



## Infrastructural gaps in Social Protection and Care Institutions in Uganda: What should be done?

### Overview

Social protection requires public and private interventions to address risks and vulnerabilities that expose individuals to income insecurity and social deprivation, leading to an undignified life (MGLSD, 2015).

There is a growing recognition of social protection as an essential component of national poverty reduction and development strategies worldwide. Thus, an increasing number of social protection initiatives aim to institutionalise systems that guarantee assistance for the very poor and protect the vulnerable from livelihood risks and social discrimination.

The United Nations Agenda 2030 has a holistic approach to achieving social protection for all, while the Uganda Vision 2040 and the third National Development Plan (NDP-III) prioritize the importance of social protection to address vulnerabilities.

To this end, the Ministry of Gender, Labour and Social Development (MGLSD) is committed to provision of social protection and care services to key categories of vulnerable persons including: women, children, youths, disabled and older persons through a number of initiatives, such as provision of rehabilitation centers, youth training centers, and remand homes, among others.

Despite the government's increased response to addressing social protection issues, a number of challenges persist which include but are not limited to inadequate and dilapidated infrastructure, and low investment in social protection systems.

The Annual Statistical Report on Remand Homes, Rehabilitation and Reception Centres for FY 2017/18 reported that the homes lacked several amenities including: proper sanitation facilities, adequate water and medical facilities, and they were generally overcrowded.

This briefing paper, therefore, highlights key infrastructural challenges within public social protection and care institutions, and proposes strategies for improvement.

### Key Issues

- Vulnerable groups such as Persons with Disability (PWDs), children, and older persons among others live in dilapidated unhygienic structures.
- Limited prioritization of infrastructure for social protection under the Human Capital Development Programme budget.

### Introduction

The Ministry of Gender, Labour and Social Development (MGLSD) has the statutory mandate to provide social protection and care services to key categories of vulnerable persons including women, children, youths, disabled and older persons among others. The mandate is strengthened by several legal instruments such as the National Social Protection Policy, 2015, which recognises that provision of social protection to the vulnerable either by age, social class, location, disability, gender, is a critical pre-requisite to achieving national development goals.

In 2021, Uganda's population was estimated at 47.12 million people. The PWDs account for 12.5%, the youth 77%, the children 46% and the older persons constitute 4.3%. According to the National Survey on Violence in Uganda (2020), 95% of all women have experienced physical or sexual violence, or both, by partners or non-partners, since the age of 15 years. This shows the urgent need for specific services to cater for part of the population. The MGLSD provides care, protection, rehabilitation and

empowerment to these categories through its institutions that include: Remand Homes (RH), Rehabilitation Centres (RHC), Reception Centre and Youth Skills Centres (YSC), Gender Based Violence (GBV) Shelters and one home for the elderly.

### Status of the social protection institutions:

Currently, there are eight remand homes with seven being operational, one national rehabilitation centre, one reception centre, 20 GBV shelters and one home for the elderly and needy persons. The holding capacity of the different institutions varied at the time of establishment. Fourteen institutions were established between the 1950s and 1980s (*details in table 1*). Whereas some of them have had minor renovations over the years, most have never been rehabilitated/renovated except for Gulu and Arua Remand Homes set up in 2009 and 2014

respectively. Therefore, the centres are dilapidated, unhygienic and not suitable to accord children and older people a dignified life. During the annual monitoring exercise for Financial Year (FY) 2021/22, the most dilapidated structures were observed in Mpumudde RHC, Kampiringisa NRH, Lweza RHC, Jinja Home for the Elderly and Needy Persons, Kireka RHC, and Fort Portal RH with hazardous asbestos roofs exposing the residents to future health complications.



L-R: Staff house at Mpumudde RHC and a pit latrine at Jinja Home for the Elderly and Needy Persons

**Table 1: Status and capacity of the social protection and care institutions by 30<sup>th</sup> June 2022**

S/N	Institution	Year of Establishment	Bed Capacity	Status
1	Kampiringisa National RHC	1952	300	Partially refurbished in 2021. New kitchen and pit latrine constructed. Dilapidated structures with asbestos roofs.
3	Mbale RH	1959	45	Renovated the kitchen, and staff houses in 2019. Currently small to accommodate the increasing numbers. <b>(52 juveniles)</b>
4	Kabale RH	2015	120	A new site was set up in 2018.
5	Naguru RC	1959	30	Dilapidated structures and currently small to accommodate the increasing numbers. <b>(82 children)</b>
6	Naguru RH	1954	120	Inadequate space to accommodate the increasing numbers. <b>(239 juveniles)</b>
7	Gulu RH	2009	50	Inadequate space to accommodate the increasing numbers. <b>(164 juveniles)</b>
8	Arua RH	2014	70	Dilapidated dormitories.
9	Masindi RH	1999	85	New site set up 2020. <b>(64 juveniles)</b>
10	Ruti RHC (Mbarara)	1968	100	Partially renovated in 2017. <b>(56 PWD learners)</b>
11	Fort Portal RH	1975	45	Partially renovated in 2017. Asbestos on staff quarters, boys' dormitory.
12	Moroto RH	2020	N/A	Under construction.
13	Jinja Home for the Elderly and Needy	1973	60	All structures still have asbestos roofs.
14	Ntawo YSC (Mukono)	1962	300	Partially renovated in 1997.
15	Mpumudde RHC (Jinja)	1971	50	All structures still have asbestos roofs.
16	Koblin YSC (Napak)	1977	240	Partially renovated in 2015.
17	Ocoko RHC (Arua)	1968	50	Partially renovated in 2002 by the Uganda Society for Disabled Children.



18	Lweza RHC	1970	50	Partially refurbishment in 2021.
19	Mubuku YSC -Kasese	1966	N/A	2021/22 partial renovations.
20	Kireka RHC	1968	60	Painting of some structures, construction of staff houses, girls' dormitory, and 3 VIP latrines.

*Source: BMAU Annual Field Findings 2021/22*

All social protection and care institutions are regional centres that cater for neighbouring districts, except for the two that are national: Kampiringisa National Rehabilitation Centre, Naguru RC, and Jinja Home for the Elderly and Needy Persons.

The institutions like Naguru RH, Kampiringisa and Mbale RH were characterized by overcrowding (**Table 1**) leading to unhygienic conditions. The National Scoping Study on Appropriate Juvenile Justice Models for Uganda (2017) indicated that the numbers of children offending the law are overwhelming and supersede the existing required structures. Inadequate space further limited the uptake of beneficiaries at the RHCs because selection depended on the available space. At Kireka RHC, 150 PWDs applied but only 60 could be accommodated. The rest were kept on the waiting list for the next intake and were told to stay at home.

**Staffing at the social protection and care institutions:** Staffing gaps ranging between four (4) to 18 qualified staff and affected services were encountered at the different institutions. This affected delivery of services that included: psychosocial support, medical care, attainment of skills, and security among others. The institutions mainly depended on volunteers. As was the case for the Jinja Home for the Elderly where all the workers were volunteers. All institutions lacked a nurse except for Naguru RH where the Nursing Officer is paid by a nongovernmental organisation, while Mpumudde RHC lacked a matron yet the institution only had female learners. Other key positions that were not filled at the various facilities were:

Assistant probation officers, nurses, kitchen attendants, askaris, social workers, instructors, senior records assistants, senior stores officers, assistant caterers, office typists, and cleaners. this further meant a heavy workload for the available staff.

**Funding for social development:** The remand homes are meant to be regional centres. However, due to the meagre funding that is routinely allocated for social development, very little development and rehabilitation can be done. Funding for social development, as a percentage of the National Budget, has remained below 1% and continued to decline over the last four FYs (**Table 2**). This partly contributes to the dilapidated state alongside other factors like less prioritization, which has also made it difficult for the institutions to adequately care for the beneficiaries. Even with the transition to programmes, there has not been any change in the funding.

**Table 2: Disbursements to the Social Development Sector/Sub-programme between FY2018-22**

FY	2018/19	2019/20	2020/21	2021/22
Social Dev't (Ug shs bn)	218.22	221.35	187.41	215.943
National Budget (Ug shs bn)	32,702	40,487	45,493	44,714
% share of budget	0.67	0.55	0.41	0.48

*Source: Approved Budget Estimates FY 2018/19-2021/22*

**Utilization of GBV Shelters:** The MGLSD has the oversight role to coordinate local governments (LGs) and civil society organisations (CSOs) that manage GBV shelters. Of the 20 GBV shelters, 18 were functional and the two were under



construction. The shelters were designed to rehabilitate women who report GBV cases by providing services that included but were not limited to counselling, psychological support and mediation. However, the decrease in donor funding affected the management of all the shelters resulting in many scaling down services and operating as reception centres except one in Jinja District which could still accommodate the survivors. Similarly, radio talk shows and community sensitizations on positive social norms were also scaled down and carried out in circumstances when a survivor was to be resettled hence the underutilization of the shelters.

**Accessibility by beneficiaries to the institutions:** Uganda has several laws on accessibility by PWDs and these include - the Persons with Disabilities Act (2006) and National Policy on Disability (2006) which emphasise the need to have an accessible physical environment. Despite the legal provisions, most social protection and care institutions in Uganda lack PWD assistive accessories and are therefore not easily accessible by PWDs.



**L-R: A learner crawling to the classroom, and the toilet used by PWDs at Ocoko RHC in Arua District**

For example, most institutions lack ramps and the environments have marram access roads which hamper the usage of wheelchairs, especially during the rainy season. Even with the new construction like at Mubuku YSC, there were no ramps to access the new classroom block and the VIP latrine.

## Conclusion

The vulnerable groups remain largely under prioritized as evidenced by the inadequate social protection institutions. Limited funding has persisted. As such, there is a need to redistribute funds within the Human Capital Development (HCD) Programme to ensure that vulnerable groups are catered for. Budgeting under the HCD Programme should sufficiently consider the vulnerable groups with emphasis placed on addressing infrastructure and staffing constraints.

## Challenges

1. Inadequate budget to provide sufficient and accessible social protection institutions.
2. Inadequate staffing for the institutions.

## Recommendations

1. The HCD Programme Working Group should prioritize funding for social protection institutions.
2. The MGLSD should collaborate with the Ministry of Public Service to recruit the required personnel to fill the human resource gap.

## References

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