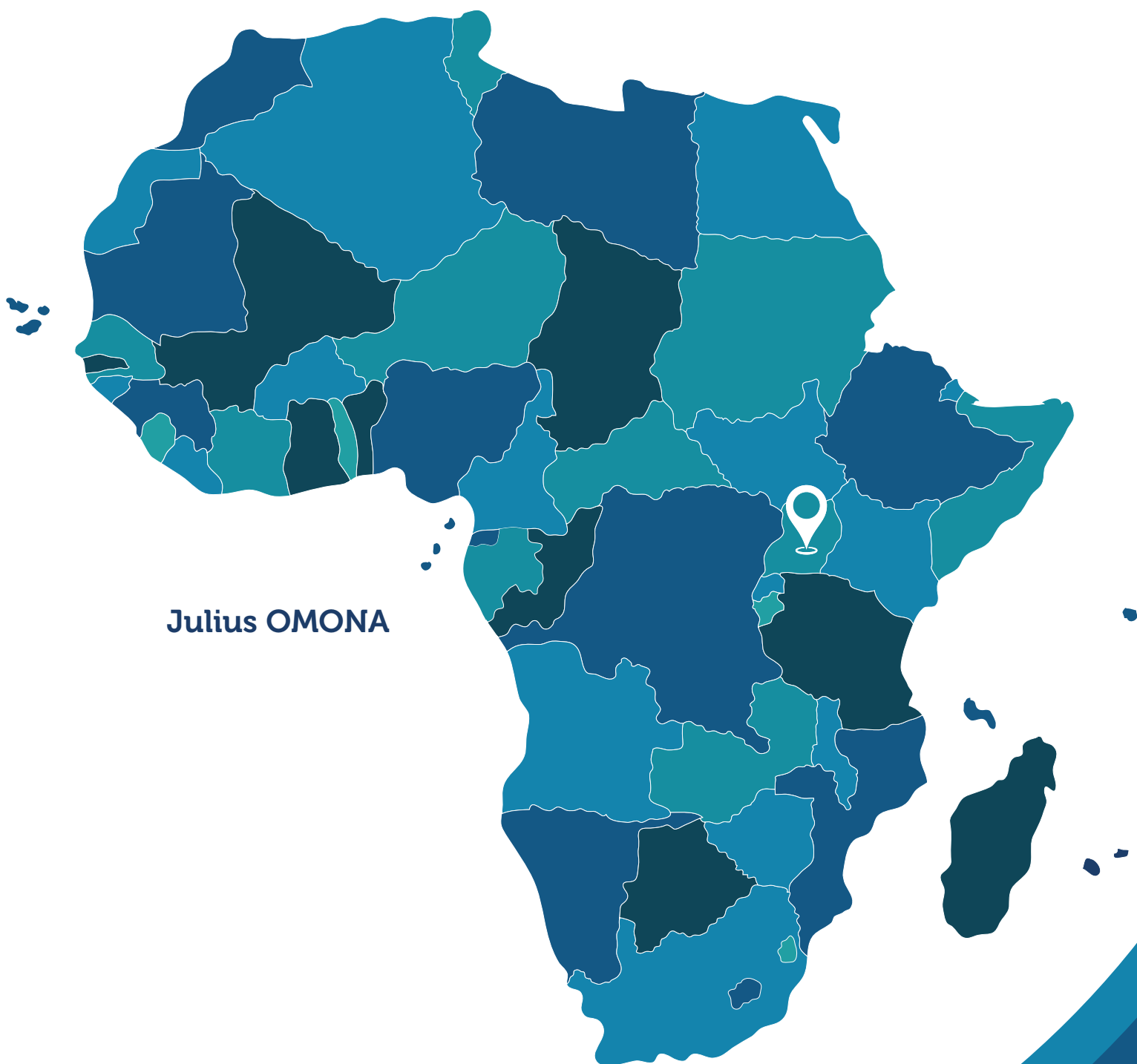


Africa's Social Policy Trajectories

Uganda



Julius OMONA

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Abstract

The research was undertaken to establish the trajectories of social policies in the education; health; work and employment; and water, sanitation and hygiene in Uganda. This is because there is a dearth of empirical evidence on these policy domains since colonial time, yet these are the sectors which have significant effects on social development. Unfortunately, over time, social policies have been largely marginalised in the development process, yet the COVID-19 era has demonstrated that social policies can be relied on to leverage gender transformational development. The research was qualitative and relied on the analysis of archival sources, and past and existing policies. Key informant interviews were also conducted with respondents in those sectors. The analysis was periodised as follows: 1940-61, 1962-80, 1981-2000, 2001-2018 and 2019 to the present day. The analysis focused on the policy contexts, contents, actors and processes. Other areas covered in the analysis are the policy outcomes (equity, access, equality and human rights); opportunities; challenges; conceptualisation of social policies; interaction of social policies and economic policies; implications for social policy for certain particular groups of people; dominant underpinnings of social policies, features and instruments; the interface between the state, the market and institutions; and the influence of COVID-19 on existing social policies. The findings indicate that the policies are underpinned by these variables: the contexts (socio-economic and political), contents (policy focus and priorities), actors (the state, market and the community), including international actors. The effects of the policies varied according to the period. They have been more positive and transformational from 2000 after policies were put in place to address the negative impact of the SAP, and with the period witnessing much government commitment in addressing poverty in the country and the involvement of the global community through the MDGs and subsequently the SDGs. They were mainly negative during the Amin's repressive and economic war period when the Asians were expelled from the country. Generally, the trajectory has been oscillatory and largely upward after 2000. It has also been established that the triad of the state, market and community is significant in social policy development and a strong state is key in the policymaking and implementation processes. Though achievements have been noted in recent years, still much more need to be done to improve on the social development indicators, given the relatively unfavourable Gender Development Index (0.878) and Gender Inequality Index (0.522) by 2018. Though poverty has declined since colonial time, the Gini coefficient of 0.37 is still not in favour of women. To ensure a gender transformative post Covid-19 social policy, it is recommended that the government should, among other things, show political commitment by appropriating budgeting to these sectors, improve on governance, prioritise investment in rural transformation where women are the majority, maintain the global partnerships with the global values, and ensure that the policymaking process is inclusive and targets growth with redistribution.

Keywords: Social policy, education, health, employment, water, hygiene, sanitation

1.0 INTRODUCTION

This research was conducted with the technical support from the Institute of African Studies, University of Ghana, with funding support from the Open Society Institutes of Africa. This is part of a multi-country research conducted under the broad research entitled GETSPA (Gender Equitable and Transformative Social Policies in Post-COVID-19 Africa) that has investigated key research questions of the project on social policies in Uganda since the late colonial period. This is a response to the realisation that social policies in Africa had for long been relegated to the role of residual category in policymaking, yet the COVID-19 experience has indicated that during crisis, social policies have been relied on for improving human welfare, not only in Africa but in the rest of the world. Accordingly, this research in Uganda focuses on four broad sectors: Education; Work and Employment; Health; and Water, Hygiene and Sanitation because they form the basis for social development in Uganda from the colonial times and provide the broadest transformative and intrinsic effects on the economy and livelihoods, including gender issues. Education (primary level), health (basic) and social protection have, in particular, formed the basis of social policy conceptualisation in Uganda during the colonial times and the early years after independence. But from 2000 onwards, the conceptualisation broadened as a result of global influence through the MDGs and SDGs. Accordingly, social policy is broadly defined in this research to include work and employment and water, hygiene and sanitation because of their transformative effects over time. For the sake of analysis, the periodisation is, thus: 1940-1961, 1962-1980, 1981-2000, 2001-2018 and 2019 to the present.

1.1 The Problem of Social Policies in Uganda

Since independence in 1962 and under varying political ideologies, Uganda planned to confront the triad problems of poverty, disease and ignorance through a myriad of social policies in education, health, poverty alleviation strategies and social protection. The key ideological regimes since independence can be characterised in these post-independence periods: 1962-1970, 1971-1979, 1980-1985 and 1986-today, ruled by Obote 1, Amin, Obote 2 and Museveni, respectively. For most of Uganda's post-colonial period, the developmental trajectory was largely inspired by colonial British policy (Seekings, 2013), which focused primarily on agricultural development. The care for, and assistance to, the poor, and the vulnerable such as the orphans, people with disabilities, the elderly, those with chronic diseases, the unemployed, youth and women, therefore, continued to be seen as the responsibility of kin and community, best supported by improving rural livelihoods. The immediate post-independence Uganda up to the 1980s witnessed a period of nationalistic discourse characterised by prioritising economic growth and national unity. Since Museveni took power in 1986, Uganda has mostly pursued a market-friendly and economic growth development policy (neoliberalism).

The mid-1990s to the early/mid-2000s is often referred to as 'the poverty alleviation era' when poverty featured prominently in national development thinking. This was the decade when social policy generally returned to the global attention in the 1990s after decades of marginalisation in the structural adjustment years in Uganda, just as it was in much of Africa. However, besides its tradition of focusing on health and education, it returned with a narrower conception as social protection. In the initial years of the Museveni government, social protection was almost conspicuously absent from the first two Poverty Eradication Action Plans (PEAPs) 1997 and 2000, but it, at least, attracted some attention in

the second revised PEAP, produced in 2004 (GoU, 2004). It recognised social protection as a cross-cutting intervention to help address risks and vulnerabilities and prevent the vulnerable and poor people from sinking deeper into poverty (MFPED, 2004). The non-contributory social assistance in the form of cash transfers has not traditionally played a significant role in Ugandan development and poverty reduction policy, with policymakers tending to focus on economic growth as an engine of prosperity, with opponents seeing cash transfers as unaffordable and counter-productive ‘hand-outs’ that create undue dependency on the state and discourage potential productive work (Grebe & Mubiru, 2014).

From the early 2000s, stakeholders promoted cash transfers with limited success. But after 2006, systematic promotion of cash transfers started to bear fruit, and from 2010, a largely donor-funded cash transfer pilot scheme known as the Social Assistance Grants for Empowerment (SAGE) programme was implemented. Subsequently, some of the obstacles to the earlier implementation of cash transfers have been overcome by the promulgation of Social Protection Policy in 2015 (GoU, 2015a). Despite the implementation of social protection policy and other policies, poverty and vulnerability continue to affect large sections of society with serious implications on Uganda’s growth and prosperity. The poverty and inequality statistics are still alarming, but not surprising (Oxfam, 2017). The poverty and inequality situation in Uganda echoes the biblical truism (Mathew 13:12) that ‘Whoever has will be given more, and they will have an abundance. Whoever does not have, even what they have will be taken from them’. COVID-19 brought in its wake challenges in several social policy areas such as employment, education, housing and health. Yet responses from governments, guided largely by social protection ideas, have focused on issues such as food distribution and cash transfers for poor households and support for businesses. Such issues have been riddled with complaints of poor quality, limited scope and geographical coverage because of corruption that is reported to undermine equitable response to the pandemic. COVID-19 has also suddenly brought into focus gender segmentation of paid work and the burdens of reproductive and unpaid care work for women.

Despite the aforementioned government efforts, what Uganda dismally lacked was a systematic and empirical analysis of the trajectories of education, health, employment and water and sanitation within the wider political economy and global dynamics from colonial times, including the challenges, processes and outcomes and gender issues. Most importantly, for Uganda to consolidate and build on the successes of the past two decades, transformative social policy responses and approaches are required. These are the gaps identified and recommended in this current project to enable Uganda to achieve the social aspects of the SDGs 2030 and to become a middle-income country by 2025, as well as a modern and prosperous country by 2040, as per the country’s vision.

1.2 Research Goal, Objectives and Questions

The overall goal of this project is the transformation of the discourses, approaches to, and cultures of, social policymaking and implementation to establish Gender-Equitable and Transformative Social Policy approaches in Uganda. The objectives of the project are to: map out the current social policy landscape and its elements, opportunities and challenges; identify positive approaches to social policy in Uganda, explaining why and how they work and their potential for replication; understand the interface between social and economic policies in Uganda; and design a framework for a reorientation of post-COVID-19 social policy.

The research questions are as follows: How has social policy been conceptualised and framed in different time periods since the colonial period? Specifically, what issues have been prioritised and how has this changed over time? Which social policies have been most pivotal in the trajectory of Uganda, and why? What explains the social policy choices that have been made and how these policy trajectories have evolved over time? What is the current state of social policy and what are its dominant underpinnings, features and instruments? How do they address the key functions of social policy i.e., production, social reproduction and reproduction of the care economy, redistribution, protection and social integration? How do social policies interact and interface with economic policies? How do social policies currently conceive the role of state, market and societal institutions? What are the implications of social policy for particular social groups and for inequalities of gender, class and space and for economic and social development? How has COVID-19 influenced the current state of social policy, and which of these influences is likely to be lasting and promising for the transformation of social policy? What recommendations for change arise from the current state of social policy and its implications?

1.3 Theories, Concepts and Methods

Theoretical underpinnings

Social policy is anchored on many theories, however, the following are more relevant to the current research in the context of Uganda: industrialisation/social change, cultural framing/ideational perspective and social justice.

Industrialisation and Social Change

Economic progress and social change resulted in several challenges to human wellbeing, forcing policymakers to introduce social policies. According to Petras (2008), the expansion of capitalism, for instance, ushered in a profound transformation in many parts of Third World countries to the extent that those most affected by Western capitalism have had a different level of social impact, depending on the stage of their development that needed social policies to respond to them. Since the industrial revolution in the 18th century, many parts of the world that experienced industrialisation have had its profound effects. For example, in Europe, people moved on a large scale from cottage industries to factory work. Child labour emerged in factories as a result of employment of children as cheap labour. Women and children dominated many factory settings because they provided cheap labour. Due to low pay, factory workers remained in poverty, while the factory owners remained wealthy. This led to the rise of Labour Unions that began to press for reforms through collective bargaining and strikes. The pressure led to the emergence of social policies in respect of working conditions, pay, labour rights etc., to deal with market failures (ECLAC, 2009).

Wilensky (1976) contends that the economic growth (due to industrialisation) and its demographic and bureaucratic outcomes (i.e., social change) are the root cause of the emergence of the welfare state. He emphasises that there is a strong correlation between gross national product (GNP) and the social security spending as a proportion of the GNP, confirming that economic growth is the ultimate cause of the development of the welfare state, as a responsible and accountable state should respond to the undesirable social effects of development, such as inequality, pollution and urbanisation. Uganda is still developing, and industrialisation is one of the strategies for economic growth towards achieving the global agenda 2030, middle income status by 2025, and the national Vision 2040. This theory is, thus,

relevant in this research because it is in such an emerging industrial context that a social policy could interface with economic policy to address the negative effects of industrialisation.

Cultural Framing/Ideational Perspective

It has been established for a long time that cultural framing is a bridging concept between cognition and culture (Gamson et al., 1992: 384). There are various theoretical models that explain the framing effect: cognitive theories, prospect theories and motivational theories (Chong & Druckman, 2007). Ideational/cultural framing revolves around understanding the unspoken systems of meaning at play in affecting our attitudes, behaviour and decisions. Understanding cultural context in the policy realm is important because it helps us to uncover deeper insights and, thus, come out with relevant social policies. This is because culture is seen as a primary base to constitute knowledge, meaning and comprehension of the world outside (Hall, 1997). It is acknowledged that a shared repertoire of frames in culture provides the linkage between the values and the ensuing policies that are crafted thereafter. These values could influence our day-to-day attitudes, behaviours and beliefs. Evolution of modern social policies emanates from narratives and discourses about national cultural values (Levine, 1988); therefore, the adoption of social policy is perceived as a manifestation of broad national social and economic values.

Social Justice Theory

Rawls' (1999) theory of justice is conceptualised as 'justice and fairness'. Social justice refers to a political and philosophical theory that focuses on the concept of fairness between individuals in society and equal access to opportunities, wealth and social privileges. The central ideas and aims of this conception are perceived as those of a philosophical conception for a constitutional democracy. In this case, Rawls (1999) opines that justice and fairness should be seen as useful and reasonable, even if not fully convincing to a range of thoughtful political opinions; it, therefore, must be regarded as an essential part of the common core of the democratic tradition. According to Rawls' (1999) argument, a convincing account of basic rights and liberties, as priority, should be the first objective of justice and fairness. To Rawls (1999), a second objective is to integrate that account with an understanding of democratic equality, which leads to the principle of fair equality of opportunity and the difference principle. Rawls (1999) notes that the main subject of justice is the basic structure of society, or more precisely, the way in which the major social institutions distribute fundamental rights and duties and determine the division of advantages from social cooperation.

Thus, the legal protection of freedom of thought and liberty of conscience, competitive markets, private property in the means of production and the monogamous family are examples of major social institutions. According to Rawls (1999), the basic principles of social justice are liberty, equity, access to resources, participation and human rights — literally, the intrinsic values of social policies. Once duty bearers do not observe these principles, this would create social such injustices as exclusion, marginalisation, exploitation, poverty or even conflicts. Social policies, such as affirmative action, targeted intervention and universal programmes are, thus, necessary to mitigate social injustice.

1.4 Conceptual Issues

1.4.1 Social Policy

The domain of social policy is vast and largely serves to define society and mostly includes what a community collectively does to protect its weakest members and meet the social needs of all (ILO, 2000). It can generally be defined as a ‘collective interventions to directly affect social welfare, social institutions and social relations. It is concerned with the redistributive effects of economic policy, the protection of people from the vagaries of the market and the changing circumstances of age, the enhancement of the productive potential of members of society and the reconciliation of the burden of reproduction with that of other social tasks. Successful societies have given social policies all these tasks, although the weighting of tasks has varied among countries and within each country, from time to time’ (Mkandawire, 2011). Social policy has both intrinsic or normative (inclusion, equity and solidarity) and instrumental values (Mkandawire, 2011). It guides both the social and economic dimensions of development. It provides the glue that holds society together — social cohesion (Adésinà, 2000). Social policy is international, interdisciplinary and applied¹.

Social policy is international in the sense that it explicitly addresses social and public policy from both the perspective of advanced welfare systems and that of developing countries. It is interdisciplinary because it involves a broad interdisciplinary understanding of the conditions, institutions and mechanisms of social change, drawing on perspectives from many disciplines. Social policy is applied in the sense that it emphasises the analytical and conceptual skills necessary for interrogating social problems, analysing how social policies are implemented and evaluating the consequences of those policies across a range of topical areas, and across high-middle and low-income country contexts. Generally, social policies play the following functions: increasing productive potential of people; securing reproduction; and reconciling its demands with those of social cohesion, production, protection and redistribution (Hall & Midgley, 2004). The more functions social policy performs, the more it can be truly emancipatory and transformative. This is the basis of the critiques of neo-liberal social policy as regressive rather than progressive. In particular, its major critique is that it is limited to social protection, more commoditised and mainly focused on the deserving poor.

1.4.2 Transformative Social Policy

The term is derived from the idea that social policy should be transformative in the sense that it should aid processes of economic and structural transformation and development. In practice, four principles can be derived from transformative social policy: (a) multi-functionality, (b) universalism, (c) solidarity and (d) sustainability. ‘Multi-functionality’ refers to the fact that social policy should serve many functions, and key among them are reproduction, redistribution and social protection (Mkandawire, 2007). ‘Universalism’ refers to the principle through which social policy is offered to all citizens as a matter of social right, rather than through means-testing or systems that are segmented by, for example, occupation or income level. As a result, universalism is premised on four domains: inclusion, financing, provision and adequacy of benefits (Esping-Andersen, 1990).

¹ London School of Economics and Political Science; <https://www.lse.ac.uk/social-policy/about-us/What-is-social-policy?>

‘Solidarity’, in this context, means social policy should foster social cohesion through direct contribution to citizenship, referring to a state of stable civil, political and social rights which together should serve citizens as equals before the state (Deena, 2003). ‘Sustainability’ refers to the extent to which a country should receive lasting transformation. In this context, therefore, sustainability focuses on how a social policy makes changes that lead to enduring individual and collective wellbeing (Agyeman et al., 2003). In making a transformative social policy, it is imperative to note the different conception of relationship between society and market, namely that society is not just an adjunct of the self-regulating market. Markets are embedded in the larger economy, and the larger economy is embedded in society. Economic and social policy should be co-constituting and complementary rather than the latter correcting the excesses of economic policy. To policy practitioners, therefore, this implies a critical approach to both social and economic policy and a demystification of neo-liberal economics.

1.4.3 Gender Deficits in Pre-existing Social Policies

From a gender perspective, social policy has not centralised the problem of gender inequality, especially in developing countries. Care and reproductive work have subsidised production for the market since the colonial period. Decades of neo-liberal and post neoliberal social policy has stretched this subsidy to crisis point, namely through patriarchal familism (Fisher, 2020). The productivist logic of otherwise progressive/inclusive social policies (Betz, 2018; Kiely, 2018) also ignores the importance of paid and unpaid reproductive work. Social protection measures have supported women’s welfare and have gained acceptance among women facing existential challenges. In this regard, gender equality is assumed to flow from welfare social policy interventions. However, these interventions can reinforce or ignore gender inequalities because of foundations in the Eurocentric male-breadwinner and female-housewife model of family (Fisher, 2020). Women appear to compromise gender equity principles to qualify for such support (Campbell & Mannell, 2016): they assume the normative expectations of filial, maternal and marital piety and selflessness and hard work, accept extra work, group work and intrusive institutional policing. Social policies neglect the issue of women having predominant responsibility for reproductive work (biological and social) recognition and compensation: investment in improvements of services and infrastructure and technologies for care and domestic work, promoting a more equitable gender division of care and domestic work.

Social policies have also neglected to address gender segmentation of work, gender pay gap and gender assets gap as legitimate areas of concern (Bayeh, 2016). Attention to gender-based physical and psychological violence has been wholly inadequate and delinked from its underpinning economic and social factors (Campbell & Mannell, 2016). Key social policy institutions within the state, either take a paternalistic welfare approach to gender inequalities or are an integral part of the problem. Marriage, land tenure, inheritance and succession, as well as labour relations are some of the ways in which gender inequalities are transmitted (Villarreal, 2006; FAO, 2018). These institutional sites need attention in the reform of social policy. We should classify social policy regimes by how well they tackle these fundamental issues of gender equality. Though social protection measures targeting women have some positive outcomes, in some contexts, more needs to be done to completely empower women to realise their rights, opportunities and freedom to flourish as individuals in their own right (UNDP, 2017); and pursuing empowerment of women in Uganda constitutes the thrust of this current research.

1.4.4 Structural Transformation

Structural transformation of an economy is generally measured by changes in the structure of production; the contributions of different economic actors and sectors to this change; and how the welfare of different groups in society has been impacted by these changes. Structural transformation has implications for the economy, the society and the social relations within it. Other important considerations are the role of women and men in the process of structural change, how they have been impacted by this process and how gender relations may have been changed as a result (Oduro & Ackah, 2017; Osei et al., 2020). This, therefore, gives social policy an indispensable and much wider role in society.

1.4.5 COVID-19 Pandemic

COVID-19 was a pandemic caused by a new coronavirus called SARS-CoV-2. The World Health Organisation (WHO) first learned of the pandemic on the 31st of December 2019, following a report of a cluster of cases of 'viral pneumonia' in Wuhan, China. On the 30th of January 2020, the WHO declared the coronavirus a Public Emergency of International concern². Scientific evidence indicates that, among those who developed symptoms, nearly 80% recovered from the disease without needing hospital treatment; 15% became seriously ill and required oxygen and 5% became critically ill and needed intensive care. Common complications leading to death included respiratory failure; acute respiratory distress syndrome (ARDS); sepsis and septic shock; thromboembolism; and/or multi-organ failure, including injury of the heart, liver or kidneys³. To combat spread of the pandemic, many countries responded by putting in place severe restrictions with differing impact on their populations. Women were in the frontline of these imposed restrictions. In Africa specifically, the restrictions are having the following gendered concerns: increased violence against women, bigger burden of reproductive and care-work, gender segmentation of paid work and the gender pay gap exacerbated, gender inequalities in access to education—threat of increase in gendered attrition rates in education (also class and location inequalities), risks of reduction in health spending on reproductive health and related services — implications for maternal and under-5 mortality and morbidity⁴.

1.5 Methodological Approach

This research applied a longitudinal, descriptive and analytical research designs, using qualitative approaches and multiple sources of both primary and secondary data. The approaches consisted of policy analysis, documentary/archival methods/analysis and key informant interviews. The policy analysis consisted of the analysis of the existing policies in Uganda in the four sectors aforementioned. The overall goal of the evaluation was to answer the questions and objectives raised in section 1.3. Undertaking a policy analysis is important because it provides researchers with an authoritative understanding of the interests, values and political contexts underpinning social policy decisions (Browe et al., 2018). The policy analysis adopted the framework by Walt and Gilson (1994) that focuses analysis on the policy contexts, content, process and actors. The framework helped to conduct the analysis within the broader political economy of Uganda and answer the key research questions and expose the

² WHO COVID-19 Site. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

³ WHO COVID-19 Site. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

⁴ GETSPA Inception workshop presentation on 1st April by Dzodzi Tsikata.

gender deficits/inequalities in the policies under review. The framework also analysed the policies on the transformational values espoused by Industrialisation and Social Change Theory (Petras, 2008), Rawls' (1999) Theory of Social Justice and cultural and ideational framing (Gamson et al., 1992). Secondary/archival data were collected from books, periodicals, government publications of economic and social indicators, statistical abstracts, the media and annual reports. This secondary approach was most helpful in the analysis. Archival sources were also helpful to mine documents from the colonial times—an approach which helped to determine the histories, origins, and unique contextual grounds for the social policies. Some of these documents/archives were accessed on <https://mulib.mak.ac.ug>. Such sources were found to be time-saving and cost-effective (Cavana et al., 2000).

The policy analysis and the documents/archival methods above constituted Phase One of the research. In Phase Two, key informant interviews were conducted with policy implementers in relevant line ministries and the civil society fraternity. One interview was done with public relations officers who were purposely selected from each of the line ministries of the policy domains under investigation by sending them the interview guide prior to the scheduled interview date. The principle of data saturation was applied here and, in an event, where the first respondent did not provide adequate data, another senior member of staff was conveniently selected to provide the required data. A similar method was applied in selecting and interviewing respondents from these agencies: UNICEF (Uganda), NOTU (National Organisation of Trade Unions) and NPA (National Planning Authority). These were selected because each of these is implementing at least a policy or programme in one of the sectors under research. Because of the COVID-19 second lockdown, from June to end of July 2021, the interviews were done on phone and the contacts of the respondents were either obtained online or through a third party. The interviews were useful, especially to wrap up the context of the recent social policies in respect of COVID-19.

The above methods of data collection and approaches focused on the comparative quantitative and qualitative content analysis of the challenges and opportunities that are, or have been, including describing the implications of the structure of economies and dominant economic policy approaches to social policy, the underpinnings of social policies since the colonial period, the interface of the state, market and institutions in policymaking, the positive approaches to social policy in Uganda, the influence of social policies on particular groups of people, how the extant COVID-19 has influenced the current state of social policies, and the analyses of the gendered nature of social policies in Uganda. By use of constant comparative analysis, NVivo was used to improve the researchers' ability to compare concept, ideas and themes to a significant degree.

2.0 FINDINGS

2.1 Trajectories and Presentation of Social Policies in Uganda

As indicated earlier, the research was conducted on the following policy domains whose trajectories and presentations are made as hereunder. These sectors are Education; Health; Work and Employment; and Water, Hygiene and Sanitation. These sectors have been, and are still, the core of social policies in Uganda and their implementation over time presented the broadest effects on social development and poverty alleviation.

2.2 Conceptualisation of Social Policy in Uganda: 1940 to the Present Day

For most part of the colonial period in Uganda, active social policy was visibly not on the agenda and the social protection schemes that existed were exclusively for white settler populations. The dominant assumption was that traditional forms of social protection would take the place of social security provided by the state. Accordingly, social policies during this colonial period were often pursued through informal or community-based systems which were seen as supplementing the ‘traditional’ systems of social welfare in the community (Maclean, 2002). The emphasis was on self-help, local leadership and voluntary effort. The access to incomes through direct participation in commodity markets rather than through wage labour set the stage for the out-of-pocket expenditures on social services that characterised the pre-independent period in Uganda. One explicit consequence of this informal provision of social welfare was a lack of strong and sustainable institutional bases that undermined new initiatives (Niño-Zarazúa et al., 2012).

Much of the conceptualisation of social policy was narrowly based and carried down to the early post-independence Uganda (1962-1980). Indeed, after independence to the early 1990s, social policy in Uganda was narrowly defined in terms of primary education, basic health and social protection as critical for social development (UNRISD, 2014). These constituted the welfare policy (Grebe & Mubiri, 2014). Care and support for the vulnerable continued to be predominant in the hands of the kith and kin and community even up to the present day. The early Museveni era, from the mid-1990s to the early/mid-2000s, is often referred to as ‘the poverty eradication era’, when poverty featured centrally in development thinking. This was the decade when social policy generally returned to the global attention in the 1990s after decades of marginalisation in the structural adjustment years in Uganda. However, it returned with the previous narrower conception as social protection focusing on issues such as poverty alleviation, skills training, public works, cash transfers, education and health. Broader issues of social policy continue to be trapped in the commodification and individualist principles embedded in the adjustment policies that could not really work very well in conditions where the state remained weak and subject to informal influences and manipulations (AfDB, 2005).

The global agendas—the MDGs and SDGs, the promulgation of Social Protection Policy, 2015 (GoU, 2015a; Guloba, 2020) institutionalised the social protection as an agenda for welfare provision and increasingly broadened the conceptualisation of social policy. For the purpose of this research and in line with the aforementioned global development agendas, work and employment, as well as water and sanitation have been included as crucial for social development and excluded social protection because of its relatively limited impact on the development process in Uganda. In addition, the advent of COVID-19 has witnessed the expansion of the scope of social policies in education, health, work and employment, and water and sanitation, including the gendered dimensions. The research applied the concept of social policy more broadly to include the four sectors. From colonial times, the trajectory of the conceptualisation of social policy, from a narrow perspective to the current stage, has had implications on the transformative functions and intrinsic values of social policies in the sectors under review and the welfare thereof of the citizenry.

3.0 SOCIAL POLICIES IN UGANDA: 1940-TODAY

3.1 Introduction

Using Walt and Gilson's (1994) theoretical framework, the social policies in Uganda in this period and all other subsequent periods are analysed using the four pillars: the policy contexts, contents, the process and actors. All these determined the policy choices (issues) and the ensuing outcomes, opportunities and challenges for each of the policy domains: Education; Health; Work and Employment; and Water, Hygiene and Sanitation. Other research questions were also answered accordingly. The implementation of the policies, since colonial time to date, has definitely created challenges as manifested in their intrinsic values: there are challenges of inclusion, access, equity, and equality. Also, there are geographical and racial/class and gender differences. All these are analysed, using these theories: Industrialization and Social Change Theory (Petrus, 2008), the Theory of Social Justice (Rawls, 1999) and Cultural and Ideational Framing (Gamson et al., 1992).

3.2 Education, 1940-1961

This period was the final phase of the British rule in Uganda. The Education Policy was colonially conceived to serve mainly the master's interests by narrowly focusing on native education (Mathews, 1963). This was also a period that witnessed the partnership between the Church and the State and saw religious beliefs as the basis of all education (Ibid). In terms of content or issues, this period witnessed the rise of Christian education values, though the pressure from the state made the schools expand their scope to include secular education (Nuffield Foundation, 1953). This was also a stage when government expanded vocational, primary and secondary education. The vocational and non-formal education were in fulfilment of the Mass Education policy which was geared towards applying proper agricultural techniques to increase food production (Mathews, 1963). The dominant educational value here was, therefore, access.

To achieve the value of access, education was nationalised, became state-sponsored, even for those learners attending religious schools. Most of these targeted ex-servicemen and rural folks. Following the Binns Study in 1951 and the de Bunsen Education Committee of 1952, and, as a measure to expand the scope of education to ensure access, it was also recommended that candidates sitting for O level Cambridge School Examination be gradually increased from 250 in 1955 to 500 by 1960 (Ssekamwa, 1997). One can notice that access to education then, though prioritised, was restricted. The primary actors in the education policymaking were the British officials in East Africa, the humanitarians, leaders in missionary movements concerned with the spread of native education and the demand for a change in the existing system and native political movements which were determined to change the education system in preparation for an independent government.

The process of education policymaking during this period was not participatory. It was championed from the London colonial office, in a top-down fashion. Examples can be seen in the government memorandum of 1943 that demanded for mass education (Ssekamwa, 1997; Ssekamwa & Ama, 2005), the sending of the Binns Study Group from London to Uganda to examine the state of education; and the launch of the Binns suggestions by the de Bunsen Education Committee (Ssekamwa, 1997; Ssekamwa & Lugumba, 2002).

To increase the number of Africans accessing education, the Education Ordinance of 1959 allowed Africans to attend Asian schools that were available (Ssekamwa, 1997). There was, therefore, that aspect of inclusivity in the policy. As can be observed, the policymaking was not participatory, reminiscent of colonial method of administration and because of this, there was no explicit mention of ‘gender’ consideration, though there was some training prescribed in the Mass Education policy for women’s leaders representing Mothers’ Union, YWCA and leaders of certain rural women’s clubs that were responsible for conducting educational courses in homecraft, sanitary and agriculture as well as farm extension techniques (De Haas & Frankema, 2018). Generally, there was gender bias and regional disparity in education during the colonial time as shown in Table 1.

It can be observed that Buganda’s statistics of access to education were favourable on all account and East and North are almost on par. In all regions, females performed worse than males, and the gender gaps were significant. However, it should be noted that the disparity in education was not due to government policy. By that time, education was predominantly missionary-led, as this was a strategy for evangelisation. The spread of the gospel was seen as one of the most remarkable and spontaneous movements for promoting literacy and knowledge in those days. By the time government intervened to take control of education, gender and regional disparities had already begun to widen.

Table 1: Share (percentage) of population aged 6-45 years that had never been to school by 1959 by province

	<i>Buganda</i>	<i>Western</i>	<i>Eastern</i>	<i>Northern</i>	<i>Total</i>
Anglicans	67	55	36	42	46
Catholics	51	40	34	35	39
Muslims	41	19	10	17	23
Other religions	7	8	8	7	7
Male	55	35	30	42	42
Female	40	11	8	10	18
Total	48	29	25	26	27

Source: De Haas and Frankema, 2018

The great opportunities for making the education policies gender-sensitive and accessible in preparation for independence were: the presence of the missionaries whose values were pro-welfare for improving the moral values, the emerging political movements by African leaders that started demanding for change, and the pre-independence leadership of a governor such as Andrew Cohen (1951-1956) who was determined to give opportunity to Ugandans to develop towards responsible government (Ssekamwa, 1997).

The greatest challenge was that the colonial power did not invest much in improving education infrastructure; hence by independence, there were severe shortages of trained men and women in Uganda. However, despite the marginal incorporation of gender issues into the policies, as well as the limited scope for accessibility and providing for the welfare of Ugandans, the educational policies made some positive impact on the local populace (Ssekamwa, 1997): there was remarkable improvement in people’s approach to agriculture from which majority of people earned a living; there was improvement

in bodily and domestic sanitation and social conservation; many homesteads had pit latrines, separate kitchen and food stores. Education was noted as a resource crucial for national development (Ssekamwa & Lugumba, 2002). It can, therefore, be appreciated that the colonial educational policies worked in tandem with political and economic objectives to achieve the higher colonial governance goals.

It should also be noted that since colonial education prioritised the urban areas, there was no equality in access to education by the rural folks compared to urban ones. Geographically, the education institutions were more concentrated in central Uganda than in other parts of the country. Though there was no explicit emphasis on gender in the policy, there was no class difference since Ugandans were allowed to study together with Asians.

3.3 Education Policy, 1962-1980

After attaining independence on the 9th of October 1962, Uganda needed education most to confront the immediate post-independence political, economic and social challenges. Right from independence, education was acknowledged as the means of socio-economic development and for forging national cohesion and reducing inequalities left by the colonial legacies (Chachage, 2007). Unlike the pre-independence phase, access, equality and quality were prioritised. According to Ssekamwa (1997) and Ama (2005), the challenges at this phase were: lack of qualified people to replace the whites and to man the expanded public sector, the need to give confidence to Ugandans to prove that they were capable of solving their own problems; and the urgency to develop the economy to increase production for both export and domestic consumption. Accordingly, the post-independence leaders used education to confront these challenges by increasing access to the sector. For example, in 1963, the Castle Education Commission was formed to review the education system and one of its recommendations was to produce enough qualified people to run the economy and the emphasis was on primary education. The Castle Education Commission also reformed Uganda's education system, extending primary education from six to seven years. Many schools were built to accommodate the growing demand, and most of these structural reforms remain in place today. The education policy reforms focused on several key areas: emphasising practical subjects to drive economic development; enhancing science education in all secondary schools, and promoting Africanisation of the curriculum by incorporating subjects on African personality and identity.

Equity in the education sector was witnessed through the Castle Commission, whose report led to the enactment of the Education Act, 1963: to give the government sole control over education in Uganda since government was spending 28% of the GNP on education in all schools, including missionary schools; reduce the denominational influence over the education system; ensure fair distribution of education resources all over the country; create a unified teaching service to accord teachers the same status as civil servants; and control politicising education, which some denominations practised (Ssekamwa, 1997; Ssekamwa & Ama, 2005). To ensure equity and access, primary schools became directly controlled by the local government, and secondary schools and other institutions were controlled by the central government. The influence of founding bodies on schools was curtailed. Education Act of 1970 was further implemented to completely control the growing influence of founding bodies on the education system and to consolidate the implementation of the said values (Ssekamwa, 1997).

However, it should be noted that the adverse effects of the 1963 and the 1970 Education Acts were many. Since the education Act of 1970 placed inspection of schools in the hand of government, as opposed to the previous school supervisors who were originally based in schools, the quality of school inspection declined. Similarly, the quality of education as well as discipline of pupils and teachers declined since the founding bodies were no longer in control of the schools. Lastly, there were continuous wrangles for power between school administrators and the founding bodies since the latter still wanted to retain some power over their previous schools (Ssekamwa, 1997).

According to Ssekamwa (1997), the Amin era (1971-1979) had many negative effects on the education system, distorting the prioritised values of equality, access and quality. Since this was a military regime, the expulsion of Asians from Uganda in 1972 left many vacant posts in the education sector. As Bidens (1986) puts it, the Amin regime was characterised by brain drain as great numbers of the educated populace and leadership fled persecution and death. Many educational programmes, such as the IDA project that was being implemented by donors (mainly the US and UK), ceased. Due to the economic downturn resulting from the expulsion of Asians and the unfavourable political atmosphere, many trained teachers left Uganda, and the atmosphere made it impossible to acquire scholastic and science materials and equipment, thus, impacting greatly on the quality of education. The destruction of schools and scholastic materials during the 1978/9 liberation war did not help the already decayed education sector. The consequences on the education sector were glaring: limited access, poor quality and, thus, inequality in the sector. The opportunity cost of training for the lost manpower was high.

Throughout the 1960s and 1970s, education policymaking was not so much different from the pre-independence period. Much of the participation in the process was through commissions. However, the post-independence commissions were constituted by the independent Uganda government, and it can be assumed that they consulted Ugandans. The key actors during the period remained the state, donors and the citizens who were engaged through the commissions. However, just like the pre-independence period, there was nothing explicitly mentioned about gender issues in all the policies. Arguably, a gender-sensitive policy should have involved issues on training, employing and remunerating women, etc.

After independence, there was a deliberate attempt to spread secondary education infrastructure spatially throughout the country to increase access and to ensure equality and quality. This was attempted under the IDA project during the socialist Obote 1 government (1962-70) to bring equality in the education sector; but this was not immediately attainable due to the already strong inequitable spatial root of educational institutions in central Uganda planted during the colonial period (Ssekamwa, 1997; Ssekamwa & Ama, 2005). Education used to take up to 28% of the national budget but this drastically changed during Amin's regime, when funding plummeted. Unlike the 1960s when education was largely free and accessible to all Ugandans, during Amin's regime, most poor and vulnerable children/pupils dropped out of the system due to poverty and general decline in the state welfare (Ssekamwa, 1997).

The main challenges of these policies were two: the acrimonious relationship between the school administration and the founding bodies after the 1963 and 1970 Acts, which gave government full control over the missionary schools; and the declining quality of education due to the transfer of control to government (Ssekamwa, 1997; Ssekamwa & Ama, 2005).

The 1971-79 Amin era was also very disruptive to implementing and monitoring the provisions of the policies. The vice-like grip in which Uganda was held during the 1970s severely delayed its development and progress (Bidens, 1986). It can then be appreciated that the education policy domain was heavily influenced by the unfavourable economic and political contexts during the Amin era. The greatest opportunity was the attainment of self-government, indigenisation of the curriculum and the donor support, which could have been exploited to make education more transformative and gender-sensitive.

3.4 Education Policy, 1981-2000

This period can be categorised into two: 1981-1985 and 1986-2000. The first period was the post-Amin era, in which the Obote government tried to build the economy ruined by Amin and the liberation war of 1979. The same period also witnessed Obote's attempt to fight the guerrillas led by Yoweri Museveni. It also witnessed minimal attempts to adopt the Structural Adjustment Programme (SAP) that was first introduced in 1981 (Ssekamwa & Ama, 2005). The second phase was the NRM (National Resistance Movement) period after Museveni ousted Tito Okello (who had earlier ousted Obote in a coup) and ushered in the full implementation of the SAP, with effect from 1987, though major reforms took effect in the 1990s (Makokha, 2001). During this period, the NRM, upon attaining power, pursued a neoliberal economic growth model of development. Key values at this stage were inclusion, access, quality, equity and gender parity.

To realise the above values, key education milestones in this period were pursued. This was the time the Uganda National Education Policy Review Commission, commonly known as the Kajubi Commission, was set up in 1987. Its goal was to revamp the Castle Education Commission's recommendations of the 1960s and 1970s to align with the social, economic and political ideology of the government. The Uganda National Education Policy Review Commission came up in 1989 with a recommendation to implement the Basic Education for National Development (BEND) that called for a drastic approach to the curriculum, selection for post-primary education institutions, teaching methods of students and the examination systems (Ssekamwa, 1997). The Commission's report was largely approved through the Government White Paper of 1992, and the report made recommendations that centred on quality, gender equality and access to the sector, among other values.

In addition, the major educational policy that came during this period was the Universal Primary Education (UPE), that was implemented in 1997. Unlike most policies that passed through the Executive for promulgation and approval, this was a presidential pronouncement made in 1996 during the presidential election campaign when the President promised to make primary education free if elected. This was an inclusive policy that opened the door for all children to access education. Indeed, when elected in December 1996, Museveni announced that UPE would start in January 1997 (Galimaka, 2008), making him the only stakeholder in the policymaking process. The contents of this policy were: the abolition of primary school tuition, Parent-Teacher Association fees, and initially the provision of textbook fees for up to four children per family, and later for all children per family. This no-fee policy was rolled out across all primary school grades, rather than being introduced cohort-by-cohort (Kan & Klasen, 2020).

However, with time, additional costs of education continued to be met by parents as the capitation

grant to pupils proved to be insufficient. Overall, after 1997, there were mixed outcomes of the UPE, especially the primary sub-sector, due to political decisions and not the SAP policy (Makokha, 2001). Generally, while some studies indicate that the UPE effectively improved access and inclusion to primary education for children from poor families, Deigninger (2003) and Suzuki (2002) reveal that the various costs, both direct and indirect, charged under the UPE negatively affected the education of children from poor families, leading them to drop out. The greatest benefit was perhaps the fact that it was a gender-sensitive policy, since it encouraged the education of all children within a given family.

Generally, the key challenge for the education sector was evident: during the SAP implementation, the liberalisation benefited only the rich who took advantage of the increased prices and available markets. The delay in payment of severance packages for retrenched civil servants, for example, together with low pensions, rendered many families unable to afford quality education for their children. The opportunity was the political will to support the UPE, as witnessed by favourable budgets for this sector compared to the period before the introduction of the UPE, though the budgets could not match the surge in enrolment in subsequent years.

Complementary to UPE were other education programmes which were gender-inclusive during this period (Kakuru, 2003). These included, but were not limited to, the 1990 affirmative action measure awarding 1.5 bonus points to women qualifying to enter public universities to increase the number of women graduates; the National Strategy for Girls Education (NSGE) launched in 2004 to foster gender parity in education; and the Equity in the Classroom (EIC) programme which aimed at facilitating equal participation of girls and boys in the classroom. Although some of the programmes were launched after 2000, they have had gender impact on education, especially on access, equality and equity. However, as the public relations officer of the Ministry of Education and Sports stated, the programmes faced ‘persistent key challenges of capacity in implementation, culture and traditions, inadequate funding and corruption’. These undoubtedly affected the quality of education.

3.5 Education Policy, 2001-2018

This was the period beyond the active SAP but much of the sectoral policy implementation in this period was carried over from the previous phase with strong doses of neoliberal agenda. This was the period that witnessed the implementation of the global development agendas, such as the MDGs, and later the SDGs, which also guided educational policies, programming and values. Most educational policies were also implemented within the NDP I and II that emphasised equity, access, quality, inclusion and gender parity⁵.

In the 2000s, the UPE remained a central policy for providing basic education to Ugandans (ODI, 2006). Similar to the SAP period, the UPE continued to register positive indicators and government support. As in the 1990s, despite the favourable political commitment witnessed through favourable budgetary allocation to the education sector, the major challenges to the UPE policy were the poverty in families; poor, inadequate and underdeveloped infrastructure; and the HIV/AIDs pandemic that

⁵ Second National Development Plan (NDPII, 2015/16-2019/2020). Accessed from npa.go.ug/wp-content/uploads/NDPII-Final.pdf on 23/02/2022

negatively influenced enrolment, school completion and dropout rates (Ssewamala et al., 2011). The greatest opportunity for making the policy more effective was for stakeholders who should have capitalised on the favourable political commitment by government to advocate for a more gender-transformative policy.

Due to the influence of the UPE, this period also witnessed the emergence of yet another policy in the education sector—the Universal Post-Primary Education and Training (UPPET) programme, commonly known as the Universal Secondary Education (USE) in 2007 (O’donophue et al., 2018). Like the UPE, this was a politically-motivated and populist policy whose formulation did not include all the education stakeholders. The policy was again introduced during the election campaign of 2006 that made President Museveni win this election. The goal of the policy was to increase inclusion and access to quality secondary education for economically vulnerable families. Since USE was launched in 2007, it has also been implemented under a Public Private Partnership (PPP) arrangement to expand access to secondary education.

Under this PPP, the government transfers a subsidy of UGX141,000(US\$52) per student per annum to private USE schools. Parents provide uniform, stationery and meals. The programme has led to the growth of private schools from 363 in 2007 to more than 800 in 2016, covering nearly a third of all students enrolled in secondary schools. Accordingly, enrolment in lower secondary education increased by 25% between 2007 and 2012. However, net enrolment in secondary education, estimated to be a paltry 25% in 2015, was among the lowest in East Africa (O’donophue et al., 2018). Generally, the policy registered mixed impacts. The increase in educational attainment remained slow and secondary education performance declined after implementation (Huylebroeck & Titeca, 2015). There was also a gender dynamic: there was increased public school enrolment of girls from poorer households, which saw the percentage of gross enrolment for girls increase from 10.6% in 2005 to nearly 15% in 2009⁶.

Currently, the main challenges include: cultural barriers (but which favour boys), budgetary reduction, low teacher morale, congested classrooms and political role of free education (Huylebroeck & Titeca, 2015). The greatest opportunities for the sector are the favourable political commitment and the PPP policy which stakeholders should have exploited to bring to bear on government to address the challenges and make the policy more gender-responsive. The spokesperson of the Ministry of Education summarised it, thus, ‘the UPE and USE have tremendously increased access to education than never before . . . The effects are being seen even in higher education institutions, which are expanding to cope up with the graduates from these levels. Forget about quality for now. With government commitments, quality will automatically follow suit’.

The period 2001-2018 also witnessed the promulgation of the Education Act, 2008⁷. The Act encompasses the pre-primary, primary and post-primary education sectors and has transformative objectives. Though the Act has no specific and explicit objective on gender, it has been used for the development and regulation of education and training. The effects of the Education Policy, and especially

⁶ The Guardian, International Edition, “Free Universal Secondary Education in Uganda has yielded mixed results.” Accessed from <https://www.theguardian.com/global-development/poverty-matters/2011/oct/25/free-secondary-education-uganda-mixed-results> on 19/05/2021.

⁷ <https://old.ulii.org/ug/legislation/act/2015/13>. Accessed on 23/02/2022

the global demand under the SAPs on privatising the higher education sector, had several negative effects on the education system. Although higher education became providers of education services to enable consumers to compete for the era of knowledge society, it has several implications on quality, access and equity in the education system (Chachage, 2007).

In 2016, Uganda launched the National Integrated Early Childhood Development (NIECD) Policy (GoU, 2016). The policy and the Action Plan are designed for children from conception to eight years of age, their parents and caregivers to specifically help the child to grow and thrive mentally, physically, emotionally, socially, spiritually and morally (Tumwisigye, 2020). Most of the nursery and daycare centres in the country provide pre-primary education for children aged three to five years. The policy is aligned with SDG4⁸, specifically Target 4.2 which states that all girls and boys should have access to quality early childhood development by 2030. Though the policy is gender-inclusive, its implementation may be frustrated by poor governance. This view is shared by the public relations officer of the Ministry of Education and Sports, who opined that, ‘you see most of these early childhood development centres are in the hands of private providers... so we have a challenge of making them comply with the provision of the policy... It is still a new policy, but implementation is becoming a challenge... they are not supportive, though all stakeholders were initially consulted...’

3.6 Gender Policy and Equal Opportunities Policy

The aforementioned policies are cross-cutting and consistent with the overarching gender policy of 2007 (GoU, 2007). The gender policy goal aims to achieve gender equality and women’s empowerment as an integral part of Uganda’s social and economic development. One of its relevant objectives to the education sector is to reduce gender inequalities so that all women and men, girls and boys, can move out of poverty to achieve improved and sustainable livelihoods. Alongside the gender policy is the National Equal Opportunities Policy (2006) which provides avenues where individuals’ and groups’ potentials are put to maximum use by availing them of equal opportunities and affirmative action (GoU, 2006). Many of the education policies toed this line. However, education has neither witnessed optimal equality nor equal opportunities because of the challenges already mentioned. The statistics in Table 2 show that despite the existence of major policies in the education sector, the spatial and gender inequalities remain major challenges.

Table 2: Gender Parity Index (GPI) by year and education level

Year	Pre-Primary	Primary	Secondary	BTVET	PTC	Tertiary
2008	1.04	1.00	0.85	0.26	0.94	0.77
2009	1.05	1.00	0.84	0.24	0.79	0.78
2010	1.03	1.00	0.87	0.25	0.73	0.78
2011	1.04	1.00	0.86	0.23	0.68	0.78
2012	1.03	1.00	0.86	0.25	0.65	0.78

Source: UBOS, 2012

⁸. ODI 2021: <https://odi.org/en/publications/leave-no-one-behind-five-years-into-agenda-2030-guidelines-for-turning-the-concept-into-action/>. Accessed on 23/02/2022

In Table 2, the GPI for pre-primary and primary school levels is greater than, and equal to, 1, respectively, indicating that there is no gender gap, thanks largely to UPE policy and the NIECEP; whereas in secondary and tertiary levels, though the GPI is less than 1, it indicates a smaller gap in favour of the boys. However, the GPI for Business, Technical, Vocational Education and Training (BTNET) indicates a huge gap over the period and the Primary Teacher Colleges (PTCs) tend to be deteriorating, which indicates that the girls are losing interest in primary teaching, hence, widening the gap at that level.

Table 3: The proportion of the population that has never been to school by region and gender (15 years+)

Region	Male	Female	Total
Central	4.9	12.7	8.9
Eastern	8.0	23.3	16
Northern	8.4	33.6	22
Western	11.9	29.4	20.9
Total	8.1	23.8	16.3

Source: UBOS, 2012

Table 3 indicates that more females than males in all the regions have never been to school over the survey period and Northern Uganda lags behind all the regions. Though the statistics are for 2009/10, the pattern remains to the present day, as one respondent said, ‘Girls are still disadvantaged in all aspects of education compared to boys. If you take by region, the pattern is similar to that of poverty... with the North[ern] part of Uganda always lagging behind...’

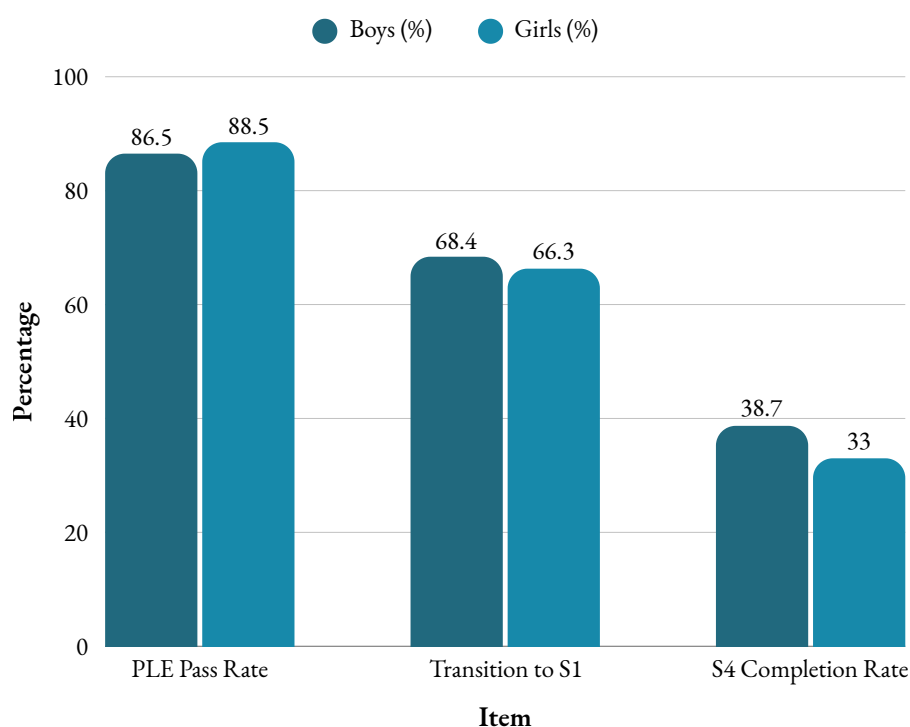
Table 4: Proportion of young people (15-29 years) in School by gender and residence, 2013-2015

Category	Gender/Residence	2013	2015
Sex	Male	45.9	40.1
	Female	33.7	27.6
Residence	Rural	39.6	33.7
	Urban	39	32.1
All		39.5	33.3

Source: GoU, 2018

As Table 4 shows, the spatial difference between rural and urban centres favours the rural areas, though the difference is not significant. However, gender equity in education still needs to be pursued.

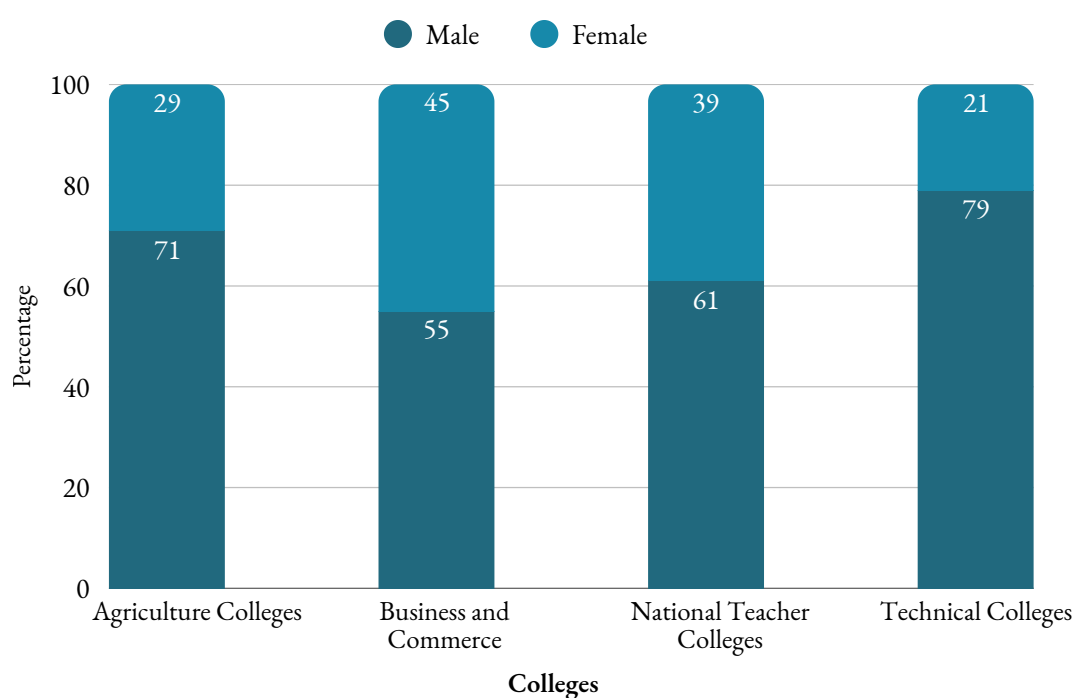
Graph 1: Performance of boys and girls on selected indicators at primary and secondary levels



Source: GoU, 2020

The graph above shows that the equity gap is also evident because, while female pupils have a better average PLE pass rate (88.5%) over the same period (2002-2016) compared to boys (86.5%), more boys transit to Senior One (68.4%) compared to girls (66.3%) over the same period. Similarly, while Senior Four completion rates for both boys and girls are quite low at below 40%, relatively more boys (38.7%) complete Senior Four than girls (33%).

Graph 2: Enrolment in the different categories of higher institutions of learning in Uganda



Source: GoU, 2020

From Graph 2, the gender gap is particularly glaring at all the higher levels. For example, in universities, enrolment is 54% for boys and 46% for girls (NCHE, 2019). However, in other categories of higher education and training, as Graph 2 shows, the difference between boys and girls is far more marked, and it is greatest in technical colleges.

3.7 Education Policies, 2019 to Present Day

COVID-19 brought in challenges to the education sector, adversely affecting the implementation of the existing education policies mentioned in the previous phase. New policies emerged to cope with the pandemic. Monitoring and evaluation of Uganda's education system indicate that the sector continues to confront four key challenges at all education levels: access, equity, quality and relevance of education.

On the 18th of March 2020, the President addressed the nation about the dangers of the pandemic and to pre-empt its spread, he imposed a national lockdown, closed all schools and institutions by mid-day of 20th March 2020 (New Vision, 2020). Early in June 2021, there was a second wave of COVID-19 upsurge. Following a Presidential address on Sunday 6th June, he ordered that all schools and institutions be immediately closed the following day and children sent home. The immediate effects of the first lockdown were glaring. According to the Ministry of Education and Sports, more than 73,000 learning institutions were closed; consequently, 15 million learners and 600,000 refugee learners were out of school (Ssebawami, 2020). The closure of schools, together with other related SOPs, such as social distancing, instilled fear that education would collapse and children would never return to the classroom. The government responded to COVID-19 by issuing COVID-19 Education Sector response guidelines, including parents' guide to support learning at home⁹. However, it has been reported by a public relations officer of the Ministry of Education and Sports that the quality of homeschooling is being compromised by the longstanding culture of teacher-centred learning in most of Uganda's education schools and institutions. Similarly, the low literacy competences and English language proficiency among both learners and a majority of parents, especially in the rural areas, are hindering effective delivery of homeschooling. Finally, the absence of a robust monitoring and supervision mechanism is preventing effective assessment of homeschooling that could provide ingredients for improvement.

The government also emphasised e-learning. Many researchers agree that using learning technologies, that is, radio/audio, print, video/television, telephone, computers and the internet — offer the requisite opportunities to not only enable learning to continue where education has been disrupted but also to offer opportunities for overcoming geographical access and rigidities of conventional education (Tumwisigye, 2020). Accordingly, it is a policy that learning be conducted online, and this is the practice in many higher institutions today. The e-learning strategy is likely to be a long-lasting change in the sector. However, the effective use of technologies is being marred with challenges. Firstly, Uganda's capacity for distance learning and mass media is still very low (CIPESA, 2018). Secondly, 80% of Uganda's school-age children and youth are living in rural areas, characterised by lack of basic living resources and underdeveloped educational and supporting infrastructure (UNFPA, 2018).

⁹ <http://www.education.go.ug/covid-19-sector-response/>

Though e-learning interventions are helping many learners at primary and secondary education levels to access some form of learning during the lockdowns, equity is not guaranteed. Learners with special needs, learners from economically-disadvantaged backgrounds and rural settings underserved with radio and television, electricity and internet do not have equitable access to broadcast lessons (GoU, 2020).

Besides, during the second lockdown, it was discovered that many private schools had students who were already COVID-19 positive, but their status was concealed to the public for fear that their schools would be closed¹⁰. This also shows the dark side of the market in social policy, if there is weak oversight by the state. Asked about the main challenge in implementing the education policy during the COVID-19 era, the public relations officer of NPA said:

I want to tell you the obvious... corruption, which you know in our system is systemic and endemic... government appropriate funds to implement services, but in the end, nothing happens on the ground. Masks and learning materials were supposed to be distributed to schools, but you heard the complaints yourself... Did the learners get what they were supposed to get? This corruption thing is cross-cutting for all the sectors, not only in education...

A public relations officer of the Ministry of Education and Sports responded, "To me, the greatest challenge now is how to stop the increasing rate of dropout at the primary level, especially among the girls, as a result of teenage pregnancy... Some districts, especially in the northern and eastern Uganda, are doing badly... Something needs to be done."

The above view is corroborated by the documented facts that indicate increasing cases of violence against children, early marriages and teenage pregnancies, especially in the rural areas. All these are contributing to the persistent low completion and transition rates, as well as poor learning achievements (GoU, 2020).

In conclusion, besides the specific policies and legal frameworks examined, there are other complementary policies and frameworks since independence which have been implemented in Uganda for the purpose of directly or indirectly providing knowledge and skills for the development of the country. Though government commitment to providing education service is evident as witnessed through the numerous policies and programmes, gender parity and full access at all levels have not been attained. However, in the education sector, commendable achievements are the positive strides in policymaking and implementation, and resorting to participatory approaches, affirmative action for girls and the PPP.

¹⁰ UBS News, 9.00 pm, 9 June 2021.

4.0 HEALTH POLICY, 1940-TODAY

4.1 Health Policy, 1940-1961

Like other policies in the education sector, the decisions on health policies originated from the colonial office in the UK. The contents, therefore, reflected what the colonial power thought was suitable for Ugandans. In this period, there was no specific health policy, but the health sector was managed under the Public Health Act, 1935 (Chapter 281). As the title suggests, the colonial powers were more concerned about access and equity to public health services. Today, it has remained the main public health law in Uganda, with other subsidiary orders enacted to complement it, when necessary. A case in point is the current COVID-19 Public Health orders and regulations passed in accordance with Section 36 of the Public Health Act, 1935 (Chapter 281). The Act was beneficial to Ugandans in the sense that it improved access to public health. For example, it satisfactorily dealt with smallpox with the use of mass campaigns using African personnel (Schneider, 2009). The biggest challenge was that most of the Ugandan populace was rural, so this, with inadequate legal and technical expertise and inadequate institutional support, made it difficult to implement (Geresom, 2019). The greatest opportunity was the colonial political support for enacting and implementing it. It did not, however, explicitly have a gendered dimension. For example, on the appointment of the advisory board, there was no clause on gender (GoU, 1935).

Under the Public Health Act and in order to enhance access, missionaries often stepped in the forefront of altering African systems of belief and healthcare. Medical missionaries frequently praised their work as a means of combating 'superstition' and re-orienting African concepts of disease and illness towards Western notions of causality and treatment (Bruner, 2018). In response to these missionary panegyrics, there was a range of perceptions of, and reactions to, missionary medicine from non-Christian and Christian Africans alike, with some contending that the missionaries themselves were hindering true progress by discouraging people from paganism (Burner, 2018). Medical mission was most commonly associated with evangelising Christianity and the most dominant missionary goal was winning new souls for the church through the building of health facilities (Doyle, 2015). Therefore, medical missionaries opened clinics in rural areas where government facilities were limited. These clinics benefited the communities in the sense that morality improved, and they served as a beacon of hygienic village life amid the surrounding unhygienic environment.

Over time, because of their reduced rates, especially for the vulnerable (the cripple, the blind and lepers), attendance rose as the emphasis on sin reduced, so that by the 1950s, approximately a fifth of pregnant women attended a mission clinic; and double that number received antenatal advice. Both Catholic and Protestant clinics operated an impressive referral system, channelling high-risk cases to major maternity hospitals in Kampala so efficiently that by the 1950s, the rural areas recorded child and maternal mortality rates similar to those found in Wales and England (Doyle, 2015). Neo-natal and maternal mortality rates fell dramatically in the 1950s as a result of the introduction of the lower-segment caesarean section, tube feeding, penicillin and blood transfusion. The strength of such missionary efforts is that it did not only deal with public health challenges but focused on general health that effectively embraced women. The medical missionaries were credited for equitable provision of medical guidance and treatment, irrespective of age, disability, gender or place of residence; the development of an

indigenous healthcare workforce; a multi-sectional approach that engaged local communities in the transformation of health-related attitudes and behaviours to improve people's lives (Doyle, 2015). The main challenge was that medical missionaries were mainly based in rural communities where initially the people could not afford the fees charged (Doyle, 2015). Spatially, like the education system, it was also predominantly based in central Uganda. Given the current health challenges, the precise role that medical missionaries might play is undoubtedly uncertain, but it is likely that in future, it can be used in palliative care and in crisis response, such as COVID-19 and Ebola. The involvement of the missionaries in the health sector also underscores the role of the market in policy implementation, which should be seen as complementary to that of the state and other actors.

4.2 Health Policy, 1962-1980

Guided by the aforementioned national development plans, this period is categorised into two: 1962-1971 and 1972-1979, the first being Obote 1's socialist regime, and the latter being Amin's military regime. Uganda was reported to have one of the best health systems in Africa in the 1960s as a result of the foundations laid during the colonial era, plus the additional health infrastructure put in place in the immediate post-independence period (Mukasa, 2012). Unfortunately, this was rudely interrupted by the post-independence political turmoil during Amin's regime. In the first period, the key stakeholders in the policy formulation and implementers were the Ministry of Health, colonial office and the missionaries. The policy was to address the unequal post-colonial access to health services, unequal and low health status. The policy contents were to enlarge health units and emphasise primary care. In the second period, the actors were the Ministry of Health, missionaries and the military tribunal. The policy instruments were military decrees, military contracts and large infrastructure. The policy contents were minimal charge policy, military takeover, and the contexts were the unfavourable political and economic environments (Mukasa, 2012). The greatest challenge during Amin's era was the reduction of state participation in the economy in general and the introduction of the military tribunal policies that seriously affected the economy and the wellbeing of the people throughout the decade (Bigsten & Kayizzi-Mugerwa, 1999).

This is the period where the nexus between economic and social policies is observed — how the expulsion of Asians impacted on the economy by reducing investments in the public services, including in the health sector. Table 5 shows that the actual GDP per capita for Ugandans continued to rise from 1961 until it reached its peak in 1971, then started steadily declining during Amin's military government. This was when the living conditions of Ugandans were at the lowest with poor access to, and limited equality in, the health services (Jaywant, 2014). The synth GDP column shows the estimated GDP path that Ugandans would have experienced had military rule not begun in Uganda from 1966 to 1979.

Table 5: GDP trajectory, 1960-1979

Year	Uganda GDP per capita	Uganda Synth GDP per capita	Difference
1961	685.78	686	-0.22
1962	693.54	701	-7.46
1963	750.96	714	36.96

Year	Uganda GDP per capita	Uganda Synth GDP per capita	Difference
1964	784.84	758	26.84
1965	778.94	743	35.94
1966	803.29	812	-8.71
1967	821.57	826	-4.43
1968	817.66	857	-39.34
1969	880.94	881	-0.06
1970	867.3	915	-47.7
1971	869.27	941	-71.73
1972	856.5	956	-99.5
1973	834.67	970	-135.33
1974	817.01	981	-163.99
1975	779.83	942	-162.17
1976	765.47	943	-177.53
1977	757.14	991	-233.86
1978	697.06	1039	-341.94
1979	605.52	1036	-430.48

Source: : Jaywant, (2014)

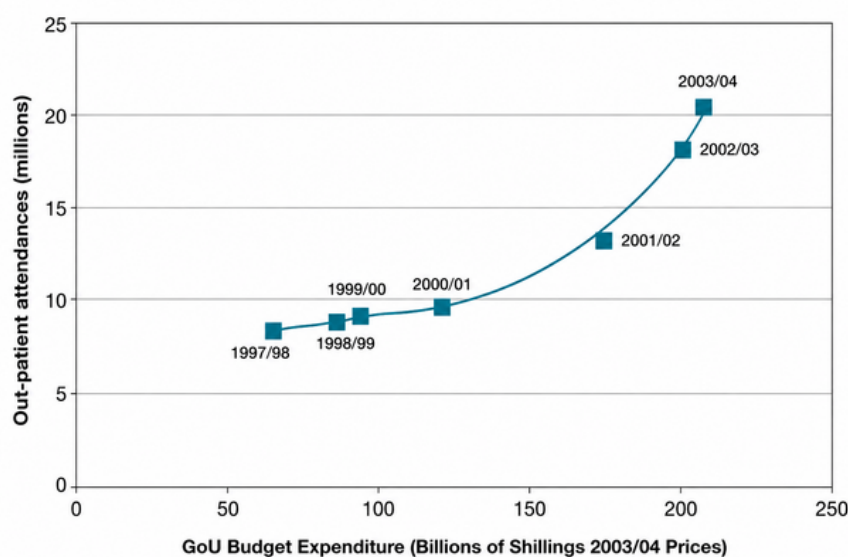
The last column shows the shocks in the economy due to the military rule, with the shocks greatest in 1979 at -430.48 by the time Amin was overthrown. From 1972 to 1979, this translated to 71% loss in potential per capita GDP, showing the estimated costs of Amin's military dictatorship. The GDP trajectory confirms the argument that the military regime was incompetent or corrupt and deliberately expropriated and profited from government revenue (Jaywant, 2014), instead of providing services to the vulnerable and the poor.

4.3 Health Policy, 1981-2000

Immediately after Amin was ousted, the health sector was characterised by a general system failure, e.g., limited access and equity. Recognising these failures in the 1990s, the Government of Uganda embarked on a comprehensive programme of fundamental health sector reforms by preparing a National Health Policy and a Health Sector Strategic Plan (Tashobya et al., 2006). This included the decision to implement a sector-wide approach (SWAp) that was officially launched in August 2000 to improve coordination and, therefore, efficiency and equity in the sector. The actors involved in the National Health Policy and Health Sector Strategic Plan (2000/01-2004/05) under the SWAp included relevant government officials, representatives of multi-lateral and bilateral agencies, private providers and NGOs. With respect to the processes, key decisions were made following a consensus-building approach and in cases where this did not happen, the government based its decisions on available information and prevailing circumstances. The National Health Policy and the Strategic Plan had the following features: following SWAp processes; abolishing user fees in GoU units; improving management systems; using PPP; decentralising service delivery; improving resource allocations; health financing; and political leadership (Tashobya et al., 2006). Although not explicit on gender, this broad spectrum of the plan and donors' involvement made it possible to conclude that gender issues were included. The beneficiaries of

the polices have been children, men, women and the poor. The impacts of these reforms are reported in the next phase where they manifested more explicitly.

Graph 3: Government of Uganda Budget Expenditure and Total Outpatient Attendances



Source: MoH, 2004

4.4 Health Policy, 2001-2018

This period witnessed the continuation of the implementation of the health policy and the health strategic plan launched in 2000 with a focus on access, equity, human rights and quality. Due to SAP, it should be realised that government implemented austerity measures; however, the public health sector witnessed favourable budgets and ensuing increase in attendances because of free medical services as Graph 3 shows.

These reforms have resulted in large increases in outputs for ambulatory services. Out-patient attendance and immunisation rates doubled. Surprisingly, the growth in consumption of these services appears to be highest for the poorest socio-economic groups (MoH, 2004). Though data was not disaggregated by gender, it is assumed that they were part of the beneficiaries of this reform. In terms of absolute numbers, total number of new attendances increased from 9.3 million in 1990 to 20.2 million in 2003/4 in government and not-for-profit health facilities. This represented a 117% increase in the absolute number of new attendances over the period, with the bulk of increase seen in government facilities (Tashobya et al., 2006). From 1999/2000 to 2003/2004, the rate of utilisation of out-patient services in PNFP and GoU facilities increased from 0.42 to 0.79 visits per person per year (MoH, 2004), an increase of 88%. Immunisation rates for DPT3 increased from 41% to 83%.

However, for deliveries in health facilities, the figure declined from 25% to 19%, only rising back to 24% in the 2003/2004 financial year. Over the same period, research indicates that, due to free medical services, the financial burden experienced by poor households for health services dropped substantially between 1999/00 and 2002/03 (Deininger & Mpuga, 2004). It should be acknowledged that the reforms were supported by government commitment as seen with the favourable budgetary allocations. What can also be observed in this period is that the synergy of the PPP is important in health service delivery. The statistics also underscore the fact that most health statistics are not disaggregated by

gender, thus, posing a challenge to gender programming. We can also generally conclude that though the analysis of health output stopped in 2003/4, the trajectory of the increases on all items measured in the study continued to be generally positive to the present day. This has been corroborated by the health public relations officer who opined that ‘since the initiation of the health reforms in 2000, there have been improvements in health outputs, save for challenges related to the Ebola outbreak, nodding disease and now COVID-19. We hope for continued improvement and government commitment and unwavering donor support’.

According to the Uganda Health System Assessment snapshot (M&E) conducted in 2011¹¹, the impact of the policies and reforms initiated in 2000 showed mixed results. The assessment focused on the five building blocks of the health system: Governance; Human Resources for Health (HRH); Service Delivery; Medical Products, Vaccines and Technologies; and Health Information Systems (MoH and Makerere University Public Health, 2012). On governance, it was established that although policy and planning processes were participatory and well-defined, among the different actors involved in the health sector, the outcomes of plans did not necessarily always reflect other stakeholders’ perspectives or possible contributions. Many districts were also found to have limited capacity to take advantage of decentralised planning and implementation approaches. On financing, the budget expenditure on health was slightly above 7% for the last five years. While health expenditure per capita is US\$33, lower than the WHO-approved expenditure of US\$84 to provide quality care for Ugandans, the health expenditure per capita was US\$51 in 2015/16, reducing from US\$56 in 2014/15; and out-of-pocket expenditure increased from 33% to 37% during the same period (GoU, 2018). On HRH, it was found that there was a significant progress made in recent years in increasing the production of health workers and in producing a multi-purpose nursing cadre that can perform both nursing and midwifery tasks. On service delivery, it was established that Uganda has significantly improved access to maternal and child healthcare as well as the country’s response to HIV/AIDS. Similarly, the Global Fund to Fight AIDS, Tuberculosis and Malaria (Gavi Fund), USAID and other donor programming led to increased availability of HIV prevention, outreach and treatment services.

However, it was found that the HRH shortage and the biased pro-urban distribution of health workers remain major obstacles to accessing quality healthcare in remote areas. Regarding medical products, vaccines and technologies, it was established that management of medicines and medical products have improved significantly in recent years due to strong political will and leadership within the MoH and the National Medical Stores. On the health information systems, it should be noted that Uganda has a comprehensive paper-based Health Management Information System (HMIS), and a computerised web-based system is currently being developed. Although the focus of the new system is on the public sector, there is an opportunity to extend to the private sector. The major challenges identified then were that: the health system was not responding effectively to the majority of Ugandans who lived in rural poverty. The essential package of health services was underfunded, leading to stock-outs of essential medicines and low quality of care services. Out-of-Pocket (OOP) expenditure was high (at over 50% of total health expenditure) and there was also high risk of catastrophic health expenditures. Health workers were not yet working in the required numbers in rural communities, and households risked

¹¹ Uganda Health System Assessment. <https://www.hfgproject.org/uganda-health-system-assessment-2011/> Accessed on 23/02/2022.

further impoverishment due to informal fees in the public sector or formal fees in the private sector.

This period also witnessed the commencement of the second National Health Policy (NHP II) in 2010 to build on the one initiated in 2000. The development of the NHP II, the National Development Plan (NDPI-2010/11-2014/15), the 1995 Constitution and the then new global dynamics which emphasised Universal Health coverage — all steered the health sector to the present day (GoU, 1995). The NHP II was developed through a participatory process involving an array of actors; the contents were on health promotion, disease prevention, early diagnosis and treatment of diseases. It specifically prioritised the effective delivery of the Uganda National Minimum Health Care Package (UNMHCP), the more efficient use of available health resources, the strengthening of PPPs for health and the overall reinforcement of health systems.

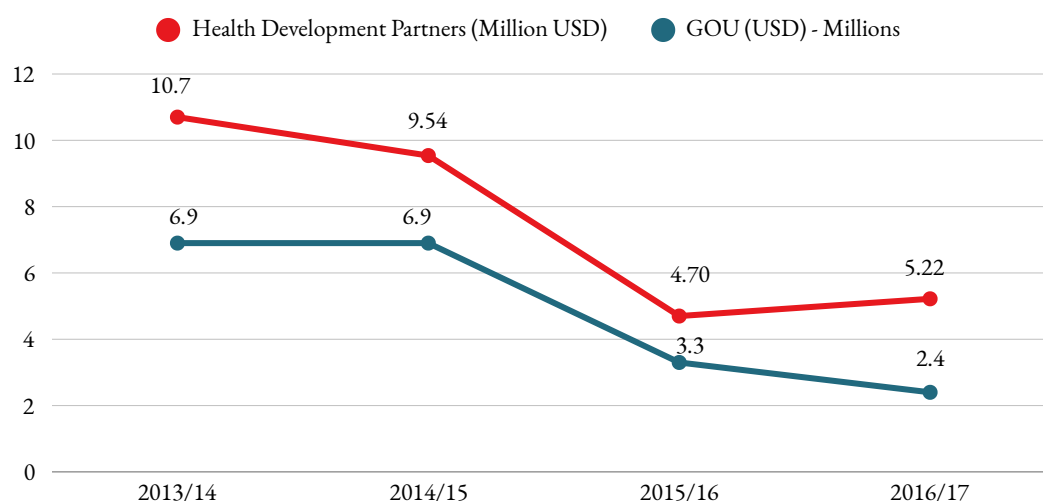
In the period of the NHP II and in line with global agendas, emphasis has been placed on attempts to achieve universal access to a minimum healthcare package as well as equitable and sustainable financing mechanisms (GoU, 2010). The NDPI placed emphasis on investing in the promotion of people's health and nutrition, which constitutes a fundamental human right for all people. Constitutionally, the Government of Uganda is obliged to provide basic health services to its people and to promote proper nutrition and healthy lifestyles. The Constitution further provides for all people in Uganda to enjoy equal rights and opportunities, including having access to health services. Investing in the promotion of people's health and nutrition ensures that they remain productive and contribute to national development. Here, as in the case with education, we see the significance of the health sector not only for the functional roles of enhancing production, social reproduction and protection but for the intrinsic values of equity, rights, and access of the population as enshrined in the Gender Policy, 2007 (GoU, 2007) and the Equal Opportunities Policy, 2006 (GoU, 2006). The combined effects of the implementation of the health policies, since the era of reforms, with the level of government and development partners' commitment, has witnessed favourable health indicators as shown in Table 6.

Table 6: Trend of health indicators, 1995-2016

Indicator	1995	2000/01	2006	2011	2016
Infant mortality rate (IMR)	86	88	76	54	43
Under five mortality rate (U5MR)	156	152	137	90	64
Maternal Mortality ratio (MMR)	506	505	435	438	336
Total fertility rate (TFR)	6.9	6.9	6.7	6.2	5.4
Unmet need for family planning	21.90%	24.40%	40.60%	34.30%	28%
Contraceptive prevalence rate	8%	18%	18%	26%	35%

Source: MoH, 2004

Graph 4: Trend analysis of reproductive health financing from 2013/14-2016/17



As Table 6 shows, several successful government and development partners' interventions contributed to the observed positive indicators, including the recruitment of additional midwives and such other health workers as nurses to offer maternal care services, particularly in rural areas and improved access to safe, affordable and effective methods of contraception. Unmet need for family planning has mainly been attributed to the declining financial commitment from government and development partners, as Graph 4 shows.

The high OOP expenditure of UGX147,869 has major implications for Family Planning access since 95% of expenditure is on curative services. The possibility of households spending on family planning is minimal since it may not be considered a priority. The reproductive health budget expenditure caters for 55% of maternal conditions, perinatal – 35% and 5% on contraception. While family planning is only 0.9% of the total health budget, Uganda faces challenges in domestic resource mobilisation and the national expenditure is mainly driven by investment in infrastructure, making the health sector, especially family planning, heavily dependent on external funding (GoU, 2018). Regarding equal opportunities in health in general, pertaining to women, UDHS (2016) shows that close to 60% of women in reproductive age report at least one problem in accessing healthcare for themselves; the problems are more striking in rural areas (64%) than in urban areas (44%). The main challenges faced by women in accessing primary healthcare are related to getting money for treatment and distance to health facilities, affecting 38% of women in reproductive age. These two challenges reflect a lack of economic empowerment for women to access primary healthcare and difficulties with physical access to the healthcare they need (GoU, 2018).

However, despite the health indicators and performance indicated above, there were several opportunities for all stakeholders in government, private not-for-profit, private for-profit sectors and development partners to improve equity and access by prioritising poor populations and rural areas through creating incentives to fill vacancies and/or staffing shortfall, particularly in underserved districts; increasing and focusing scarce public funds on pro-poor services and products; and addressing high OOP expenditures through a variety of pro-poor financing mechanisms (MoH & Makerere University Public Health, 2012).

As in the previous health policy phases, the policies/programmes have no explicit disaggregated data on gender to guide the current gender analysis. This point was echoed by the public relations officer of the Ministry of Health who said, ‘The other issue worth noting is, if we are to effectively form policies and do programming using the national data collected, we need to start critically analysing the UBOS (Uganda Bureau of Statistics) data: Uganda Demographic and Health Survey Data and Uganda National Household Survey data—by gender, regions, disability, etc. The data is available but we don’t go a step further to process them in the way we want to consume them”.

4.5 Health Policies, 2019 to Present day

During this period, the health sector witnessed the continuation of the implementation of the health policies made in the 1990s and 2000s with the values of access, equity, equality and human rights in focus. However, the advent of COVID-19 almost immediately reversed the increasing gains that were being experienced. Uganda reported the first case of COVID-19 on the 21st of March, 2020¹² and imposed stringent measures, including lockdown and reallocation of resources from other soft sectors to fight the pandemic, because it was a cross-cutting challenge. These had health-related consequences on the most vulnerable section of the population. For example, due to COVID-19 and the ensuing lockdown, Ugandans living in poverty who depended on the government’s free healthcare programmes experienced a reduced access to primary healthcare. As a result, Uganda registered an increase in the number of preventable deaths during childbirth and in other health emergencies, and an increased occurrence of deaths due to such preventable diseases as malaria. Access to family planning and other healthcare programmes was also compromised due to the inability of people to access them during the lockdown (DI, 2020). The COVID-19 pandemic, therefore, indicates that women are most affected when it comes to access and utilisation of health services. For example, teenage pregnancies in such districts as Buliisa stood at between 25-30% of all adolescent girls. Gender-based sexual violence, including rape, increased during this period, according to reports by the Uganda Police (Wamajji, 2021).

Throughout the pandemic, the government continued to respond to the health sector challenges through a myriad of ways to improve access, equity, equality and human rights by developing critical preparedness, readiness and response actions to health workers that guide them to respond to community spread of COVID-19; case-manage COVID-19 in health facilities and community; and conduct laboratory testing strategy, according to the 4Cs (communication, control, competence and cooperation) strategy in the health sector.

These strategies are disseminated through national newspapers, electronic media and a dedicated website on COVID-19 at the Ministry of Health¹³. In addition to the above measures, on the 6th of March 2021, the Ministry of Health received 864,000 doses of the AstraZeneca COVID-19 vaccine¹⁴. Uganda targeted to vaccinate 49.6% of the population aged 18+ years in a phased manner. Each phase was planned to cover 20% of the population—approximately 4.38 million people and the vaccination commenced on the 10th of March 2021. The COVAX facility allocated 3,552,000 doses of the AstraZeneca vaccine to Uganda for January–June 2021. The remaining 2,688,000 doses were expected

¹² <https://www.health.go.ug/document/update-on-the-covid-19-response-in-uganda/>

¹³ <https://www.health.go.ug/covid/technical-guidance/>

¹⁴ <https://www.afro.who.int/news/uganda-receives-864000-doses-covid-19-vaccines>

by June 2021 and at the time of conducting this research, 170,000 doses were received, after a second lockdown was declared on 7th June. The effects of the above interventions on the COVID-19 pandemic in Uganda was impressive. At the time of conducting this research, there were only 93,675 confirmed cases, 2,661 deaths, 81,992 recoveries, 1,465,216 samples tested and 1,143,763 vaccinated¹⁵. The cumulative rate of infection rose to 93,675 by July 2021, all very low by world standards. However, as in most other national databases, the data is not disaggregated by gender.

Though the trend rose since the epidemic broke out in early 2020, the situation would have been worse if the above strategies had not been put in place. The fight against an emergency such as COVID-19 underscores the need for international collaboration; government commitment; a multipronged strategy of interventions; and an informed community. It also shows how the social sector can be intertwined with the economic sector to address welfare. For example, it led to major revenue shortfalls in 2019/2020 and an anticipated increase in the total public debt, which grew from 22.4% in 2010 to a projected 41% of GDP by the end of FY2019/20 (DI, 2020). This revenue shortfall had implications on health services financing. The greatest opportunity is the global solidarity through the European Union, the USA and France that supported Uganda to acquire the vaccine. In order to meet the shortfall in vaccines supplied by the international community, Uganda attempted to come up with herbal COVID-19 vaccines. However, when the trial of the first innovation, UBV-01N, commenced in early 2021, only 35 out of the expected 124 people volunteered, thus, casting doubt on the trial and rollout of other subsequent indigenous initiatives¹⁶, such as Covidex and Covilyce-1, innovated during the second lockdown.

The challenge with the fight against COVID-19 also lies in the fact that effective intervention in community health emergency is dependent on mass education to boost uptake. In the case of COVID-19, at the time of this research, of the total of 864,000 doses of the vaccines received in the first phase, only about half was utilised, and the rest had expired—and were due for destruction because of the negative attitude of the community on the effects of the AstraZeneca vaccine. Accordingly, COVID-19 has also uncovered the dilemma in dealing with such an emergency—depending on international cooperation that may not meet the urgent needs of the people, or resorting to local innovation which is shunned by the locals. COVID-19 has also ‘amplified the existing health sector challenges, like the low number of hospital beds (0.5 per 1,000 people), inadequate human resources (at about 2 doctors per 10,000 people), low government funding, inadequate and poorly-maintained medical equipment, health personnel absenteeism and a low staff morale’ according to the public relations officer of the Ministry of Health. Another major unintentional health challenge acknowledged by the Ministry of Health is that the response to COVID-19 has led to other essential health services being under-delivered (SP4PHC, 2020), including addressing such preventable diseases as malaria and offering family planning services; and these negatively affected women the most.

In conclusion, despite evidence of positive progress, challenges of access and quality in the health sector remain. However, the global cooperation during COVID-19, the multi-sectoral policy implementation and the encouragement of indigenous technology are all commendable approaches.

¹⁵ <https://www.worldometers.info/coronavirus/country/uganda/>

¹⁶ UBS News, 9.00 PM, Saturday 23, May 2021.

5.0 WORK AND EMPLOYMENT POLICIES, 1940-TODAY

5.1 Work and Employment Policies, 1940-1961

The labour policy in the pre-independence period was dual in focus: it was closely linked with land and public employees, and prioritised the interests of the colonists. The land-related labour policy focused on creating a condition that would diminish the competition for land and labour with the white settlers and maximise colonial income (Youe, 1979) — thus, evincing a racial connotation. On formal employment, the policy embraced public employees. Like other pre-independence policies, the labour policy came into force largely from the colonial office, but also in response to some complaints, especially against the local government where posts in the local administration were being turned into family patronage (Youe, 1979). Chiefs hired friends and relatives in excess of the job ceilings. The policy, therefore, emerged partly to limit the oligarchy of the landed chiefs. The issues covered in the public labour policy were mainly on wages, recruitments, and the treatment of Africans and migrant labourers, basically on rights and inequality.

Toward the 1960s, in order to press for their labour rights, the Africans formed the Uganda Public Employees' Union, which used to negotiate with the colonial government about their rights (Scott, 1966). This led to reasonable welfare for public-sector workers during this colonial administration. The policymaking process was largely not participatory since its impetus was derived from the colonial office. The colonial context and nature of participation shaped its contents. The greatest opportunity of the policy was the coming into power in 1952 of the new reformist governor — Andrew Cohen, who was progressively moving Uganda toward self-governance and was pro-reform in favour of the protectorate. He encouraged the formation of cooperative societies and removed discrimination against Africans on cotton ginning. The challenges were that Africans were not united to demand for their rights and were largely illiterate (Lwanga-Luwiyiigo, 1987). The blind spot of this pre-colonial policy was that it was silent on gender issues, and yet from the colonial times, women were the backbone of the agricultural sector, where majority of Africans were employed, just as they are today.

Table 7: Occupations and monthly income by sex in Mulago, Kampala 1953-1955

Type of occupation	Sampled individuals		Share of the total sample (%)		Average monthly income (shillings)		
	M	F	M	F	M	F	F/M
Not working	36	286	5	68	n.a.	n.a.	n.a.
Working	621	135	95	32	92	59	0.64
Unskilled waged	263	24	40	6	58	44	0.76
Unskilled independent	58	59	9	14	88	60	0.69
Skilled waged	225	33	34	8	126	72	0.57
Skilled independent	75	19	11	5	113	50	0.44
Total	657	421	100	100	87	19	0.22

Source: De Haas and Frankema, 2018

Table 7 reveals stark gender differences in the variables studied. Women constituted the greatest proportion of the sample not working. Women also fared abysmally in all types of occupations in terms of income. Although this was a small part of Kampala studied, it could be a snapshot of the prevailing labour situation then. The statistics between men and women over the same variables could have been worse in the rural areas.

It can be concluded that there are three visible outcomes from the policies: racial inequality by relegating Africans to land; secondly, creating income inequality by skewing the policies to make Africans generate income for whites; and thirdly, the inability to address gender balance in the work and employment-related policy during this period.

5.2 Work and Employment, 1962-1980

The trajectory of work and employment policies during this period was mixed — both upwards and downward turns. Creation of productive employment opportunities to cater for new entrants in the formal labour market and taking advantage of a possible demographic dividend have remained the driving force for employment policies since independence (Ggoobi et al., 2017). The 1960s was the immediate post-independence period, which benefited immensely from the legacy of the colonial administration; but the 1970s was glaringly marked by the Amin's era of economic war and militarist approaches. It should be remembered from the outset that the nationalist sentiment of the post-independence period led to the promulgation of inward-looking policies to respond to complex political and economic demands of the period.

This inevitably led to the concentration of power in the central government and in nationalisation (Bigsten & Kayizzi-Mugerwa, 1999) and this impacted on employment policies as well. In this period, the newly independent government wanted to redress colonial legacy by improving the provision of social services and by increasing employment opportunities in urban areas. The government believed that assuming a lead in all the major economic activities was the best way of ensuring rapid employment creation and growth. The definitive move towards total control witnessed the introduction of Obote's Common Man's Charter.

By 1970, the state was ready to acquire a controlling stake in all the major enterprises in the country (Bigsten & Kayizzi-Mugerwa, 1999). Like in the pre-independence and immediate post-independence periods, most Ugandans were employed in the agricultural sector and other service sectors. The immediate employment policy generally provided relatively decent jobs and services in the formal sector, which allowed for a dignified, financially secure and healthy life and enabled good access to services. However, right from independence, the informal economy, which was predominantly female, did not provide the requisite protections in regard to their work. Consequently, women faced a plethora of barriers specific to gender when attempting to gain access to the formal economy of Uganda (Snyder, 2000; Okurut et al., 2005).

Like in the pre-independence period, the work and care sectors were informal and dominated by women and girls. Amin's period of 1971-1979 witnessed a combination of erratic domestic policies and external shocks that led to economic decline and generally reduced state participation in the economy. As Asians were ruthlessly expelled and there was massive capital flight as a result of insecurity, employment

opportunities became slimmer. The decline of the economy directly led to the decline of employment to Ugandans, who lacked income and, thus, were impoverished. Women bore the brunt of suffering in this regime because they dominated the informal economy. Basic and essential commodities, such as sugar, soaps and salt were lacking (Bigsten et al., 1999), thus, weakening the traditional community care and production roles of most women in their families.

5.3 Work and Employment, 1981-2000

Employment policies were initiated and implemented within the context of the economic reforms made under SAP. The major focus was gender, spatial equality and favourable work conditions in the labour market. As with other policies, employment-related policymaking was embedded within the IMF and World Bank conditionalities; thus, the participation in the policymaking was top-down and the contents were largely donor-driven. In general, the SAP implementation regime had devastating effects on employment as youth unemployment soared to more than 80% during this period (Kashambuzi, 2012).

Generally, SAP had mixed employment effects on Ugandans and on women in particular (Makokha, 2001). Privatisation was more costly to former female workers in state-owned enterprises (SOEs) because of their positions within the companies in which they were mostly in low or non-specialised jobs. Post privatisation within the SAP framework showed female workers as having increasingly gained employment in privatised enterprises, particularly in the service sector. However, this was not widely perceived to be an outcome of privatisation but rather influenced by the overall reform in the social and economic systems. Privatisation also worsened the demand for non-specialised skilled labour, and since this was the category where the majority of the poor and women belonged, it meant such categories lost out. Employees, during these days, both in the public and private sectors, had an improvement in working conditions, including improved earnings, introduction of new technology, greater opportunities for career enhancement, better fringe benefits, no discrimination between women and men in terms of payments, and better conditions in the production process (Makokha, 2001). Unfortunately, the improved benefits came at a cost of increased workload and in many cases, job insecurity.

Those who were laid off during the privatisation period expressed discontentment over the process due to inadequate payments, which were never paid on time, in the first place. They specifically mentioned failure to support their family needs following being laid off even where they had been paid terminal benefits. Those laid off also felt they were never empowered with new skills for survival in a different environment. According to many, no provisions were made for an employee preference scheme to increase opportunity to acquire ownership on favourable terms whether in the form of shares, purchase of physical assets or 100% buy-out. Though Makokha (2001) reported positive conditions for women during SAP, Amanda et al. (2006) instead established that Uganda's labour laws, which date from colonial times, remained with challenges of implementation in this period because they failed to address key issues for women workers, including discrimination at the workplace, maternity leave pay and sexual harassment. Standards that were in place were not effectively enforced either. Transparent and well-enforced labour standards would have benefited both investors and workers (Amanda et al., 2006). The difference in the two findings could be that the latter was done over a long period and involved an array of respondents, and, thus, could be more reliable. Amanda et al. (2006) findings are consistent with the

fact that the Employment Act 1997 was limited in Part V on employment of women, and mainly restricted to maternity issues. However, a missed opportunity for making a better employment policy during this period was the willingness of donors to fund the reforms which government should have taken advantage of to negotiate for a better effect of the reforms on the labour sector in general and on women in particular.

5.4 Work and Employment, 2001-2018

In response to the seemingly negative effect of the SAP on employment during this period, Uganda decided to come up with three direct employment policies, namely the National Youth Policy, 2001, which serves to promote equal access to socio-economic and employment opportunities commensurate with potential ability and needs of youth; the National Development Plan, 2010/11-2014/15, which prioritises job creation and employment — as seen from its theme, “Growth, employment and socio-economic transformation for property”; and the National Employment Policy, 2011. These policies were made in line with the basic intrinsic values of equity, access and equality as enshrined in the Gender Policy, 2007 and the Equal Opportunities Policy, 2006. The National Employment Policy was to address one of the critical challenges facing the country, namely the attainment of full employment coupled with decent work and equitable economic growth (GoU, 2011). In the policy, a fast rate of growth of permanent employment in the private sector remained the most effective route to sustainable poverty eradication. The goal of the policy was to create productive and decent employment for all women and men in conditions of equity, freedom, human dignity and security. It was meant to increase decent employment opportunities and labour productivity for socio-economic transformation. All the policies were a product of wide consultations with various actors, including line ministries, departments and agencies, local governments, the employers’ representatives, labour unions, private-sector organisations, civil society and academia and development partners. Concerted efforts and active participation of all actors have been the catalyst during the implementation of the policy.

The policy contents consisted of mainstreaming vulnerable groups; increasing productivity in enterprises in Uganda; strengthening labour administration and social dialogue; improving working conditions and the workplace environment, together with establishing a more appropriate institutional framework for coordination and sustainable employment. The National Employment Policy specifically focused on these three areas: (a) providing an enabling environment for private sector investment to create jobs; (b) supporting enterprise development; and (c) building skills and equipping labour with requisite knowledge. Other policy interventions that provided opportunities for creating employment on the values of equality, equity and access included the Public Service Reform; Road Sector Development Programme; Medium-Term Competitive Strategy for the Private Sector; Health Sector Plan; Education Strategic Investment Plan; Decentralisation Policy; Plan for the Modernisation of Agriculture; and Prosperity for All. These policies were aligned with the then MDGs. The policies were being enforced through a number of Acts, namely the Employment Act, 2006; Workers’ Compensation Act, Cap 225; Occupational Safety and Health Act No. 9, 2006; Labour Union Act No. 7 2006; and the Labour Disputes Act No. 8, 2006 (Konrad-Adenauer-Stiftung, 2011). ‘NOTU (National Organisation of Trade Unions) has been instrumental in enforcing these laws, but its major challenges remain internal contractions within NOTU and lack of recognition by the policy making and implementing organs of

government,’ said the public relations officer of NOTU. ‘The issue of ensuring minimum wage for our workers across all sectors is still a thorn in the flesh...’ he concluded; and this was a concern equally raised by the public relations officer of NPA.

The effects of the policies on gender and spatial differences still show gaps, as Table 8 indicates.

Table 8: Unemployment by sex and residence

Background characteristic	2005/06		2009/10	
	No.	Unemployment Rate	No.	Unemployment Rate
Sex				
Male	89,600	1.7	162,500	3.0
Female	120,100	2.1	317,800	5.2
Residence				
Urban	104,900	6.4	198,100	9.5
Rural	104,800	1.1	282,200	3.0
Regions				
Kampala	17,400	8.3	87,100	11.4
Central	3,600	1.7	154,000	5.7
Eastern	1,500	0.7	91,000	3.0
Northern	6,900	3.3	89,200	4.1
Western	1,500	0.7	59,000	2.1
Youth				
15-24	110,400	4.4	174,700	5.4
18-30	143,800	3.4	256,700	4.7
Uganda	209,700	1.9	480,300	4.2

Source: Konrad-Adenauer-Stiftung, 2011

Though Table 8 only covers a limited portion of the period, it helps to show that the unemployment rate in this period was high among females compared to males. Generally, unemployment rate was high in Northern Uganda. This is a region that was engulfed in a civil war from 1986 to 2006 and there were limited economic activities compared to the rest of the regions.

According to the UNHS (2016/17), the working population is 82.5% and 75.5% of males and females, respectively, as shown in Table 9) (GoU, 2018). Out of the male and female population, the employed constitute 56.3% and 39.7%, respectively. More than half of the working females are not considered employed because they do not work for pay. This is a potential driver of gender inequality in earnings and vulnerability. Rural people face a similar problem because although a majority of females (82.5%) are in working category, less than half are in the category of employed persons (Table 9).

Table 9: Proportion of Ugandans working and employed by 2017

Gender/Residence	# of working age	Working	Employment
Uganda	19,103,879	15,052,558 (78.8)	9,070,504 (47.5)
Urban	5,294,799	3,657,943 (69)	3,081,669 (58.2)
Rural	13,791,764	11,394,615 (82.6)	5,980,586 (43.4)
Male	8,956,181	7,396,740 (82.5)	5,042,675 (56.3)
Female	10,130,382	7,655,818 (75.5)	4,019,560 (39.7)

Source: GoU, 2018

As shown in Table 10 below, 38.1% of persons in employment are in paid employment. Of these, 30.1% are paid employees (not casual labourers in agriculture) and 8% were paid employees (casual labourers in agriculture). Evidently, males are more likely to be in paid employment (46%) than females (28.3%). Unsurprisingly, urban dwellers are also more likely to be in paid employment (51.3%) than rural dwellers (31.4%). The employed workforce who are own-account workers or contributing family workers are in vulnerable employment that is characterised by low productivity, inadequate earnings and hard-working conditions that undermine workers' fundamental human rights. Overall, 61% of the persons in employment are in vulnerable employment. Females are more likely to be in vulnerable employment (71%), as well as rural residents (68%) (GoU, 2018).

Table 10: Gender and location of employees by some categories

Gender/Age Group	Paid employee (not casual labourer in agriculture)	Paid employee (casual labourer in agriculture)	Self-employed	Contributing family members	Others
Uganda	30.1	8.0	54.3	6.9	0.6
Male	36.2	9.8	49.3	4.3	0.5
Female	22.4	5.9	60.5	10.3	0.9
Urban	48.3	3.0	43.0	5.2	0.5
Rural	20.7	10.7	60.2	7.8	0.7
14-17	17.5	9.7	40.3	30.4	2.2

Source: GoU, 2018

It can be observed from Table 10 how a social policy can be linked with economic policy to cause socio-economic transformation. The policies also show the significance of the private and public sectors in fostering socio-economic transformation. As a result of the favourable employment policies and other sector investments, there has been visible structural transformation in the economy in the past decade. The transformation can be characterised in many ways: a reduction in the total workforce employed in agriculture and a take-off in industrial production, largely in agro-processing; the rise in the share of non-tradable services in aggregate employment by about 7 percentage points at the expense of the production of tradable goods; a 12-percentage-point shift in employment away from small and medium

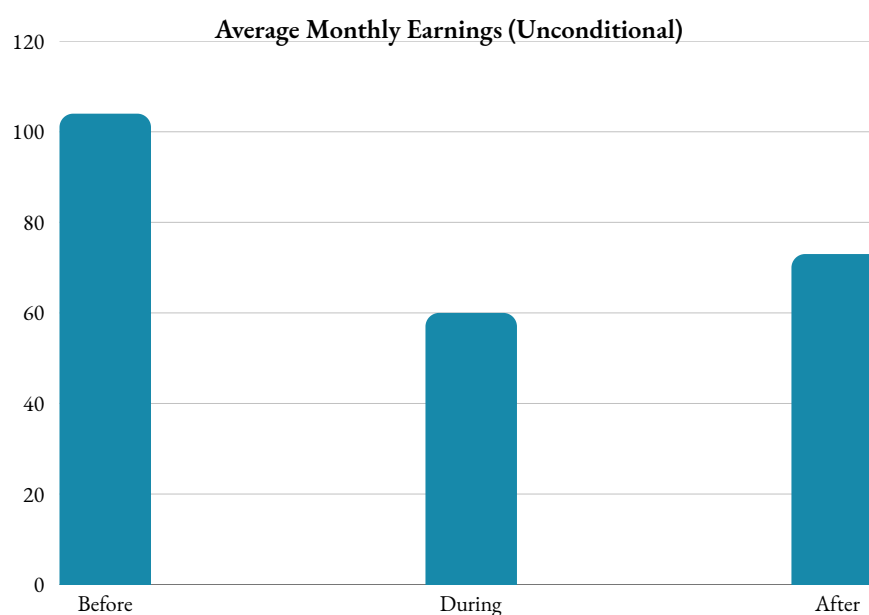
enterprises and larger firms in manufacturing and commercial agriculture mainly to microenterprises in retail trade; and the sectoral reallocation of labour on these two dimensions that coincided with significant growth in aggregate labour productivity in the tradable goods than in the non-tradable goods (Ahmed et al., 2015). The monitoring and evaluation of the policies show that the welfare of Ugandans generally improved, compared to the crisis period, i.e., 1981-2000. The greatest challenge remains how to consolidate the gains made amidst growing uncertainty about the future due to Museveni's overstaying in power and the apparent weakness in enforcing compliance to these laws. The opportunity remains the huge number of unemployed youths that could be harnessed into formal employment to spur the country into a sustainable development trajectory. Again, we see the commitment in government to employment policies bearing fruits through their functional, transformational and intrinsic values.

5.5 Work and Employment Policies, 2019-Present Day

The implementation of the policies initiated in the previous decades continued after 2018 and during the COVID-19. COVID-19 control measures, including the initial lockdown, lasted from March to May 2020; and the second lockdown of July 2021 lasting for 42 days, undoubtedly had severe effects on the implementation of the employment policies. COVID-19 had significant effects on informal and formal employment. Business closure during the first lockdown affected millions of Ugandans. National labour force survey (2016/17) indicates the informal economy employed 84.9% of the population, 90% of whom were children and youth (10-30 years) (UNDP, 2020). The closure of businesses implied that this portion of the population was already out of the market. Survival could imply the adoption of negative coping strategies, such as theft and cutting down to the bare minimum on consumption. The shock on the services sector was estimated to have significantly affected growth and livelihoods of millions of Ugandans.

Overall, the pandemic directly affected the livelihood of more than 60% employed in both industry and services — close to 90% of those who depended on these two sectors in urban areas. These sectors are largely informal, employing 90.5% of young people. Using the integrated-SDG (iSDG-Uganda) model to conduct a scenario analysis on medium- and long-term development issues at the national level, a study found that COVID-19 had medium- and long-term effects on employment and livelihoods for many people, due in part to the reduced domestic and international movement (UNDP, 2020). In another study of SMEs in 2020, it was established that even though most firms reopened, and a considerable share of workers were re-employed, this was accompanied by significant income losses as firms were earning 30% lower revenues, and workers were earning 30% less incomes than before the lockdown (Bassi et al., 2021).

Graph 5: Average monthly earnings of employees before, during and after the three-month lockdown



Source: Vittorio Bassi, Tommaso Porzio, Ritwika Sen, Esau Tugume, 2021

Table 11: Income loss due to COVID-19

	Income Loss				
	LCU (billion)	in USD (million)	Share of monthly GDP (%)	# People in HHs losing income	Share of population losing income (%)
National	699	184	9.1%	27,028,869	65%
Kampala only	120	31	1.6%	1,168,358	68%
Other Urban only	296	78	3.9%	6,011,267	72%
Rural only	283	74	3.7%	19,849,244	63%

Source: Younger et al., (2020)

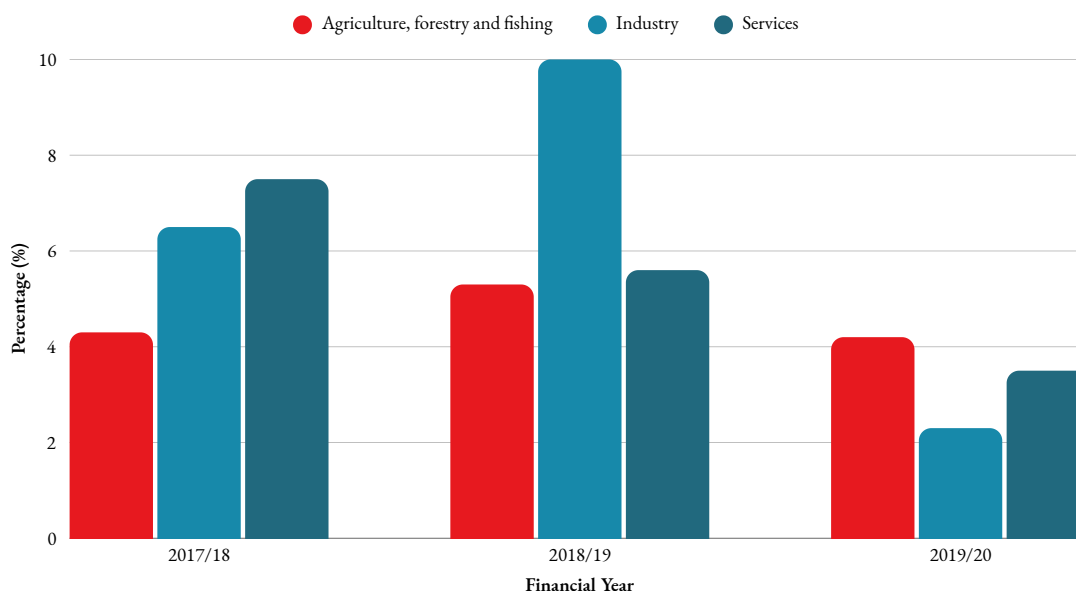
From Table 11, the first result to observe is that the losses are large, amounting to 9.1% of monthly GDP. The second result to observe is that exposure to the shock is similar in Kampala and other urban areas, with 68% and 72% of households in these areas losing income, respectively. Even in rural areas, the impact is not much less as would have been expected. Another surprising result is that the total loss in income is larger in rural areas than in Kampala and close to that in other cities, by virtue of the much larger population in rural areas. In response to the effects of the COVID-19 on employment, the Ministry of Gender, Labour and Social Development¹⁷ issued policy guidelines to be followed by the stakeholders during the pandemic. Some of the guidelines were made in line with Section 19 of the Employment Act, 2006 that required all employers to provide statistics and returns on the number of

¹⁷ Issued vide a circular dated 25th March, 2020 to the Executive Director, Federation of Uganda Employers and copied to all key public ministries, agencies and private enterprises.

workers likely to be affected. The spokesperson of the NOTU emphasised, ‘Government should be supportive to the workers. The long-awaited NSSF Bill should be assented to, so that workers get access to their savings during these dark days of the COVID-19¹⁸.

Generally, COVID-19 had a negative impact on the economy, which affected employment, as seen in Graph 6.

Graph 6: Overall impact of COVID-19 on the economy by sector



This graph shows that agricultural production grew modestly in 2019/20 by 0.54 percentage points from 5.37%, as reported in 2018/19. The industrial sector was evidently the worst hit with a reduction in the growth rate of 7.95 percentage points from the growth 10.13% in 2018/19. This was due to the termination or slowdown of production by the manufacturing sector in observance of COVID-19 restrictions. Overall, the economy did poorly in 2019/20, compared to the previous two years. Since women are the largest employees in the agricultural sector, it can be concluded that they suffered most during this period. The government estimated that the fiscal deficit would grow to 9.80% in 2020/21 due to an increase in debt and fall in domestic revenue (GoU, 2020), and this might worsen the plight of the youth and many Ugandans, including women.

It can be observed that the policy guidelines on COVID-19 are not explicitly clear on gender issues. Some of the policies could have long-lasting effects on the sector. The bottom-line argument is that whatever employment policies are initiated, they should improve the welfare of people, because doing so can stimulate aggregate demands for goods and services, hence, spurring other economic activities for sustained development. The democratic processes of policymaking and the promulgation of gender-sensitive policies, albeit inadequate, were good development approaches during this period.

6.0 WATER, HYGIENE AND SANITATION, 1940-1961

It is on record that the first pipe water system in Uganda was constructed in the 1930s and the first water-borne sewage system was introduced in 1937, followed by the construction of new facilities that increased in the 1950s under the national development programmes (Nilsson, 2006). The water, hygiene and sanitation programming were covered under the 1946 ten-year development plan. The plan aimed at improving the welfare of the people through the Colonial Development and Welfare Scheme, though other commentators contend that it was meant to raise British colonial economic standards and enhance the rate of exploitation other than the welfare of the colonised people (Kaberuka, 1987).

Like all colonial policies, it originated from the colonial office and formulation was not participatory. The contents focused only on limited issues, mainly agriculture. Water, hygiene and sanitation issues were non-prioritised, save for urban areas where the whites settled. Under this water and sanitation plan, inequalities reportedly worsened (Kaberuka, 1987) — access within the urban centres and between the rural and the urban. In urban areas, access was possible mainly for European and Asians. Geographically, the policy only focused on some few urban centres. As with most colonial policies, gender issues on water, sanitation and hygiene were not explicitly addressed. Thus, despite favourable world economic conditions, the Ugandan economy was not radically transformed, and little real development occurred by 1960.

In conclusion, it can be said that the water, hygiene and sanitation policies before independence positively impacted the whites in the urban areas compared to natives in the rural areas. Spatially, central Uganda benefited more than the rest of the country.

6.1 Water, Hygiene and Sanitation, 1962-1980

Like other sectors during this period, all policies were contained in the first and second National Development Plans: 1961/2-1966/67 and 1967/68-1970/71, which focused on development in the public sector and private sector investment, and the third development plan of 1971/2-1975/6 and the Three-year Economic Rehabilitation Plan of 1977/8-79/80 (Atieno & Ouma, 2007). The dominant political ideology was socialism — the Common Man's Charter (Ibid) — during the Obote 1 regime.

The existing systems during the pre-independence period continued to be implemented. After independence in 1962, no serious attempt was made to expand the facilities, but the existing facilities were maintained. The water-related issues were contained in the successive development plans. As in the colonial period, little emphasis was placed on sanitation and hygiene, as most of the facilities inherited from the colonial masters were the ones being used predominantly in the urban areas. In the rural areas where the bulk of the population and women lived, there was no access to these facilities. It can, thus, be assumed that the policies did not have any significant positive impact on the welfare of the common people. The National Water and Sewerage Corporation was created in 1972 as a government parastatal organisation but served only Entebbe, Jinja and Kampala (Muhairwe, 2003). So, the impact on ordinary Ugandans was negligible. In Amin's era, investment in such social services as water, sanitation and hygiene infrastructure severely suffered. This was a period when policy decisions were orally made by phone, on radio, or often by erratic personal proclamations by Amin (*Time Magazine*, 1977).

6.2 Water, Hygiene and Sanitation, 1981-2000

Following the effects of SAP and the political instabilities in the 1990s, Rural Water and Sanitation (RUWASA) project was designed and implemented to increase the supply of clean water and improve sanitation in communities with support from DANIDA (DANIDA, 2019). In short, the values in this period were predominantly access, quality and equity. Towards the end of 1990s, there was a policy shift from projects towards sector-wide approach (SWAp) to water and sanitation management with a broader national geographical coverage; there was also a concomitant shift from physical implementation to policy-level support (WSP-AF, 2002). Under this new development, the sub-sector focus was particularly on rural water supply and water resource management. It can be observed that the WASH was multi-stakeholder policy-driven, birthed in the context of reforms during the SAP, with the involvement of such agencies as UNICEF and World Bank.

It should be realised that WASH was birthed within the global development agendas to which the government committed itself: the 1978 Alma Ata Declaration on public healthcare, the 20/20 initiative adopted at the 1995 World Summit on Social Development and the 2000 MDGs (Atieno & Ouma, 2007). WASH is cross-cutting, hence, many ministries were involved — including Environment, Health and Education. The contents included issues on water, sanitation and hygiene. A comprehensive gender strategy and policy framework was developed for the sector in line with the Gender Policy, 2007 (GoU, 2007) and the Equal Opportunity Policy, 2006 (GoU, 2006). Equity in access to water was addressed through a pro-poor strategy for the sector, which aimed at improving access for underserved and/or vulnerable communities through the inclusion of non-payment of capital costs. Although the coverage was limited, there was significant improvement in both rural and urban access to, and use of, latrines, handwashing facilities and safe water (NSWG, 2006).

The greatest challenge to the implementation of the policies were a cocktail of diverging objectives and decreasing financial commitment to the sector by the government, together with several corruption incidences that hampered cooperation with donors and affected the overall funding commitments to the sector. Regarding corruption, the public relations officer of the Ministry of Water affirmed, ‘The corruption in the sector, just as in other sectors, is letting down service delivery . . . It leads to illegal connections, loss of revenue, and loss of trust by the community . . . It is pathetic!’ The policies handled cross-cutting issues, thus, they gained support of many stakeholders, including the civil society organisations, who had formed themselves into Uganda Water and Sanitation Network (UWASNET) (DANIDA, 2019). Such a network is useful for policy sustainability. Although the coverage was limited, its impacts, for example, on latrine hygiene and handwashing, especially in schools, are noticeable.

6.3 Water, Hygiene and Sanitation, 2001-2018

Despite the commendable achievements in the previous decade, Uganda still faced remarkable challenges in achieving related MDGs targets and the ultimate goal of universal coverage and use. In the 2000s, there was a high level of faecal pollution, resulting in a tragic and unnecessary loss of young Ugandan lives. Unsafe water and sanitation also had a debilitating effect on families struggling with repeated bouts of diarrhoea and excessive worm infections. ‘Sanitation’ and ‘hygiene’ here refer to information sought on selected household sanitary facilities and hygienic practices, which focused on the availability and use of a kitchen, bathroom, toilet, garbage disposal and handwashing facilities (GoU, 2015b).

Poor environmental health inhibits educational opportunities, especially for the poor, and reduces Uganda's rate of development. Diarrhoea should have been history in Uganda, yet outbreaks of cholera and dysentery still claimed front page news during this period. Some of the challenges are locale specific, as shown in Fig. 1.

Fig. 1: Challenges associated with access to safe and clean water



Source: Tsimpo and Wodon, 2018

Table 12: Average time taken by women/girls and distance traversed to collect water

	Distance to water (km)		Time to water source (minutes)		Waiting time (minutes)	
	Dry Season	Rainy Season	Dry Season	Rainy Season	Dry Season	Rainy Season
Central	1.74	0.73	27.3	10.1	24.0	2.5
Eastern	0.89	0.73	17.0	14.3	65.5	10.8
Northern	0.89	0.75	15.2	14.1	69.6	20.8
Western	1.06	0.56	18.8	10.9	14.0	3.6
All	1.15	0.69	19.6	12.2	42.0	9.3

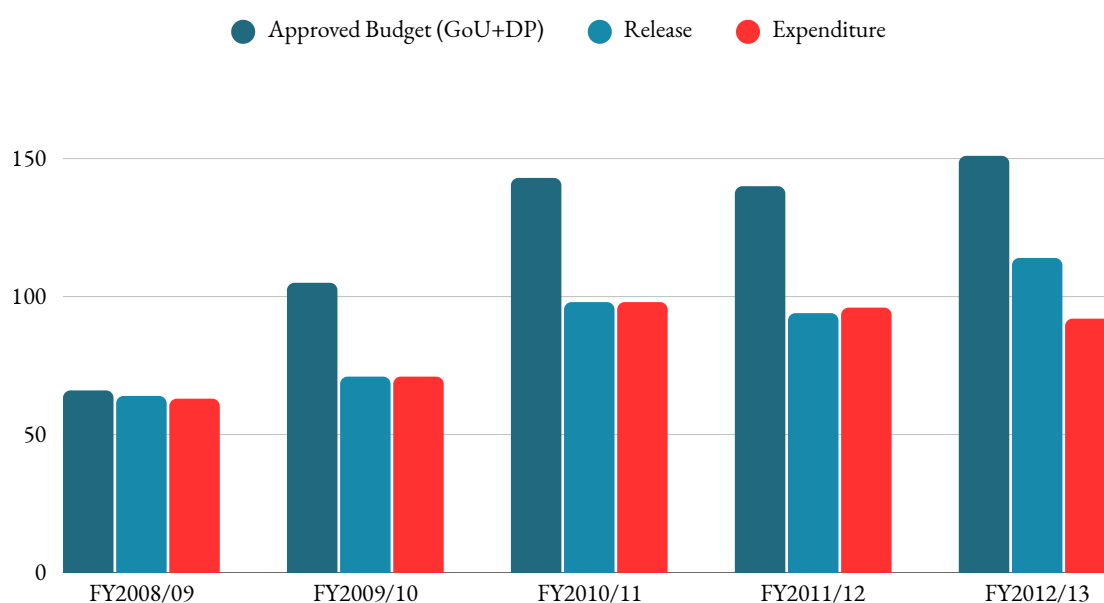
Source: Kabunga et al., (2016)

Table 12 shows that more time is wasted in collecting water during the day and it is more severe in Northern Uganda. This is because, in some seasons, water is scarce. Less time is spent in collecting water at the central areas because in these parts, many water-collecting technologies are in place, such as water harvesting at home and using such transport as motorcycles to ease water collection.

These and other concerns led to more investments in the sector. It was during this period that the Water Action Plan was developed. Danish support, as well as aid from the World Bank and UNICEF, helped in drawing up the Improved Sanitation and Hygiene (ISH) Plan, a ten-year strategy, which adopted an evidence-based approach to sanitation. The ISH was framed in line with the Directorate of Water Development's pro-poor strategy for water and sanitation (Tsimpo & Wodon, 2018). ISH clearly defined the roles of different line ministries and the corresponding local government departments on sanitation issues. Under ISH, key stakeholders from government and non-government institutions committed themselves through performance-related contracts and were held accountable for achieving results. The ISH had three objectives: improved handwashing practice; improved latrine coverage and usage; and improved safe water chain. It targeted the poor, both in the rural and urban areas.

It was a cross-cutting programme defined within the framework of PEAP, the Health Sector Strategic Plan (HSSP), Water and Sanitation Sector SIP 2015 and the Ministry of Education and Sports (MoES, NSWG, 2006). Starting from 2008, a Joint Water and Environment Sector Support Programme (JWESSP), with bilateral and multilateral partners, was carried out, thereby introducing an explicit focus on the environment (DANIDA, 2019; UNICEF 2019). Through the World Bank Water Management and Development project in ten cities/towns, there was remarkable improvement in the integration of water resources planning, management and development, as well as access to water and sanitation services in priority urban areas. From 2012 to 2018, more than 1.01 million people had access to improved water sources, and 25,000 piped household water connections were rehabilitated. These were people both in the rural and urban areas where there had not been improved water services in the past. However, despite its good intentions, the project only targeted the urban centres, neglecting the rural areas where the bulk of the poor, including women, lived.

Graph 7: Water and environment sector budget. Released funds and actual expenditures (Billions of Shillings)



Source: Kabunga et al., (2016)

According to the Ministry of Water and Environment's sector performance report (2017) and the Ministry of Education and Sport's School WASH mapping (2016), despite heavy investment in the sector during this period, the situation of WASH in schools did not meet the national standards. However, the WASH programmes in schools had been gender-sensitive, for they made provision for menstrual hygiene in schools for girls and built separate toilets for boys and girls (UNICEF, 2019). The challenge remains with the local specific needs, how to come up with context- and community-specific responses to WASH needs and budget consistency for suitability. Donor interest and collaboration, however, remain a great opportunity to improving the general welfare of Ugandans.

For the WASH programme to have impact on the people through enhanced access and improved quality, there should be consistency in the funds approved, released and spent as for FY 2008/9 (Graph 7). If what is spent is less than what is approved and released, as in FY 2012/13 because of budgetary reallocation and leakages, this gap could have contributed to Uganda's failure to meet the MDGs on WASH targets by 2015.

6.4 WASH Policies and COVID-19 Responses, 2019 to Present

This period witnessed the continuation of the implementation of the policies in the last decades with emphasis on access, equity and quality. However, new policy responses emerged to confront the pandemic. In Uganda, WASH policies emerged under the overarching National Corona Virus Disease (COVID-19) Preparedness and Response Plan (June 2020)¹⁹. Uganda's WASH response to the pandemic has been through two major avenues: firstly, through individuals and households who were counselled to observe hygiene by regular handwashing, among other SOPs provided by WHO; and secondly, through the public cooperation, the National Water and Sewerage Cooperation (NWSC) also made some interventions. On the 18th of March 2020, the president announced three main strategies by NWSC to respond to the COVID-19 threat (Bukenya, 2020). The first was the mobilisation by NWSC of emergency support to secure and extend water services in water-stressed urban areas.

In response, NWSC partnered with two leading private-sector enterprises, Roofings Uganda Ltd and MTN Uganda, to improvise low-cost water service to informal settlements in urban areas. NWSC planned to purchase 100 plastic water tanks of 10,000-litre capacity to build 23 emergency water reservoirs that would be refilled using water trucks. However, customers were charged for this service, albeit at a subsidised rate. The second strategy was the emergency extension of water and sanitation services in public spaces where the risk of transmission was considered high. In response, NWSC partnered with Kampala Capital City Authority (KCCA) to install water points to promote free handwashing, hygiene and disinfection. The prime targets included the usually crowded public places, such as markets and transport stations in Kampala's central business district and the city suburbs. The third was NWSC's decision to suspend disconnections of water for nonpayment. However, this measure only provided temporary relief as customers had to pay the accumulated arrears (Bukenya, 2020).

The above actions drew mixed reactions from Ugandans. While some appreciated the moves, others were critical, especially on the payment of subsidised fees and the water bills in arrears. Although the policy was limited to Kampala City and its suburbs, it is evident that NWSC's response reflects the neoliberal principles embedded in the legal and policy frameworks that broadly inform its strategies, and which emphasised the commercial viability rather than the public benefits of water services. However, concentration of water services within Kampala still indicates how public policies usually do not favour rural communities, perpetuating the rural-urban divide, hence, inequality. The COVID-19 WASH response was not only a government initiative, but a concerted effort with the bilateral and multilateral organisations. Besides the WASH consumables, UNICEF has been dispatching Personal Protective Equipment, handwashing equipment and gumboots to District Health Officers, Regional Referral Hospitals and other private partners (Buwembo, 2020). UNICEF public relations officer reported, thus, 'Our contribution is contributing to a good fight against the pandemic in the country . . . and we shall continue to do so'. Ugandans derived many benefits from these interventions. Total death rate was 364 by the time of this research. Women were least affected because of their sensitivity to water and sanitation compared to men. For example, Uganda's handwashing-with-soap initiatives reached an unprecedented 86% in the last three months since the outbreak of the pandemic in March 2020,

¹⁹ <https://covid19.gou.go.ug/about.html>

surpassing the country's 2020 National Development Plan II target of 50% (Alioni, 2020). Quick and concerted action, political will, leadership and adequate resources have all made a big difference regarding hand hygiene behaviour, but the greatest challenge was how to sustain this behavioural change beyond the epidemic (Alioni, 2020). Government estimates that the fiscal deficit will increase to 9.80% in 2020/21 if debts increase and domestic revenues fall (GoU, 2020), owing to COVID-19 restriction on the economy. In the case of this eventuality, WASH will equally be affected.

In conclusion, the key approaches that are worth emulating are the multi-stakeholder intervention in the sector, the democratic process of policymaking and commitment in a cross-cutting sector such as WASH.

7.0 DISCUSSION OF FINDINGS

7.1 Cross-cutting Issues

The findings are reported on the four sectors—Education, Health, Work and Employment, and WASH, following an aggregate non-linear trajectory from pre-independence Uganda to the present day. Social policies in these sectors have been found to have played, in different measures and periods, critical functions, such as that of production, social reproduction, redistribution and social integration; these produced the intrinsic values of equity, equality, access, rights and social inclusion. Such intrinsic values are explicitly expressed in the Theory of Social Justice (Rawls, 1990). These social policies have largely taken a trajectory of a narrow-based conceptualisation from the colonial time, predominantly focusing on primary education and basic health. After independence and over time, these were underpinned by many national development plans, the Constitution, political ideologies and global contextual factors. After the SAP, social policy has been broadly conceptualised to include education, health, employment, and WASH, recognising their collective contribution to Uganda's social development over time and their alignment with global and national development agendas.

Education, health, work and employment and WASH have been pivotal since colonial times in causing transformative impacts on the triad of poverty, ignorance and disease on vulnerable and marginalised groups, such as women (health, WASH), children (education) and the youth (employment). The exception was during Amin's regime and the SAP periods when the impacts have been negative in most cases. Analysis of the policies based on Walt and Gilson framework (1994) are revealing, regarding the contents, actors (stakeholders), contexts and processes. The social policy choices and contents at all stages were influenced by the development plans which were themselves influenced by the socio-political and economic contexts of the time frame within the dominant ideologies: the colonial predominant rural development approaches, the post-independence nationalist focus, Amin's economic war and militaristic era, and the neo-liberal economic-growth approaches from 1981 to the present day.

From 2000 to 2015 and thereafter, the contents of social policies in all the four sectors were also largely inspired by the global agendas, the MDGs and SDGs and the donors, underscoring the significance of international partnerships in social policies (Atieno & Ouma, 2007). Besides the contents, the actors and the process also played a key role in shaping the contents and policy priorities, including the gendered components and budgetary implications. It is evident that where there have been multiple actors and the process is through democratic process of participation and multi-actor approaches, the impacts of the

policies have been largely transformative and gender-inclusive. These have been noticeable, for example, in the formulation and implementation of the Water and Sanitation Action Plan, RUWASA and the Improved Sanitation and Hygiene Plan, all of which led to improved services to the poor between 2001 and 2018, though with a bias to urban areas.

Similarly, the health reforms that emerged between 2001 and 2018 witnessed significant impacts and improved health indicators. Their democratic form of participation and multi-actor approaches to policymaking and implementation underscore the importance and relevance of ideational perspective (Chong & Druckman, 2007); as well as theories in social policymaking and analysis. Generally, the contents constituted the intrinsic values on access, equity and equality in line with the Gender Policy (2007) and the Equal Opportunity Policy (2006). The political, social and economic contexts within which the policies were made and implemented influenced the values and outcomes. The trajectory from pre-independence indicated that almost all policies during the colonial period were conceived with colonial interest at heart, mainly to exploit the Ugandan economy, which was mainly agri-based; and the education sector was to provide the educated manpower to run the economy. No doubt, during the colonial phase, participation of the locals in the policy process was pseudo-democratic, limited through some commissions, which were also colonial-dominated in membership, as in the case of education policies — namely the Bunsen Education Committee (1952) and the Education Ordinance (1959) (Ssekamwa, 1997; Ssekamwa & Lugumba, 2020).

From the foregoing sections, it is obvious that the Theory of Industrialisation/Social Change (Petrus, 2008) underscores the significance of the interplay of a fair mix of the state, market and social institutions in effective policymaking. Where a state has been strong, as was in the immediate post-independence period with inward-looking policies, this did not augur well with policy formulation and implementation — subsequently resulting in unsatisfactory impacts on the population. This was evident, for example, in the attempt by the state after independence to control the economy and this brought acrimony between the state and the missionaries over the control of schools (Ssekamwa, 1997; Ssekamwa & Ama, 2005). Similarly, where the state wanted to remain lean and leave the market to lead the economy, as happened during the era of SAPs, this led to the emergence of a lean social services sector to the citizenry. The adoption of austerity measures under SAP meant that the poor experienced a decline in the ability to pay for basic services, resulting in a decline in their access and utilisation, and, therefore, worsening their poverty level (Atieno & Ouma, 2007).

Even the PPP initiated under these reforms have been noted to have had mixed impacts. In terms of employment, the austerity measures pursued during this period had devastating effects on youth employment (Kashambuzi, 2012) and women. Where there was a balance in the social policymaking process and implementation, as was witnessed during 2001-2018 with the promulgation of the 2011 employment policy with strong stakeholders' involvement and enforcement of the accompanying Acts, the effects on the employment sector, including the gender considerations, were evident. However, the fact that the youth unemployment rate in Uganda stands between 64% and 70% and about 400,000 youths are released annually into the job market to compete for approximately 9,000 available jobs (UBOS, 2021) means that much still needs to be done to boost employment opportunities, especially for women.

In Uganda, from the previous analysis, social policies in the economy are gaining prominence in all the sectors because of their transformative nature — impacting directly on the social and economic structures and livelihoods of the citizens through their intrinsic values. The prominence of social policies in the forefront for national development has manifested through the successive five-year national development plans since independence, the Constitution, Vision 2040 and the aforementioned global development agendas which witnessed increasing government commitments through favourable budget appropriation, except during COVID-19. Some of the policies are complementary to the line ministry's policies under examination and are operationalised through affirmative action plans, such as the Northern Uganda Social Action Funds (NUSAF), to provide income support to build the resilience of the poor and vulnerable households in Northern Uganda and the Peace Recovery and Development Plan (PRDP), a programme for the recovery of Northern Uganda after decades of civil wars and focused on health, agriculture, education, employment and water and sanitation, among other services. Women's village-saving groups were targeted in these interventions and there is evidence of social effects on them, for example, through improved livelihoods and resilience, compared to men²⁰. However, like many projects, monitoring and evaluation revealed the programmes mentioned above are dogged by the challenges of shoddy works due to corruption, lack of coordination, incomplete projects and inadequate funding (GoU, 2015a).

In different measures, the importance of social policies for promoting production, reproduction and social integration has been acknowledged and highlighted in the 2021/2022²¹ budget. Accordingly, 17% of the budget (UGX44.8 trillion)²², the highest, has been allocated to human capital development (education, health and social development). In the budget, there is also the target to provide safe water to 81% of rural areas and 100% to urban areas by 2025. However, the challenge with budgets is that much as this shows a sign of government commitment, it is still inadequate to meet the needs in these sectors as there is often a mismatch between budget approved and actual amounts released as well as expenditure realities. Corruption, which is endemic in the economy, should be addressed if social policies are to have impact on the citizens and especially on the vulnerable. The commitment by the Head of State during the speech at the swearing-in of the cabinet for the 11th Parliament²³ that there would be zero tolerance to corruption during his tenure should be actualised by rolling out a clear strategy to deal with corruption practically and not allow it to remain mere political rhetoric.

From the foregoing, the implications for effective social policies, even if they are factored into the budget, should serve the intended purpose; the budget must be adequate, address the needs of the people regarding such values as equity, rights, redistribution, etc. All these cannot be achieved unless the policy includes such vulnerable people as women, the poor, people with disabilities, children, youth, the jobless and refugees directly or through democratic representation. Democracy has been acknowledged as one of the ingredients of effective policymaking because it does not only enhance participation, but proffers rights to individuals as well as encompass diverse interests (Mullard & Spicker, 2005). Besides, the target population needs to be empowered materially or immaterially by addressing the social norms

²⁰ <https://www.independent.co.ug/45-groups-get-ugx-195m-under-nusaf-iii-in-lira-city/>

²¹ National Budget 2021/22. Thursday June 10, 2021, Kololo Grounds, Kampala.

²² Prevailing rate of exchange is 1 US dollar to 3,515.17 shillings.

²³ Live President's address, on all Electronic media, to the new Cabinet sworn in on 21 June, 2021.

(Mullard & Spicker, 2005) that might lead to the exclusion of some people, such as women. In the area of social policy, the role of the state remains necessary in protecting the freedoms of individuals, networks and families from the predations of others. Traditional market liberalism is equally important in the policymaking process (Mullard & Spicker, 2005).

The foregoing arguments, therefore, underscore the interaction and interface between the state, market and social institutions in crafting powerful social, economic and political gender-transformative policies beyond the COVID-19 era. Across the sectors, COVID-19 has significantly influenced gender policies, and some are bound to be long-lasting and transformative. The global commitment to end the pandemic and to address similar future challenges should be an opportunity to exploit. For example, the pledge by the IMF to give Uganda US\$1 billion (New Vision 1 July, 2021) towards post-COVID-19 recovery is an opportunity that is timely. It should, therefore, be used objectively to ensure sustainable and transformative development.

It should, however, be mentioned that though there has been a favourable trajectory of gender-related social policy, especially from the 1980s, there has been a concern on the quality of the services provided, especially in health and education. Although it is also argued that the budgetary allocations have been favourable in support of the policies, in comparative terms, these have not been adequate to meet the desired needs. For example, the government in 2014 spent 3.2% and 2.5% of GDP on public education and public health, respectively. In comparison, Rwanda spends 4.2% and 6.1%, Tanzania spends 6.2% and 2.9% and Kenya spends 6.7% and 1.8% of GDP on education and health, respectively (UNRISD, 2014). In Uganda, this has been the trend since 2006, unlike in the 1990s and early 2000s when Uganda was a donor-dependent country (Barkan, 2011). There are three key explanations for the inadequate spending in the social policies in Uganda today. Firstly, the low donor support to the country's budget that began around 2006 as a penalty to poor records on democratisation and corruption. Accordingly, since 2008, World Bank disbursements to Uganda for general budget support have dropped from US\$400 million to US\$100 million annually (Barkan, 2011). Secondly, there was a shift in government priority, focusing heavily on infrastructural development, structural transformation and expansion of productive sectors (Hickey, 2013). Thirdly, there was low domestic revenue mobilisation despite several reforms in taxation policies and in tax administration (UNRISD, 2014). Table 13 shows the dismal budget trajectory, less than 1% of the GDP.

Table 13: Social sector allocation as a percentage of GDP (UNRISD, 2014)

Financial Year	09/10	10/11	11/12	12/13
GoU, GDP (UGX-bn)	34,908	39,051	49,087	54,688
Social Sector Budget (UGX-bn)	32.4	32	50.4	26.55
Social Sector Budget as a % of GDP	0.09	0.08	0.01	0.05

7.2 Education Policies

Education policies from the 1940s to the present day have been instrumental in equipping citizens with skills at different stages of the development process. This has also been acknowledged in another but similar research (Chachage, 2007). Though the conceptualisation was narrow-based to fit the interest of the colonialists by initially focusing on native education and later on the primary level, the impetus to Africanise the economy after independence repositioned education policies for increasing the productivity of the citizens through vocational education, primary and secondary education; and this focus was sustained long after independence (Ssekamwa, 1997). The existing key policies that have been gender-transformational are the UPE; USE; the Education Act, 2008; the National Integrated Early Child Policy, 2016; and COVID-19 response strategies. From 2006, the education policy context was largely influenced by the key tenets of the Gender Policy, 2007 and the Equal Opportunities Policy, 2006, which emphasised such values as equity, equality, access and social inclusion. The educational policy trajectory was subsequently underpinned by the socio-economic and political contexts and the global development agendas. The acrimony that erupted between the founding members and the state over the control of education in the 1960s underscores the dangers of the lack of stakeholder involvement through a democratic process in social policymaking and, therefore, reinforces the relevance of that framework in the policy analysis of Walt and Gilson (1999).

Amin's regime (1971-1979) is a testimony to the danger of a hostile political environment for policymaking by military decrees and the effects it can have on the education system (Ssekamwa, 1997). Currently, except during COVID-19, education policies have had positive effects on the citizens, with increased gross enrolment, as well as net enrolment (Ssewamal et al., 2008). To date, net enrolment at the primary level stands at 91%, and literacy at 76% (UBOS, 2021). However, the challenges to the sector, including poor quality, access and relevance, remain daunting. As noted earlier, there is still a huge gender disparity in key education indicators. The opportunity, such as government commitment, should be sustained if educational policies are to remain an engine for improving livelihood in Uganda. The planned government support to the education sector, as indicated in the recent budget (2021/22) through digitising inspection, universalisation of education and upgrading the education facilities, improving teacher and staffing numbers and improving quality should not be given lip service, if educational policy is to comprehensively play a gender transformative role in the future of the economy. In the education sector, as earlier noted, COVID-19 brought in new challenges in addition to the existing challenges of access, quality, and relevance.

The gendered gaps are unavoidable. The dropout rate for the girlchild, especially due to pregnancy and domestic violence, has soared. The closure of schools and higher institutions led to the emergence of new policies, some of which are likely to be gender-transformative and long-lasting. Firstly, it has opened the door for e-learning technologies, which had never been witnessed in higher institutions. Particularly, higher institutions are now obliged to adopt e-learning as a medium of interaction with students. However, it is feared that this alone may cause further gender exclusion in accessing education, especially between the rural and the urban populations. Firstly, face-to-face field work supervision has now been replaced by other internship models that limit interaction. Secondly, the issuance of the COVID-19 education response guidelines, including parents' guide to support learning, has brought in parents

directly as key stakeholders in the learning arena. Hitherto, they used to believe that learning involves only the teacher and the classroom. Additionally, given that some rural parents are illiterate, it is unlikely that this model may lead to equality and quality in education service, and girls might be disadvantaged most.

The adoption of e-learning technologies is likely to overcome geographical access and rigidities of conventional education (Tumwesigye, 2020). However, much as the online learning is being embarked on globally, commentators are weary of its long-term unintended consequences on the education system (Webb et al., 2021). The distance educational and e-learning model can worsen existing inequalities, spatially, by gender and age group. Government must, therefore, invest in boosting IT access, usage and digital literacy which are very low in the country (CIPESA, 2018). Besides the development of parents' guidelines to support learning, the government needs to devise means of sensitising parents on this new role and ensure oversight to enforce parents' adherence to these guidelines. Unfortunately, it is unlikely that this would be undertaken this financial year (2021/22) since the budget was crafted with the belief that COVID-19 was going to be contained before the second wave was declared in early June (Daily Monitor, 2021). Though the PPP has been instrumental in increasing the relevance of education in the development process, the COVID-19 period has also witnessed several private institutions and schools closing due to financial difficulties. This could perhaps be a wake up call for government to develop a comprehensive package to support the private education sector during such a crisis. But is this feasible amidst pressing demands for services and limited public resources?

7.3 Health Sector Policies

Health policies remain key in the gender transformation process of the country. Like other policies, the trajectory of the sector from the 1940s to the present day was largely underpinned by the contexts of policymaking, from a constricted base during colonial time when emphasis was only on the primary healthcare to the current stage of providing comprehensive health package to the citizens. The Amin regime witnessed a sharp decline in the policy trajectory, to the extent that most Ugandans resorted to traditional medications, with negative consequences to the population. As has been already mentioned, women bore the brunt during this period. The reforms in the health sector initiated in the 1990s to respond to the negative effects of the SAP had positive effects on the health of ordinary Ugandans, as witnessed in increased hospital attendance, immunisation and deliveries (MOH, 2004).

Key health policies that steered the sector are the National Health Policy (2010), the Health Sector Strategic Plan, SWAp, the UNMHCP (Tashobya et al., 2006), as well as the COVID-19 response strategies. The strengths of the interventions in the health sector were premised on the fact that multi-stakeholders were involved in the policy formulation and implementation. This, and political commitment, shaped the policy contents and eventual impact on the population, including women. The current major health challenges hinge around the capacity to implement at the district level under decentralisation, low expenditure per capita, high OOP in the rural areas, and access to contraceptives. The recent favourable health budget proposal (Daily Monitor, June 2021) of maintaining and strengthening health systems, to ensure increased efficiency and effectiveness in healthcare delivery should not only be sustained but upgraded in sync with the increasing health needs of the population. To ensure equity, more emphasis should be placed on developing rural health systems and infrastructure where OOP is high and women are most at risk.

COVID-19 has admittedly influenced policymaking and the following are the influences which are likely to be long-lasting. The pandemic enabled the government to build the preparedness, readiness and response capacity of health workers to a level never seen before. This was above the response strategies witnessed during the previous outbreak of Ebola. The government also developed a robust information dissemination system on COVID-19 by having a dedicated website, electronic and print media in all the major local languages. This helped to keep majority of citizens informed. However, mass education should be accompanied by enforcement of compliance. Compliance was not enforced and this led to low uptake of the first phase of the vaccines. The weakness in the enforcement of compliance was also compounded by the fact that the management of COVID-19, especially at the local government level, was politicised and left in the hands of the government politicians, instead of leaving it to the technocrats. Instead of depending solely on foreign support, the government encouraged local investors to produce some of the COVID-19 kits through PPP, thus, underscoring the role of the market in social policy. These helped to cut on reliance on imported kits and an encouragement to indigenous innovations.

However, the low response to the initial trial of the herbal medications suggests that in future, there is need for change regarding indigenous medications, a feat that requires consistent investment in public awareness and sensitisation, and not to wait for an emergency such as COVID-19 to strike. The medical missionary's strategy using biblical approach, as was used in the 1960s, could still be reinvented to combat the negative perceptions and attitudes on medical innovations. The government also faced the danger of inadequate budgeting for the health sector when it was realised that public facilities lacked the capacity to cope with the pandemic when some essential services were shut down to accommodate COVID-19 patients in public facilities (SP4PHC, 2020). The relatively positive budget in the health sector for procuring vaccines (UGX560 billion) and the overall budget for 2021/22 for the Ministry of Health is encouraging (Daily Monitor, June 2021) but, like for other social sectors, this is not yet adequate to meet current demands.

The long-lasting and gender-transformative action by government is, therefore, to sustain this investment in healthcare and safety of its citizenry. Besides, in its pursuit of effective health policies, the Government of Uganda should not underrate the contribution of the global agenda in policy shift. The most recent pledge of the G7²⁴ is commendable when it declared to lead in the global recovery by promising 1 million doses of vaccines to Africa and avowing to a new plan, the Carbis Bay Declaration, to fight future pandemics within the first 100 days. From the perspective of developing countries, this is the essence of equity at the global level that should be commended. At the same summit, the involvement of the said G7 in engaging such groups as women, youth, business, civil society, labour and science underscores the significance of involving an array of actors for effective policymaking to ensure that it is inclusive, sustainable and transformative. When the second lockdown was declared in early June 2021 and government promised to give financial support to vulnerable families, gender equity was not considered, yet on the basis of the experience of the first lockdown, women bore the brunt, and they should have been prioritised in the second phase on account of their triple role in production, reproduction and community engagement.

²⁴ 47th G7 summit, Cornwall, UK 11-17 June, 2021. [//sdg.iisd.org/events/g7-leaders-summit-2021](https://sdg.iisd.org/events/g7-leaders-summit-2021)

7.4 Work and Employment Policies

Work and employment policies were instrumental in the social development of Uganda since independence (Chachage, 2007). The trajectory in the aforementioned policy phases took a lean base before independence when the colonial office focused solely on the public service and in the agricultural sector with the sole purpose of maximising colonial income (Younes, 1979). During the 1960s, labour unions rose, trying to mitigate the anomalies in the labour market. This was commendable to ensure that the interest of the African was considered. However, unfortunately, like other colonial policies, the gender issues were conspicuously absent in the policies. The post-independence employment policies focused on the creation of productive employment opportunities, as an agenda to Africanise the economy (Ggoobi et al., 2017), but this was also a period that was politically unstable. Amin's repressive regime and the expulsion of Asians, witnessed a major drawback in the economy, thus, reinforcing the argument that a politically-explosive environment is not conducive for making and implementing transformative socio-economic policies.

The SAP period of crisis worsened the demand for non-specialised skilled labour, and this was not good for an economy such as Uganda where most people depend on informal employment, majority of whom are women and rural-based. Fortunately, the effects of the SAP spilled over to 2001 and beyond, and this led to a response by some key employment policies, such as the National Development Plan II, the Employment Policy (2011) and a host of other legal instruments (Konrad-Adenauer-Stiftung, 2011) — all framed within the MDGs and now SDGs that have formed the basis of structural transformation in the economy. The global dimensions and the multi-stakeholder involvement were approaches that significantly shaped the contents of the policies to meet the employment needs of the citizenry. The welfare of Ugandans improved under these innovative policies, but the employment statistics are still unfavourable for women. However, to remain gender-transformative, the country must sustain the gains already made, and this should be through political commitment, adequate budgeting and discipline to address gender disparity since women constitute the greatest number of employees in the economy, though most are in the informal sector and the unpaid care services. The greatest opportunity to improve employment policy is how to make it respond to the increasing surge of youth unemployment, given that the country has one of the youngest populations in the world — 54% of the population is now below 18 years (UBOS, 2021). This could also be an opportunity to revisit some of the employment Acts which appear to limit the needs of women to merely meet maternity needs. Stakeholders should also press for the enactment of minimum wage to ensure that workers across all sectors get employed for what their work is worth, instead of depending on a minimum wage amended in 1984, and which is reportedly exploitative and is hardly enforced.

In the work and employment sector, the pandemic, like in many sectors, led to loss of incomes both in the formal and informal sectors (Vittorio et al., 2021). This has led to two things which, if adhered to, would lead to a gender-transformative employment policy for the future. Firstly, issuing guidelines to employers and employees is essential for bringing out critical issues which were not explicitly expressed in the previous policies regarding recruitment, termination, compensation, dismissal and re-hiring. The guidelines could be a recipe for amending the existing employment policy to take care of subsequent pandemics besides COVID-19. It has also made the labour market revisit the relevance of the Employment Act of 2006 which has for long been considered archaic. The UGX587 billion budgeted in

the 2021/22 for the private sector to spur employment (*Daily Monitor*, June 2021) is encouraging, but this should be sustained and made gender-responsive if an effective gender-transformative policy is expected in this sector. The commitment of G7 world leaders and other multi-lateral partners at the recent Cornwall summit to invest US\$80 billion in the private sector in Africa (*Daily Monitor*, 15 June 2021) should be taken advantage of by African leaders in general. Uganda, for one, should leverage her investments on such grants to address sectoral gender imbalances, including in the labour market, if they are to achieve long-term gender-transformative effects.

7.5 Water, Sanitation and Hygiene Policies

The policy trajectory on water, hygiene and sanitation from 1940s to the present day has been consistent with that of other policies- nonlinear but oscillatory because of the contexts which inconsistently shaped the intensity and contents. From the colonial time, the sector was framed within the 1946 Ten-Year Development Plan and subsequent national development programmes (Nilsson, 2006). Although the colonial aim was to improve the welfare of Ugandans, it was urban-biased, with limited content, less participatory in the making process and with a concomitant limited welfare impact on Ugandans. Most of the colonial facilities were inherited after independence, and no serious attempts were made to expand them. Accordingly, most rural areas suffered the most (Muhairwe, 2003) and women bore the brunt since they dominated rural and household chores and activities. Amin's era was a political, economic and social disaster with no pro-poor policies. However, the post-Amin-era, witnessed major socio-economic reforms in the sectors to reverse the ravages of SAP and subsequently to align with the global development agendas (MDGs and SDGs) on water, sanitation and hygiene.

The emergence of RUWSA and SWAp underscored the significance of stakeholders and the private sector in policy formulation and implementation. The effects of the policies are noticeable. The biggest opportunities for promoting the sector, as a socio-economic transformative agent, are the continued reliance on the actors to support the sector and the government commitment through favourable budget appropriations. However, the fact that only 79% of the population currently has access to improved water and only 30% of Ugandans have improved toilets (UBOS, 2021) remain challenges. Other challenges that need to be addressed are issues of affordability, adequacy, functionality and quality (Tsimpo & Wodon, 2018), which should be addressed with gender sensitivity and equity in both the rural and urban areas.

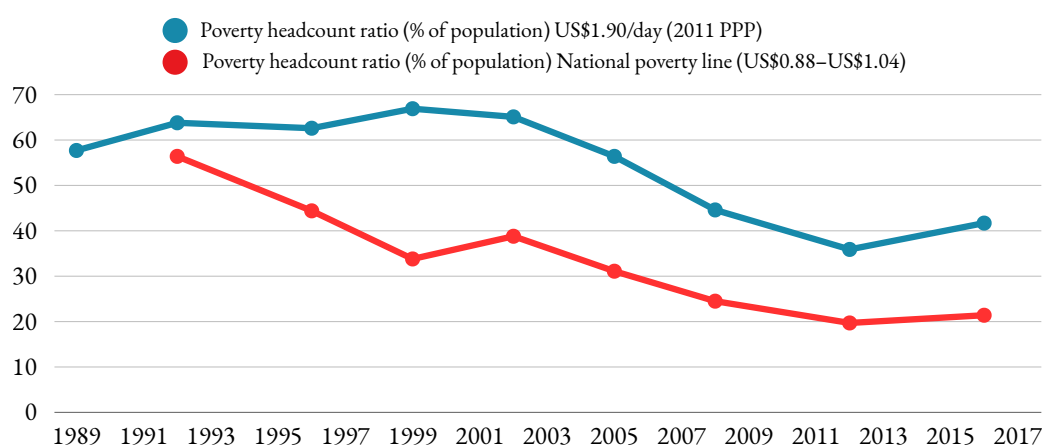
The water, sanitation and hygiene sectors have not been spared the effects of COVID-19. However, the immediate policy initiative, the National Coronavirus Disease (COVID-19) Preparedness and Response Plan (June 2020), if sustained, could have a transformational effect on the economy. Firstly, this could come through targeting individuals and households that have been counselled to observe hygiene by regular handwashing, among other SOPs provided by WHO. This policy is likely to be long-lasting. But this can only be sustained through a robust public awareness system, as has already been devised under the Ministry of Health. The challenge here is also how to overcome the low IT access and utilisation in the country (CIPESA, 2018) in order to make public awareness programme effective. The latest statistics, though, are discouraging - only 74% of the population have mobile phones, 32% use radios, 19% have access to TVs, 2% have computers and 83% have access to the internet (UBOS, 2021).

Secondly, transformation could come through public cooperation in which the National Water and Sewerage Cooperation could be tasked to make innovations in the sector (Bukenya, 2020). These, together with sustained support to the sector by bilateral and multilateral agencies, are likely to have long-lasting and beneficial effects on the population. The political commitment, evidenced through the current budget (2021/22) by allocating UGX124.9 billion for rural water and UGX523.4 billion for the promotion of urban water is commendable (*Daily Monitor*, June 2021). This, though not adequate, should not suffer the usual discrepancy in budget approval, disbursement and expenditure as earlier noted under the WASH programme in the FY2008/9-2012/13. Besides, the sector would have much tangible gender transformational effects if such a policy includes a key value like gender equity in terms of needs and access, in which case, much of the budget should target the rural areas.

8.0 SUMMARY AND CONCLUSION OF THE POLICY ON GENDER AND TRAJECTORY

There is no doubt that education, health, work and employment, and water, sanitation and hygiene, throughout the phases analysed since 1940s, have played significant roles in social development and poverty alleviation in Uganda because they have been at the centre of people's livelihoods and welfare. They have been the policy priorities in driving the economy and causing social transformation, though they could have done better if the challenges were overcome and the opportunities optimally exploited. The analysis underscores the fact that social policies are intractably linked to the process of socio-economic development. It can be summarised that social policy trajectories have been underpinned by the contextual factors, having a narrow focus from the colonial time (1940-1961) and fairly broadly conceived after independence (1962-1980) with national conceptualisation narrowed to health, education and social protection. However, the effect of the policies and trajectories can be witnessed in Graph 8 on the poverty trend in the country. As observed previously, the GDP per capita (which is the proxy measure of the impact of the aggregate policies on the population) for Ugandans continued to rise from 1961 until it reached its peak in 1971, then it started steadily declining during Amin's regime. It can be seen that from this point on, the aggregate trajectory has been positive, and poverty consistently declined from 1985 to 2020 because of the positive approaches employed, namely the democratic participatory and multi-stakeholders' involvement and the implementation of the global policies, among others. It should also be noted that Graph 8 does not measure the price effects of the policies under investigation but gives a generic impact of all the poverty alleviation interventions dominated by the sectors.

Graph 8: Poverty Trend, 1985-2020



Source: GoU, (2014)

From 1962 to 1970, Uganda's economy flourished, with an annual growth rate of 5% of GDP; however, as indicated, this changed in the 1970s during Amin's regime (UBOS, 2012; ICF International Inc., 2012). Absolute poverty has decreased considerably in the past two decades. In 1992/93, more than half of the population (56.4%) were living below the poverty line but this rate dropped significantly to 19.7% in 2012/13 (see Graph 8) in the last ten years —2002/03 to 2012/13 (GoU, 2014), but the poverty rate increased by 0.6% over the year to 21% in 2017 (GoU, 2018).

Despite the above measures, the situation in Uganda still pities women, as the following Tables show.

Table 14: Gini Coefficient

Location/Region	Gini Coefficient			
	2005/6	2009/10	2012/13	2016/17
Uganda	0.408	0.426	0.395	0.371
Rural	0.363	0.375	0.341	0.335
Urban	0.432	0.447	0.41	0.389
Central	0.417	0.451	0.392	0.379
Eastern	0.354	0.319	0.319	0.3
Northern	0.331	0.367	0.378	0.352
Western	0.342	0.375	0.328	0.351

Source: GoU, (2018)

According to the Table 14, Uganda's Gini coefficient stands at 0.37, reflecting a high level of income inequality. Although income inequality is high, there was a slight decrease in the Gini coefficient from about 0.4 in 2012/13 to 0.371 in 2016/17 (GoU, 2018). Inequality reduced in all regions between 2012/13 and 2016/17 except for the Western Region where it increased from 0.328 to 0.351 over the same period. It is evident that urban areas contribute most to income inequality, given the high Gini coefficient associated with it. Interventions for reducing income inequality should, therefore, pay particular attention to enhancement of income in rural areas where women form the majority.

Table 15: Gender Development Index (GDI)

Location	Life expectancy		Expected years schooling		Mean years schooling		GNI per capita		HDI		GDI value (F/M ratio)
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	
Uganda	61.1	57.3	9.9	10.1	4.5	6.8	1266	2075	0.459	0.523	0.878
Sub-Saharan Africa	60.2	57.6	9.1	10.3	4.5	6.3	2637	4165	0.488	0.557	0.877
Tanzania	66.9	64.1	8.3	9.3	5.4	6.2	2359	2576	0.512	0.546	0.937

Source: GoU, (2018)

As shown in Table 15, the GDI value in Uganda is still less than 1 (0.878), which reflects human development in favour of the male. When disaggregated by gender, the HDI for the male stands at 0.523, higher than that of the female, which is 0.459. The gender inequality is predominantly driven by inequality in the health and education sectors. Another driver is economic inequality, for example, the male per capita Gross National Income of US\$2,075 almost double that of the female, which is US\$1,266 (GoU, 2018).

Table 16: Gender Inequality Index (GII)

Location	GII value	Maternal Mortality Ratio	Adolescent Birth Rate	Female seats in parliament (%)	Population with at least secondary education Male (%)		Labour force participation rate	
					Female	Male	Female	Male
Uganda	0.522	343	111.9	35.0	25.9	32.1	82.3	87.7
Sub-Saharan Africa	0.52	551	103.0	23.3	25.3	33.9	64.9	76.1
Tanzania	0.544	398	118.6	36.0	10.1	15.3	74.0	83.3

Source: GoU, (2018)

According to Table 16, the GII for Uganda is high at 0.522, implying that Uganda experiences a high loss in human development due to inequality between female and male achievements in the three indicated GII dimensions. The high GII can be explained on the basis of the relatively low level of women empowerment, including education as compared to men, poor reproductive health indicators, and low level of female participation in the labour market (GoU, 2018).

All these have been explained by the Walt and Gilson (1994) framework of policy analysis and the transformational values espoused by Industrialisation and Social Change Theory (Petrus, 2008), Rawls' Theory of Social Justice (1999), and Cultural and Ideational Framing (Gamson et al., (1992). The differences in the impacts of the policies were also contingent upon the ideological orientation of the different political regimes, especially since independence. The COVID-19 period has witnessed a nosedive in the trajectory of the policies, but the ensuing social policies are expected to reverse the trend and lead to long-term social transformation in the economy.

9.0 FRAMEWORK FOR GENDER TRANSFORMATIVE APPROACHES

The following recommendations are made for Uganda to come up with post-COVID-19 social policies in the four sectors, i.e., Education, Health, Work and Employment, and WASH that are gender-transformative to improve on the Gini coefficient, Gender Development Index, Human Development Index and the Gender Inequality Index.

Cross-cutting

- Government should show commitment and invest more in implementing cross-cutting social policies that are a core to social development and poverty alleviation, such as education; health; water,

sanitation and hygiene. These have been pivotal over time in generating social transformation of many social groups.

- During M&E of policies and programmes, government and development partners should ensure that data in sectoral plans/programmes are disaggregated by gender. Doing this identifies gender gaps and eases implementation and targeting of interventions.
- There should be a culture in social policymaking and implementation that, for any policy to be gender-inclusive and address the plight of the marginalised, employs a multi-stakeholder approach with full participation of women and vulnerable groups and networks at all stages of the process. Such positive approaches improve the policy choices, which favour the marginalised.
- Government and stakeholders should invest in ICT access and utilisation across all sectors, and bridge the existing gender divide through the adoption of appropriate technologies in all the sectors that prioritise the rural areas.
- In each of the sectors under review, government should take advantage of the existing opportunities and address the extant challenges so that the policies would sustain positive impacts on the target population.
- Government should continue to pursue integrated socio-economic development approaches, as each appears to complement each other, thus, leading to balanced macro socio-economic development for the benefit of the citizenry.
- In the wake of increasing debt burden and fall in domestic revenue due to COVID-19, government should continue to explore avenues for generating domestic revenue to enhance social development through exploring such opportunities as exploiting the existing oil reserves in the country and expanding the tax base.

Education Policies

- Government should invest in the e-learning technologies and address gender issues by sustaining political commitment for equitable educational outcomes to be realised.
- Addressing spatial and gender differentials in the sector should continually be prioritised in annual and 5-year development plans.
- The COVID-19 guidelines on education should be maintained even in post-COVID-19, as this will provide a stimulating learning environment for all learners.

Health

- Medical missionary can still be applicable today as a method of delivering primary healthcare where women are the majority of beneficiaries.
- Government should invest more in rural health infrastructure and information to lower the OOP, especially for women who form the majority of the rural population.
- Investment in information dissemination and sensitisation should be maintained as it was during the COVID-19 so that the entire population benefits, especially through enhancing women's access to primary healthcare services.

Work and Employment Policies

- The government should initiate policy reforms to incorporate the existing guidelines on employment issued during the COVID-19, especially on women's recruitment, termination, rehiring, etc.
- Government should prioritise investment in social infrastructures in rural areas where women are the majority. Modernisation of agriculture, in particular, could have a significant payoff.
- Relevant labour laws and policies should be implemented and enforced to guard against gender discrimination, sexual harassment, unfavourable maternity leave and unfavourable pay to women.
- The government should leverage the grants from international partners during COVID-19 to invest in gender-equitable employment opportunities.

Water, Hygiene and Sanitation

- More resources should be committed to the development of rural water and sanitation infrastructure to improve WASH.
- The current unequal regional spatial WASH infrastructure should be addressed by adopting affirmative policies for less-benefiting communities.
- The National COVID-19 Preparedness and Response Plans, 2020 should be sustained, as doing this provides good hygiene practices, especially at home where women are at the centre of the chores.

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