single mothers, women with disabilities, and widows were also conducted to capture individual narratives that provide deeper insights into personal experiences of vulnerable women with SP programs. Both the IDIs and FGDs were conducted in a language most comfortable for the respondents to understand and express themselves.

All interviews and discussions were audio-recorded, transcribed, and translated into English. Field notes were incorporated to capture key insights. Using NVivo, transcripts were coded and analyzed thematically with both deductive (based on study objectives) and inductive (emerging from participant narratives) approaches. The coding framework was refined collaboratively to ensure findings accurately reflected respondents' perspectives and recurring themes. Study approval was obtained from The AIDS Support Organization Research Ethics Committee, and a research permit was secured from the Uganda National Council of Science and Technology.

### Limitations

While this study provides important insights into the preferences and experiences of marginalized women regarding SP in Uganda, it has some limitations. The use of purposive and snowball sampling may have introduced selection bias, as more socially connected women were more likely to participate. The study's focus on two districts may also limit the generalizability of findings.



# Findings

## Knowledge and awareness social protection programs


Women had a high level of awareness of the presence of SP programs in Uganda. Most respondents understood the purpose of SP programs in terms of assisting disadvantaged and marginalized people who would otherwise suffer greatly if they were left on their own. They recognized the importance of SP programs for both their communities and themselves as individuals dealing with severe poverty and restricted access to essential social services and resources.

Two divergent interpretations of SP emerged in the data. One is that SP is a right or an entitlement for vulnerable citizens and the responsibility of government. The other is that SP is more akin to as an act of charity or “favor” from the government or other institutions.

Many women reported knowing about SP programs from different implementers, either benefiting from them or knowing SP beneficiaries within the community. For instance, one Nakaseke-based woman stated, *“I have heard about the parish model, but I haven’t benefited from it.”* A woman in Kampala, referring specifically about some grants shared during the COVID-19 pandemic, stated, *“My sibling received 100,000 [Ugandan shillings] during the pandemic, and she sent me 10,000, which was*

*part of the money, but I didn’t get any from the government.”* Several women also stated that they received free maternal and child health care from the government, or that their children received free education. *“I have been getting free treatment in government hospitals, and I have delivered all my children there from the firstborn to the last ...”* another Kampala-based mother said.

Notably, there were limited reports of having learned about SP programs through formal channels like radio, television, or community events. Instead, most women learned about the SP programs through word of mouth, friends, local politicians, community leaders, program implementers, family members, and their religious communities. One participant shared:



I came to know of PDM [Parish Development Model] and Emyooga through our Nabakyala [woman local leader] who usually tells us about any new programs that come. In case there is a new program, she invites women, and those who turn up are informed about it (Kampala).

Another noted:



I hear a lot about these programs. People talk about them in the community. You just hear about them. I move a lot when I'm looking for money, you know how women issues are. I have not participated, but my friends tell me about them **(Kampala)**.

Another respondent described her encounter:



The mobilizers or delegates came to our homes and the delegate who came to mine explained the program to me. They were focusing on helping the less privileged, such as farmers or those in need, with much emphasis on poultry rearing and farming **(Nakaseke)**.

While aware that SP programs in Uganda seek to support citizens with needs related to health care, household precarity, economic and livelihood shocks, old age, poverty, disability, children's education, and so on, respondents were mostly familiar with government SP initiatives, such as the Social Assistance Grant for Empowerment

(SAGE), Parish Development Model (PDM), COVID-19 relief funds, Emyooga, Universal Primary Education (UPE), Universal Secondary Education (USE), and National Agricultural Advisory Services (NAADs). In addition to these government initiatives, the women identified other SP program implementers in Uganda to include nongovernmental organizations (NGOs) and civil society organizations (CSOs) such as Tusitukirewamu, SACCOs Baylor Uganda, Living Goods, and Rotary Uganda. Many of these NGOs and CSOs were reportedly focusing on economic empowerment, skill acquisition, entrepreneurship, and subsidized health services, including community-based health insurance initiatives such as Muno mu Bulwade. Women interviewed reported that a high number of these non-governmental efforts targeted older women, women in remote and difficult-to-reach areas, women with disabilities, women-headed households, and women with large families.

## Women's experiences accessing SP programs: Barriers and benefits

### *Barriers*

Several women shared accounts of unsuccessful attempts to access, register, or engage in SP programs. One woman in Kampala described her experience applying for the Parish Model, saying, *"I didn't get it, but I was among the people who tried to register."* Yet, another noted hearing a lot about the Uganda Women Entrepreneurship Programme (UWEP) but being unable to join due to her limited social network. She believes she did not get it because she did not have a person to speak to the implementers on her behalf. A Kampala-based woman mentioned hearing a lot about UWEP but being

deterred from registering due to accounts of terrible experiences from people she knew who were participating. In another case, a Nakaseke woman reported, *“I am part of a women’s group and the leader of the PDM has asked us to register...I need the money to boost my business and also because I have children to pay school fees for.”* There was also a Kampala-based woman who reported applying for a program, but then never heard back from the program: *“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.”*

Additionally, respondents mentioned difficulties or unfavorable experiences such as marginalization, corruption, and other unforeseen bad outcomes. Summarizing the viewpoint of multiple other respondents regarding the ambiguity surrounding many of the SP projects, one Nakaseke woman stated: *“We only hear about these programs after they have finished registering the people they want, and people are waiting to get that money.”*

Opaque, unjust, and biased selection procedures were a frequently mentioned issue with the nation’s SP programs. Numerous respondents believed that the nation’s SP programs were poorly managed and marked by favoritism and nepotism, with funds frequently going to people with political or other connections. One woman summarizes it this way:



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]. Even if the president were present, I would say it boldly. If you were to investigate who received it [the SP money], you’d find it’s those people, while some of us missed out. You must beg them for help, yet you still don’t benefit from it **(Kampala)**.

And yet another respondent from Nakaseke noted:



Personally, I have two issues. If they are concerned about the less privileged, I think the government can decide to reach out to them directly and in a better way. But they leave the programs to some people to run them alone and don’t follow up to see whether the person they were targeting got what they were meant to get. I hope they follow up. The money stops at the bosses, and it doesn’t reach us. Those who suffer are there and the ones who benefit are others. The other issue is about school. No one takes their child to school knowing that they are not going to study for free. There are different schools with different school fees. Yet we are told things are free. They are not.

Additionally, some respondents thought that many of the SP programs were hard to get into because of their complicated, onerous standards and lack of transparency. Unofficial fees and bribes were also reportedly frequent at all stages of SP programs that involved cash transfer, with women often forgoing nearly half of their projected income for such payments. Respondents complained about people having to submit a lot of paperwork and not completely comprehending the eligibility requirements or what they were expected to do, for instance in terms of deductions. In the words of one woman from Kampala: *"... 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."* Another participant also explained:



When you listen to the radio, they always announce, "accessing 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 1,000,00/= loan (Nakaseke)



Many respondents said they did not understand registration or application procedures, as well as eligibility criteria for many of the programs, particularly livelihood interventions. Low literacy rates, particularly in rural regions, further barred women who were required to sign documents, present evidence, and submit official applications or completed paperwork. In both Kampala and Nakaseke, women with disabilities frequently reported significant barriers to accessing SP interventions. Health facilities where they might receive free health care were often far from them, and many lacked accessible infrastructure. Additionally, limited mobility and other disability-related limitations hampered their capacity to attend SP program offices or complete registration forms. One respondent in Kampala stated, *“The stairs are not favorable for people with disabilities like us. I stopped using government health institutions, despite their free services.”*

Distance and significant transportation costs were also often cited as barriers to attending SP activities. Long distances from service delivery points (e.g., government offices, health facilities, distribution sites) made it physically challenging for beneficiaries or applicants to access these services. Women described how long distances led them to skip enrollment, miss deadlines, or fail to receive benefits such as food assistance or health care; this, together with high transportation expenses, made SP programs less appealing or viable, particularly for women who had additional caregiver responsibilities, were disabled, or faced financial constraints. The study’s rural women observed that overnight stays

were occasionally necessary for travel to big government hospitals, raising the overall cost of receiving care. Long-distance travel was also reported as difficult for older women, women with ill children, or women with disability or chronic illnesses. One respondent in Nakaseke noted, *“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.”* The long commute to school was also identified as a barrier preventing many children, particularly girls, from benefiting from the free secondary education program: *“The nearest secondary school is very far and that is why many of our children in this community stop at primary level.”* (Nakaseke)

Health and education-related SP projects in the country were largely regarded as poor quality. Public schools were reported as being overcrowded and understaffed, and to frequently demand fees from parents despite being touted as free. In the words of Kampala-based woman, *“... 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.”* Women’s testimonials suggested that public hospitals where women were to get free medical care also often lacked basic supplies, medications and qualified medical staff, and frequently abused women seeking care. One woman recounted her experience:



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 (Kampala).

Women also described the numerous hidden costs embedded in what is meant to be free health care. In Nakaseke, a woman reported:



... there is no medicine in those free health centers. I am a diabetic patient, so every month I go there for checkups and to get medicine. But when I went at the beginning of the month, I didn't get any medication. All of us were told to buy medicine.

Another woman noted:



There are no free services in those government hospitals because you may pay money from the *askari* who guards the hospital up to the doctor who will treat you.... A doctor will openly ask for money, and if you don't have it, you will die... (Kampala).

Respondents also mentioned other issues with SP interventions in the country, such as the exclusion of women from various SP programs due to their age, marital status, or land ownership status. Women noted that the local governance of several SP measures in the country is dominated by men, preventing women from having a say in the design and delivery of programs. Young, unmarried, and widowed women were considered more disadvantaged in programs due to the limited voice they may have in social contexts dominated by traditional male and patriarchal structures.

### *Benefits*

While respondents widely acknowledged that many initiatives were far from perfect, they nonetheless noted that the SP programs alleviate financial burdens on many low-income households, helping them to access health care services including delivery, family planning, surgeries, and immunization services, and supporting children's education for many families and poor households. Many women reported that through participation in some of the SP initiatives, they have learned new trade or business skills, such as tailoring, animal husbandry, weaving, and soap-making, and were now earning their own incomes. Other testimonials suggested that SP programs have supported the respondents to build their savings, enjoy food security, and expand their businesses. Women highlighted education-focused SP initiatives, particularly UPE and USE, as having lowered educational expenditures. One Nakaseke respondent noted that:



I also take my children to UPE and USE schools. One is in secondary and another in primary. I also obtained an education in government schools ...

Describing her personal experience of benefiting from the country's free maternal health scheme, one Kampala-based woman said: *"I have been getting treatment in government hospitals for free, and I have delivered all my children there from the firstborn to the last, all free..."*

Benefits associated with SP health initiatives funded by the government and non-governmental organizations included not just their availability and affordability of care, but also their safety. Safe deliveries were particularly cherished, with one woman in Kampala recalling how, *"When you deliver, they care about you a lot. They give you time"*. Additionally, preventative healthcare practices were found to be advantageous. Respondents reported having free access to HIV/AIDS education and medication, family planning information, mosquito nets, and vaccinations. One Kampala-based respondent admitted that prior to these programs, she knew little about family planning but gained confidence and understanding through health education, highlighting that, *"I did not know much about family planning. They educated us and I learned how they use it. I go there for immunization and to get a family planning injection."* Other

benefits described by women included the provision of prenatal "mama kits," financial stipends during pregnancy, and essential items such as mosquito nets. In the words of a Nakaseke respondent: "Things are for free... the government has saved us from. Most things are free in government hospitals, the medicine, a pregnant woman gets a free mosquito net, mama kit and medicines. When you are sick, you aren't charged fees, they give treatment you".


Free medical camps organized through programs like Tusitukirewamu reportedly brought doctors into poor communities, providing both services and essential health information. There were accounts of outreach to high-risk groups as well, such as when the program identified sex workers and provided them with medication like PEP for HIV prevention. Beyond treatment and material support, women talked about the dignity and fairness they experienced at public facilities, with one expressing appreciation for doctors for managing long patient queues and being respectful to care-seekers:



*"I appreciate them even though I didn't get medicine, but I see how the doctors take care of me, that makes me happy, and they respected people in the queue.... There are other hospitals you go to, and they are selective...you came earlier, but you see them attend to people that arrived later than you. But these ones work with the queue and attend to you based on when you arrived.... They don't bypass people on the line."* (Kampala).

Education-focused SP programs reportedly supported women both as learners and mothers of learners. Respondents spoke of the role of government in reducing school fees. For families with limited means, government fees-free primary and secondary education program meant children could continue going to school, as one respondent in Kampala put it, *“What I see, the good thing is that the fees are little because if it was private the money will be a lot. If not for the government, many kids will be out of school”. Free school meal programs also further reduced household burdens. In the views of one Nakaseke-mother, “The children are also given lunch meals ... I don’t have to worry that I have not given the child money for lunch or break, you are very sure that the child will be given lunch and will study as well.”*

Participation in SP programs also brought less tangible, but equally valued, benefits such as empowerment and social capital for women. Respondents spoke of the knowledge and confidence they gained through regular training and group activities, with one noting:



The other good thing I see, is when you participate in those programs you acquire more knowledge and social capital since you meet different people. They call you and tell you that they are going to train you and you get to know something different that you didn't know and value on yourself (Kampala).

Economic empowerment was also frequently described as a benefit. Women reported that access to capital through programs like the PDM enabled them to invest in or expand their businesses. A respondent from Kampala remarked that *“I benefited from PDM. I used the money to add to my business. I was working so I used the money to add on my capital.”* Accounts from Nakaseke further illustrated how lump-sum grants enabled women to progress their livelihoods, with a respondent detailing how combining PDM support with her group savings allowed her to open a shop noting that, *“With this combined amount, I bought goods and started my shop... the PDM money amount was much better because it was a lump sum that allowed me to make significant progress at once.”* Generally, financial grants and cash transfers to the women translated into greater household security and independence for them as reported below:



My family's life has greatly improved. Previously, I relied solely on my husband's household allowance, ssente za kameza,' which only covered clothing expenses. Now, I have relieved my husband of some financial responsibilities, using my business profits to pay for our house help and the shop assistant. I also support one of our children, ensuring their needs are met, including paying their school fees. I did this to demonstrate my independence and capability in my family, so my husband wouldn't hold me back. Honestly, I use my business profits to pay my rent... (Nakaseke).

Similarly, it was noted:



What I mean is that program has taught us valuable skills like tailoring, hairdressing or vocational training. We have benefited from acquiring these new skills, gaining guidance on how to apply them, and becoming more employable or self-sufficient (Nakaseke).

Responding women acknowledge the importance of SP during crises such as the COVID-19 pandemic. In both Nakaseke and Kampala, respondents described how food aid, cash grants, and other emergency support offered by government and other organizations during the pandemic period enabled them to survive loss of income and ensured food security, as noted below:



For sure that money helped us because we were not working, and we never had necessities at home during that period. Much as the posho and the beans were not nice, but we had nowhere to get other necessities. Like some of us we are the mother and father, and they had chased us from working on the roadside because of curfew, so we used that money to ensure we get like sugar, soap, and salt so that money helped us in that way (Kampala).



I was happy because I got what I wasn't expecting. I became comfortable because I got food which lasted for some good time. I got food at the time I needed it most and as it was getting done, they also gave 100,000. I was very happy. [The food] really lasted for some time because I had to manage it sparingly because you would not have where to get another one (Nakaseke).

Social protection benefits also reached women in particularly vulnerable situations including older persons, people with disabilities, and vulnerable households. Beneficiaries used glowing words to describe the impact of receiving cash transfers such as SAGE, free medication for chronic conditions, and targeted outreach for conditions like HIV, diabetes, and other old age illnesses. Respondents noted:



The ones who benefit from [free government programs] mostly are AIDs patients, pressure patients, diabetes, and those old-age diseases. For those, the medicine is always there. Even if you are in a queue as a blood pressure patient, they tell you to get ahead just like that they get helped (Kampala).



There are programs for the elderly, for people who were sick, and for very poor people. Some of the programs give money, some give food and other things and there was also free medical care for many people. People started small businesses in my community because of the grants they received (Nakaseke).

## Aspirations for improved social protection programs

Overall, women said they would like to see more equitable, inclusive, and transparent initiatives. They also advocated for improved government attention to the quality and delivery of state social protection programs, as well as active participation of local women and communities in the formulation and design of programs for vulnerable people. Women emphasized equity and fairness as ideals that were lacking in Ugandan SP programs.

Respondents emphasized the importance of implementers considering the unique obstacles and hurdles that different categories of women may experience in accessing programs. In both the FGDs and the IDIs, the need for customized training opportunities emerged as a theme to ensure that various categories of women could participate in interventions that address their particular issues. Many women noted that interventions should also be prioritized to reach those who need them the most rather than the current model of having benefits spread uniformly.

Similarly, several women noted unintended discrimination in programs that fail to consider

the context of potential beneficiaries. For example, a respondent in Nakaseke observed that differences between urban and rural areas in Uganda may result in a higher burden for certain women solely because of where they live: *“The hospital and school may be present in rural areas, but they are not as close to us as in urban areas. We have to travel far to use them.”* And a woman with a disability noted: *“They sometimes require disabled people like me to travel to the office to fill out a form.”* And another Kampala-based respondent with a disability stated, *“Even those hospitals were not built with us in mind. How will I use those stairs? So, we can’t go there for free health care.”* In general, respondents felt that equity- and fairness-focused SP programs will ensure geographic access, encourage participation from diverse groups of women in program design, monitoring, and evaluation, and foster trust and legitimacy. This would lead to programs that are responsive to the real needs of women and are not excessively burdening the poor by exposing them to unforeseen expenditures associated with program participation.

Participants also desired the country’s SP programs to have clearly specified and simplified eligibility requirements, recruitment strategies, grievance processes, and transparent allocation systems. Existing SP initiatives were often criticized as having unclear criteria and cumbersome eligibility mechanisms. Many women felt that SP programs’ ambiguities opened the door for corruption, problems around selection and access, and hindered women’s access to complaint-filing systems. Respondents noted that SP programs with clear, simple, and transparent requirements and processes will ensure that only the intended beneficiaries (e.g., vulnerable groups such as older people, persons with disabilities,

and the poor) receive assistance, address inclusion and exclusion issues, improve the fairness and effectiveness of social programs, and foster public trust and confidence in the system. One woman cited programs' process of identity verification as one that could easily be streamlined and less exclusionary with the following point:



If you investigate, most people don't have national IDs. They have lost them. But many of the programs still insist on those IDs. And it can take you months to replace national IDs. But they know that there are other ways to know genuine people without IDs in the village (Nakaseke).

A clear process for expressing and addressing grievances was also suggested to give a conduit for complaints, appeals, and feedback from beneficiaries and the public, and to promote accountability by identifying and resolving issues such as unlawful exclusion. One participant emphasized the importance of programs having clearer and more contextually grounded strategies for identifying beneficiaries:



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 (Kampala).

Respondents emphasized the importance of strong accountability measures to prevent corruption and ensure ethical program

implementation. They advocated stringent disciplinary action, including the removal of corrupt officials and the formation of independent bodies. These efforts were seen as critical steps toward re-establishing confidence and improving the effectiveness of SP programs. One of the Kampala respondents said: *"Such people [corrupt officials] should be given a heavy punishment that would deter others from doing the same."* Women advocated for increased and regular monitoring of programs through field visits, community follow-ups, and direct feedback platforms (such as helplines) to promote and sustain community engagement in SP initiatives. Program monitoring techniques that involve direct or firsthand field interaction were preferred over bureaucratic reporting. According to respondents, such techniques would help highlight implementation issues and provide beneficiaries with a voice. *"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 in Nakaseke. Another suggestion was to *"...set up a helpline so that in the event that any medical provider requests a bribe... For example, if I have come to give birth, you might not see me after the delivery, thus I have the right to report you by calling the helpline after I'm discharged."* (Kampala)

In addition to calling for additional skills training as a top priority for improving the effectiveness of SP programs, respondents indicated that cash and asset transfer SP programs in the country particularly need to have a robust training component to support beneficiaries to manage and invest resources effectively. There were also considerable

demands for better service delivery in both the health and education sectors as part of SP initiatives. Respondents recognized the urgent need for health-focused SP interventions to assure consistent drug/medication supply to facilities, better-equipped facilities, more qualified and ethical practitioners, and more frequent outreach health services. In the education sector, women called for improved infrastructure, well-supported teachers, and adequate learning materials to enhance learning outcomes for children from low-income families. As one respondent noted:



For these government hospitals where you usually go and get free treatment, they should add more medicine and delivery wards... they also need more beds. I was at one of those facilities to give birth and no bed could be found for me. I had to take a long time to give birth. I don't know what's there now. Facilities need more beds and medical equipment (Kampala).

And yet another suggested:



They should bring treatment for all diseases because people are different. For example, there is a person who gets sick and doesn't want to go to the hospital. So, if they find a camp near where they are treating, it becomes easy for them. They should add medical services instead of just HIV and family planning (Nakaseke).

Additional suggestions for improving the country's SP programs included making them more professionally run with more defined goals; better communication of SP programs for increased beneficiary engagement; larger funding, grants, or loans to enable beneficiaries to make meaningful investments; and more predictability regarding the frequency of SP support. In general, the research participants recognized the need for increased governmental involvement and action in resolving the challenges of present SP programs, as powerfully articulated by this woman from Nakaseke:



For example, during census, they go door to door and reach everybody. Why don't they move door to door for social protection programs? They can do that. If it is preventing people from stealing money, they can still do it. At times, the government focuses on things that are not important and leaves out what is important. We hear health workers complaining that they are not paid ...then you hear government putting money in other programs and don't care about programs that help. I would focus on what is most important. That's what I hope our government can do.



# DISCUSSION AND CONCLUSIONS

This study explored the awareness and perspectives of vulnerable Ugandan women regarding the country's SP programs as well as their preferences and aspirations for how these programs could be administered for improved relevance. The aim is to elevate women's voices to inform ongoing debates about the gender-responsiveness and context-appropriateness of Ugandan SP strategies and initiatives, and to encourage consideration of the aspirations and sensitivities of intended beneficiaries in SP programs' design and implementation to optimize their relevance and effectiveness.

Study findings indicate a generally high level of awareness about SP programs, and a recognition of the role of these programs in supporting marginalized women. Most women learned about SP initiatives informally—through friends, local leaders, or word of mouth—rather than through formal channels. While many respondents benefited from programs like SAGE, PDM, UPE and USE, and NGO-led schemes, their understanding of program details and access processes was often incomplete or secondhand. Respondents described SP as both a right and a charitable favor, illustrating the ways SP programs are understood.

Women's experiences with SP programs were mixed. Many women in the study benefited from free or enhanced access to health care, education, and economic opportunities, citing increased ability to satisfy basic requirements, receive medical treatment, and support their children's education. Participation in SP programs also increased feelings of dignity and respect, as women described fair and nondiscriminatory treatment at public health facilities, as well as the convenience of flexible payments for school costs outreaches, such as

medical camps and focused support for high-risk groups including sex workers, pregnant women, and HIV/AIDS patients, were noted to have increased access and provided advantages like vaccines, mother kits, and financial stipends. In addition to learning new skills and participating in group training that increased confidence and social capital, some women were able to start or expand small businesses, increasing their income and food security. Notably, SP was also vital during disasters like the COVID-19 epidemic, when food and cash aid provided women with respite and a sense of security.

Quality concerns were common in health and education-related SP programs. Public schools, though nominally free, were often overcrowded, understaffed and still demanded fees, deterring some families from enrolling their children. Similarly, public hospitals frequently lacked essential medicines, equipment, and qualified staff, and some women reported neglect and abuse when seeking care. Inadequate infrastructure and exclusionary eligibility criteria further limited access for vulnerable groups,

Women expressed a desire for more equitable, inclusive, and transparent SP systems. They called for government attention to improving program quality and delivery, for active participation of women and communities in program design, and for prioritization of resources for those most in need. Simplified eligibility, transparent allocation, accessible complaint mechanisms, and accountability were widely recommended. Skills training and better service delivery in health and education were also deemed important, alongside more predictable funding and greater government involvement to address persistent gaps in SP provision.

# Recommendations

This study demonstrates that while SP programs in Uganda have provided meaningful benefits to many women, significant barriers persist. The women respondents emphasized the need for equitable, transparent, participatory SP systems that are responsive to a diversity of contexts. To advance toward a more inclusive and effective SP system, Uganda should:

**Prioritize inclusive and gender-sensitive SP programs** by revising and simplifying eligibility criteria to explicitly include vulnerable women—especially single mothers, landless or disabled women, or those engaged in informal work—and by developing intersectional approaches that consider rural–urban disparities. SP policies should be paired with measures like land reform, gender budgeting, accountability, and public sensitization to effectively reduce gender disparities.<sup>22</sup>

**Strengthen community-based and participatory approaches** by involving local councils, women’s groups, and community leaders in identifying eligible beneficiaries and monitoring program implementation, while also formalizing feedback mechanisms to enable real-time reporting of corruption, exclusion, and service delivery gaps.

**Improve transparency and accountability** by institutionalizing clear guidelines for program enrollment and benefit distribution, making this information publicly available in local languages and through accessible channels, and enforcing anti-corruption measures for misuse of public funds.

**Enhance information dissemination**

**and financial literacy** through diverse communication platforms, including local radio, Village Health Teams, and community dialogues to improve awareness and understanding of SP programs, while also providing financial literacy and orientation sessions, especially for new beneficiaries.

**Invest in service quality and infrastructure** to ensure the consistent availability of medicines, qualified personnel, and adequate infrastructure in health and education sectors, including new facility construction and service expansion in rural areas.

**Leverage technology for efficiency and inclusion** through digital tools such as biometric registration and mobile money transfers to reduce fraud and streamline access, and by ensuring technology-based systems are inclusive and supported with user training, particularly for women with low literacy.

**Integrate SP programs with broader economic development strategies** by linking SP beneficiaries to market access initiatives, cooperative formation, and value addition chains alongside coordinating SP with national employment and agricultural strategies to promote long-term economic resilience.

**Ensure long-term financing and fiscal sustainability** through diverse government revenue streams and public-private partnerships to fund SP programs, while also strengthening budget transparency and ensuring that SP funding is protected from political interference.

<sup>22</sup> Del Ninno, C., et al. (2016). Social Protection Programs for Africa’s Drylands. Washington, DC: World Bank Group.

**ICRW Africa Regional Office (Kenya)**

Vienna Court, Fourth Floor, State House  
Crescent, Nairobi, Kenya  
P.O. Box 44168 – 00100 Nairobi, Kenya

**Phone numbers:** +254) 769 060 463 / 785 048 377

**Email:** [info.kenya@icrw.org](mailto:info.kenya@icrw.org)

**ICRW Africa Office (Uganda)**

1st Floor, S&L Chambers, Plot 14 Mackinnon  
Road, Nakasero – Kampala, Uganda  
P.O. Box 131136, Kampala, Uganda

**Phone Number:** +256) 760 004 478

**Email:** [info.uganda@icrw.org](mailto:info.uganda@icrw.org)

**website:** [www.icrw.org](http://www.icrw.org)