



IN BRIEF

LANDSCAPE OF CARE WORK IN UGANDA



Photo credit: UN Women / Jeroen van Loon

Introduction

Care work encompasses a diverse range of paid and unpaid activities dedicated to providing care, support, and assistance to individuals, households and communities. Care work is an essential public good that benefits the society. It is critical for realising all human rights and strengthening human capabilities. Care work is disproportionately carried out by women and girls in Uganda just like it is the case globally. Moreover, more hours spent on care work are linked to experiences of harm related to these tasks for women and physical violence against women is often considered acceptable because of insufficient care in Uganda.¹ Within the 2030 Agenda for Sustainable Development adopted by world leaders in 2015, Sustainable Development Goal (SDG) 5 aims to achieve Gender Equality. SDG 5.4 specifically pertains to the care agenda and underlines the importance of recognising and valuing unpaid care and domestic work, with the target 'through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate'.

Definitions

Care work consists of activities and relations to meet the physical, psychological, and emotional needs of adults and children, old and young, frail and able-bodied.² It includes direct caregiving activities related to caring for children, the elderly, people with illnesses, and people with disabilities, as well as indirect or domestic work such as cooking, cleaning and collecting water, food and firewood.³ It should be noted that feminist analysts have argued that direct and indirect care are fundamentally interconnected because both direct and indirect care work are often performed simultaneously in the global south.⁴

Unpaid care work refers to the services provided by individuals within a household or community without receiving any monetary compensation for the benefits of its members. Most unpaid care work takes place within families. Unpaid care work also occurs at the community level for people outside the home (friends, neighbours, and community members).⁵

Paid care work provides direct care for individuals in a household or institutional setting in exchange for monetary compensation. Paid care is provided in various public and private settings, in both formal and informal economies, including paid domestic work, social care work, healthcare, education and childcare.⁶

Establishing **comprehensive care systems** that consider the varied needs of individuals with disabilities, the elderly, people with illnesses, and children while adopting an intersectional approach is crucial. A **comprehensive care system** is defined as "...a set of policies aimed at implementing a new social organisation of care with the purpose of caring for, assisting and supporting people who require it, as well as recognising, reducing, and redistributing care work – which today is performed mainly by women – from a human rights, gender, intersectional, and intercultural perspective, these policies must be implemented based on inter-institutional coordination from a people-centered approach."⁷

Uganda is a landlocked country in East Africa with a Gross Domestic Product per capita of USD 2,280 in 2022. Rapid population growth, drought, other external shock, and the slow pace of structural transformation are some of its most important development challenges. The Constitution makes various provisions to empower and protect women and other vulnerable groups. Although discriminatory social norms are deeply rooted in Ugandan society and negatively affect women's rights, empowerment and well-being, the country has made significant progress in reducing gender inequalities. For instance, there has been an increase in girls' education and incomes in the last few decades.⁸ However, early marriages and domestic violence against women are still highly prevalent. Such inequalities also manifest in the distribution of care work and to what extent care needs are met in the country.

Achieving SDG 5.4 calls for appropriate investments in care infrastructure, social protection systems and public services to promote shared responsibility for this essential work amongst the government, private sector, households, and communities. Policy emphasis on care work is crucial for addressing gender disparities, promoting women's empowerment, and preventing the feminisation of poverty. Further, investments in the care economy can contribute to inclusive growth and human development by addressing the interlinked issues of poverty, health, education, decent work, and gender equality. For instance, a 2017 study found that girls in households with more fuel-related equipment spend less time on fuel collection. This leaves girls with more time for education and leisure activities.⁹

The overall purpose of this brief is to present an overview of Uganda's existing care services, systems and infrastructure. Using this analysis, the study aims to demonstrate gaps in data and policy on care. A mixed methods research approach was used, which consisted of desk-review of existing publications and academic records, combining both quantitative and qualitative data sources. The review was light-touch and did not allow in-depth exploration of all legislation and policies. To this end, section 2 discusses Uganda's historic and contextual backdrop. Section 3 explores the extent of care work and care needs in the country. Section 4 dives into the relevant legislative, institutional and policy environment and gaps. Finally, Section 5 concludes and provides policy recommendations.

Country background

Uganda is a landlocked, low-income country in Eastern Africa with a population of 47.2 million in 2022.¹⁰ Uganda operates as a constitutional, led by President Yoweri Museveni of the National Resistance Movement party since 1986. Real Gross Domestic Product growth in 2022 was 6.4 per cent, an increase from 5.7 per cent in 2021.¹¹ The majority of the population live in rural areas (74 per cent in 2022)¹² and works in agriculture (63 per cent in 2021).¹³ The poverty rate in the country was 30 per cent in 2019/20.¹⁴ The country has made significant progress towards reducing poverty, macro-economic stability and consolidating peace and security in the past three decades.¹⁵ However, significant challenges remain, including declining agricultural income and productivity, persistent inequality, and stagnation in poverty rates.¹⁶ Uganda is vulnerable to the impacts of climate change, including changing weather patterns and more frequent extreme weather events like droughts and floods in some parts of the country.

Traditional gender roles where men are viewed as breadwinners and women as caregivers persist across the country. Such norms exacerbate unequal power dynamics between women and men. Women and girls are vulnerable to higher rates of poverty, early and child marriages, and low education levels.¹⁷ A 2019 study by the Uganda Bureau of Statistics (UBOS) highlighted high rates of gender-based violence, low asset ownership and low employment status amongst women as key gender issues in the country.¹⁸ These structural inequalities also affect how people experience weather shocks and other stresses, such as climate change.¹⁹

Overview of the extent of care work and care needs

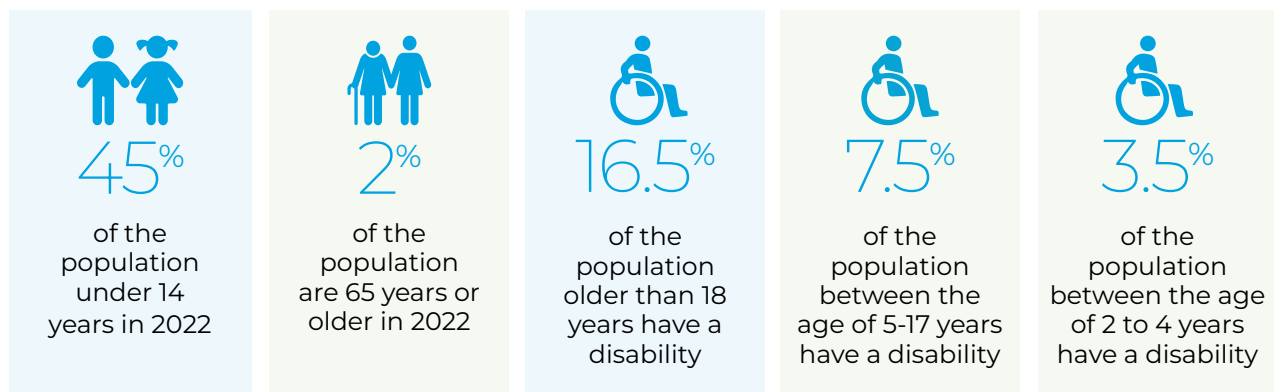
This section presents an overview of the extent of care work and care needs in Uganda. The Uganda Bureau of Statistics (UBOS) is the responsible authority for Uganda's National Statistical System (NSS). An assessment of the NSS in 2020²⁰ showed significant progress in producing gender-responsive statistics, including a time use survey highlighting unpaid care work in the country. However, some challenges remain, such as inadequate compilation of gender and equity indicators and weak administrative data management systems. This section primarily

uses data from the latest nationally representative surveys conducted by UBOS, supplemented by data from international data sources and smaller studies conducted by CSOs.

Demographic trends and care needs

With 45 per cent of the population under 14 years old and 2 per cent aged 65 years or older in 2022, the number of dependents with high care needs in the country is substantial.²¹ In addition, 16.5 per cent of the adult population older than 18 years, 7.5 per

cent between the age of 5-17 years, and 3.5 per cent between the age of 2 to 4 years have a disability, according to the 2017 functional disability survey.²² More women are disabled compared to men, with 15 and 10 per cent, respectively. Uganda's population is transitioning as fertility rates are dropping over time, from about 6.8 children/woman in 2001 to 4.6 children/woman in 2021.²³ On the other hand, the estimated life expectancy has increased from 49 years to 63 years over the same time.²⁴ Based on these demographic statistics, the number of dependents is set to decrease in the coming years.

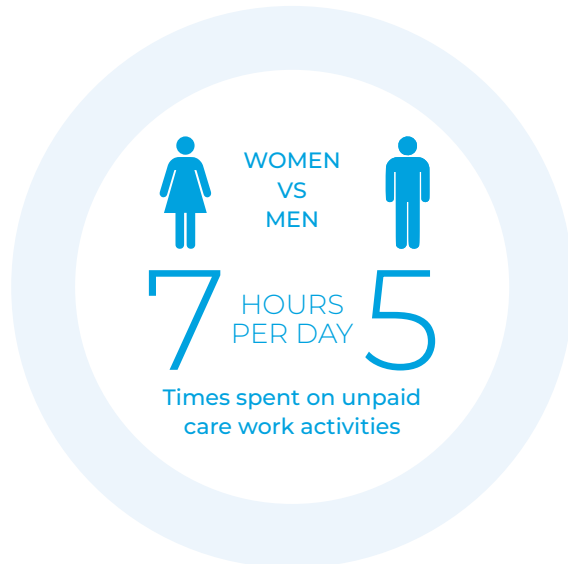


Yet, care demand in the country will continue to be challenged by various factors, such as urbanisation, climate change, and conflict in neighbouring countries. Uganda is urbanising quickly (annual urban growth rate was 4.5 per cent²⁵), and intergenerational social systems are fracturing with time.²⁶ This is leading to difficulties in meeting the care needs of the elderly and persons with disabilities, especially in rural areas. In addition, continued conflict in the Great Lakes region has led to displaced people from the Republic of South Sudan and the Democratic Republic of Congo moving into Uganda, resulting in a 1.5 million refugee population as of August 2021 in the country. Meeting the care needs of the refugee population is challenging because of the complex vulnerabilities faced by this population.

Although Uganda was hit very hard by the HIV/AIDS epidemic in the late 20th century, it has made

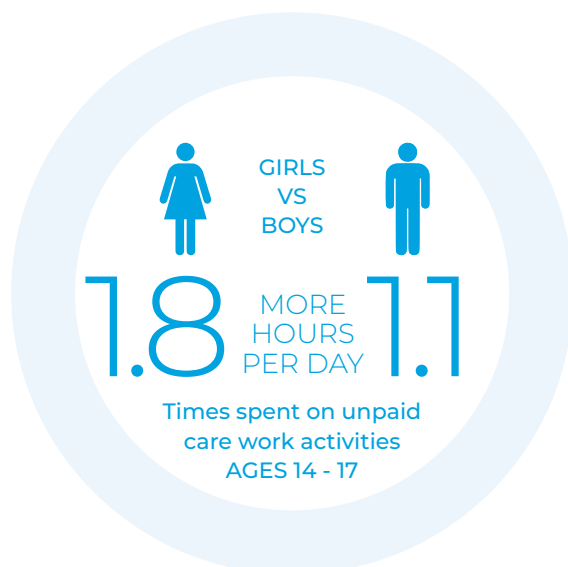
significant progress in reducing the HIV burden. The HIV prevalence rate among people aged 15 to 49 years dropped from 6.3 per cent in 2010 to 5.1 per cent in 2022, according to UNAIDS estimates.²⁷ Yet, with 1.4 million people of all ages living with HIV in 2022, the size of the population which requires HIV care remains substantial. A rapid assessment of organisations offering home-based care in Uganda²⁸ found that family members and voluntary community members usually carry out caregiving for people living with HIV. Caregivers often face physical, emotional, economic, social and psychological stress due to these caregiving responsibilities. The HIV prevalence rate amongst women is not only higher than men,²⁹ but women are also disproportionately responsible for care for the sick and people living with HIV.³⁰ The elderly also often have to care for orphaned and/or sick family members with HIV.³¹

Distribution of unpaid care work



Uganda's 2017/18 Time Use Survey (TUS), the first in the country, showed that women spend 1.4 times more on unpaid care work activities than men

Domestic services (2 hours), as opposed to direct care for dependents (0.8 hours), make up the bigger proportion of time spent on unpaid care work.



Although, one must note that this gendered distribution is not uniform across all categories of unpaid

care work. For instance, men in rural areas spend more time (1.2 hours per day) collecting firewood than women (0.8 hours), whereas women spend more time caring for the sick. Women with more education and women in the production and services sector spend more time on unpaid care work than women with less education and in agriculture, respectively. Overall, the time use survey shows that Uganda's responsibility for unpaid care work disproportionately affects women.

The gendered distribution of care work can also be seen when focusing on the elderly population. The traditional role of an elderly person is to share knowledge, advise on wealth distribution, mediate domestic conflicts and guide and care for grandchildren. People in rural Uganda generally rely on kinship networks for their care; thus, older persons living with extended families are generally better cared for than those living independently.³² A situational analysis of elderly people in Uganda reported that working women and children are usually expected to care for older people. Men are expected to take on financial responsibilities for the elderly people in their family. Elderly women are expected to continue with their care responsibilities in the household in their older age, with a drastic decline observed only after the age of 70 years.

Gendered attitudes towards women's and men's roles in households and society are directly related to the findings in the TUS. Interestingly, women (81 per cent) and men (79 per cent) in the TUS agreed it is women's responsibility to care for the home and family. More women (68 per cent) than men (62 per cent) agreed that girls and boys should spend the same time on unpaid domestic work. Disparity by residence type was also observed. Regardless of sex, a higher percentage of rural respondents agreed that taking care of children (73 per cent), the elderly (55 per cent) and cooking all the time (67 per cent) is a women's activity compared to their urban counterparts, i.e., 67 per cent, 45 per cent, and 59 per cent respectively. On the other hand, 63 per cent of men and 50 per cent of women agreed that men's work is more important than women's work, showcasing how unpaid care work is undervalued. This finding is corroborated by WE-CARE's 2017 Household Care Survey (HCS),³³ where women and men considered paid work activities more skilled than care work.

Labour force and paid care sector

Collating data from the labour force and household surveys from 27 African countries shows that unpaid care work was the most cited reason for being out of the labour force (34.4 per cent of women cited this).³⁴

Labour force participation rate in Uganda, in 2019/20.³⁵



Women's labour force participation rate in Uganda is about the same as men's (70.2 per cent vs 72 per cent in 2021).



women worked in subsistence agriculture



men worked in wage employment

Women who work for paid employment also work for fewer hours every day than men involved in paid employment.



Time spent on paid work activities

That's according to the Household Care Survey (HCS).³⁶



Women in rural areas spend more time on paid work activities

While there is a myriad of reasons for women's lower participation in economic activities, women's disproportionate responsibilities for unpaid care work are an important contributor in sub-Saharan Africa.³⁷ However, a 2015 WE-Care study³⁸ found that in Uganda, women spend only 13 minutes less on primary unpaid care work for every extra hour of paid work that they do. Thus, women's paid activities may be able to reduce their unpaid care work activities, but only to a limited extent.

Care workers – workers in education, health and social services, and domestic workers – comprise a small proportion of the total workforce in Uganda.

Care workers per cent of the total workforce in Uganda in 2012.³⁹

Distribution of Care Workers across the care sectors

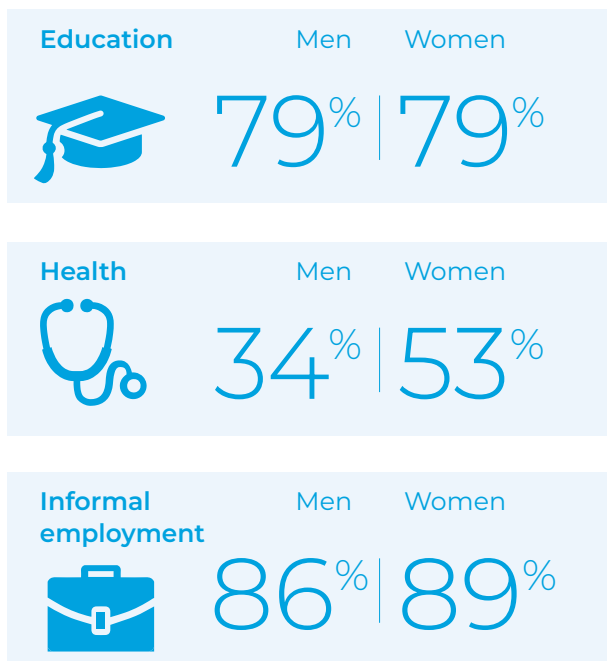


Care workers in non-care sectors comprised another 0.1 per cent of the care workforce. Care service provision is largely inadequate to meet the care demands of the Ugandan population. The HCS found that a relatively small proportion of households in the study sample in Uganda rely on paid care services. Only 18 per cent of households use washing and drying clothes services, and only 4 per cent use adult care services.⁴⁰

A 2018 ILO study⁴¹ is explored to understand important characteristics of Uganda's care sector and workers. The majority of care workers are employed in public employment, but public employment makes up a small proportion of total employment. About 58 per cent of care workers in education and 54 per cent in health and social work are public employees. Meanwhile, only about 20 per cent of total employment is public employment. Unfortunately, there is a lack of qualified workers in both sectors. In education, approximately 35 per cent of care workers have only basic qualifications, and 1 per cent have less than basic qualifications.

Similarly, about 28 per cent of workers only have basic qualifications and 11 per cent have less than basic qualifications in this sector.

The share of formal employment for care workers.



Interestingly, the care workforce is dominated by men, but women are still a significant employment source.⁴² Data from the Ministry of Health human resources for Health Information System (HRHIS) showed that vertical segregation is prevalent among public health workers. In eight district health facilities and four national facilities, men took up 77 per cent of senior management jobs and 63 per cent of middle management jobs.⁴³ Thus, men occupy higher paying jobs, which contributes to the gender wage gap in the country. Focus Group Discussions confirmed a bias towards women and unequal opportunities in recruitment and promotions.⁴⁴

Globally, the working conditions of domestic workers are characterised by informality, poor working conditions, and low remuneration. Women who work as domestic workers tend to work long hours and with poor pay.⁴⁵ Women employed as domestic workers in Uganda worked 71 hours per week, more than the average 33 hours per week worked by employed women in the country. Qualitative evidence, as well as a few smaller surveys, show that child domestic workers are a pervasive feature of the domestic labour force, even though employment below the age of 16 is illegal in the country.⁴⁶ For instance, a survey of 2270 young domestic workers across 10 regions of Uganda found that 44 per cent were under the age of 18 years.⁴⁷ Poverty is cited as the most common reason for children's engagement in domestic work. Unfortunately, no recent studies were found that provide reliable nationally representative estimates of child domestic workers or their working conditions.

Legislative, institutional and policy environment and gaps

Public policies play a crucial role in shaping the dynamics of care work. They can reinforce or alleviate the care responsibilities of individuals, particularly women and households. Care-sensitive humanitarian policies that support a care society contribute to gender equality, women's safety and empowerment, and the overall well-being of communities. They are essential in addressing inequalities in unpaid care work and inequalities in the labour force, including paid care sectors. With this context, this section examines legislation, institutions and policies on care in the country against the four pillars of a purple economy – universal social infrastructure, labour market regulations, physical infrastructure, and enabling macroeconomic environment.⁴⁸

Uganda Vision 2040,⁴⁹ launched in 2013, is an important long-term policy framework for development in the country. It seeks to help Uganda reach an upper-middle income status by 2040. Although no explicit mention is made to address care work demands or care workers, one of its goals seeks to achieve "full gender equality" under its Human Capital Development Programme. The equality and equity aspirations also emphasise all, including persons with disabilities. The government is implementing its third National Development Plan (NDP III) 2020/21-2024/25 within the long-term plan, which focuses on creating sustainable infrastructure to support industrialisation and the private sector.

Universal Social Care Infrastructure

Collectively, socialised childcare, elderly care, and care for people living with disabilities are called social care infrastructure and are the principal source of care when unpaid care is insufficient to meet care demands. Adequately financed social care infrastructure that pays living wages to its workers is important for valuing, rewarding and redistributing care work. There is a lack of socialised care infrastructure in Uganda and sparse regulation of privately provided care services.

Healthcare



The healthcare system in Uganda is decentralised, with the district responsible for all structures within the district except referral hospitals and structured into primary, secondary, and tertiary levels. Key government documents related to healthcare policy in the country are the third National Health Policy⁵⁰ and Ministry of Health Strategic Plan 2020/21 – 2024/25,⁵¹ both of which build on NDP III and Uganda Vision 2040. Other relevant legislations and policies related to health care in the country are the Community Health System 2021/22-2025/26,⁵² launched in 2022 to address primary healthcare and community health workers, and national guidelines for self-care.⁵³ The public sector, dominated by government-owned facilities (45 per cent of all facilities in 2018),⁵⁴ is a key player, complemented by the private sector, including NGOs and private clinics. Although there is no public healthcare insurance, there is a Uganda National Minimum Health Care Package for all system levels of the public sector. The Ministry of Health (MoH) oversees the healthcare system, but the Ministry of Local Government manages the district health services. Traditional and complementary medical practitioners, such as herbalists, spiritual healers, and traditional birth attendants, are also integral to the health care system.

Studies show that various factors challenge the system, and health expenditure remains low at about 15 per cent of total health expenditure between 2014/15 and 2015/16 and 6 per cent of the total government budget allocation in 2021.⁵⁵ For instance, one study found poor referral systems, high out-of-pocket expenditure, and a large rural-urban divide to be some of the biggest concerns.⁵⁶ There is also a dearth of qualified healthcare professionals. In 2019, the health worker to population ratio was 1.87 per 1000 people, much lower than the

WHO recommendation of 2.5 per 1000 people.⁵⁷ In recent years, low pay, drug shortages and lack of equipment have also led to several strikes by health workers across Uganda.⁵⁸ Qualitative evidence has also shown that distance to public healthcare facilities is a barrier to healthcare access due to large distances and high economic opportunity costs for travel.⁵⁹ Such access also has downstream effects on unpaid care work. According to HCS, girls and boys from households with access to healthcare facilities spend less time on care activities in Uganda.⁶⁰

Childcare



The Children's Act, amended in 2016 and National Child Policy (NCP) 2020,⁶¹ amongst others, guide policy efforts related to the welfare of children. Uganda introduced universal primary education in 1997, which is free for all school-going students. The education system in Uganda follows a structure that includes pre-primary, primary, secondary, and tertiary levels. Disabled children are to be integrated into regular government schools according to the present Ugandan policy, but this is a challenge for children with specific needs, such as mobility impairment. The primary education enrolment rate is over 100 per cent but the completion rate is about 60 per cent. The teacher-to-pupil ratio in primary schools was 43:1 in 2017, much lower than the average 37:1 ratio in least developed countries.⁶² Further, the situation is worsened by absenteeism, especially in public schools.⁶³ This showcases the shortage of care workers in the education sector.

Early Childhood Development (ECD), a care-intensive period in the development stage of a child's life, could be particularly strengthened in the country. The Draft National Integrated Early Childhood Development Policy (NIECDP) was under development when this brief was conducted. Once approved, the policy will provide integrated early childhood development services provisions. The private sector exclusively runs Uganda's Early Childhood Care and Education (ECCE) centers, and the government regulates and monitors their functioning. Pre-primary school enrolment was only 14.4 per cent in 2017.⁶⁴ Although, there is no standardised pay scale for care workers in the ECCE centres. Community-led ECD centres exist but receive limited support from the government.⁶⁵

Extended family and community support systems are on the decline. Thus, the number of children living without families is on the rise. This includes children in residential childcare facilities, children in prisons and detention centres, and children living and working on the streets. A situational analysis conducted in 2015 showed that 40 to 50 thousand children were estimated to live in childcare facilities.⁶⁶ According to the Uganda National Households Survey 2016, at least 11 per cent of children below the age of 11 years had only one or no biological parents⁶⁷. These children lack adequate care, are vulnerable to abuse and exploitation, and are more likely to engage in high-risk activities.

Care for Persons with Disability



Uganda has a disability and legislative policy framework emphasises a rights-based approach and is known for being progressive.⁶⁸ Uganda ratified the Convention on the Rights of Persons with Disabilities (CRPD) and its Optional Protocol 2008. The Persons with Disabilities Act 2019, the National Council on Disability Act 2003 (amended in 2013), and the Uganda Foundation for the Blind Act are some of the key legislations and policies related to persons with disability.⁶⁹ The 2019 act aligns the definition of disability with CRPD, protects against discrimination in education, health and other services, and prohibits discrimination at work. Further, it provides a tax incentive to employers. Several other legislations and policies also have provisions for persons with disability, including but not limited to the Employment Act 2006, the Equal Opportunities Commission Act 2007, and the National Social Protection Policy 2015.

Although the legislative and policy framework for persons with disability inclusion is substantive in the country, policy implementation has been limited, primarily due to discriminatory attitudes and a lack of policy transparency and accountability. Human rights activists have reported that persons with disability lack equitable access to public buildings (including public schools, hospitals and courts) and transportation services, as well as face harassment and violence in employment and social service delivery.⁷⁰ Findings from the Uganda Functional Difficulties Survey 2017 have corroborated these reports. Generally, adults (41 per cent) reported more experiences of discrimination than children between the ages of 5 to 17 years (28 per cent).⁷¹ Human rights activists have specifically reported discrimination against persons with disability by

frontline workers such as healthcare workers, teachers, as well as other public employees like bank staff.⁷²

Social protection schemes and health insurance schemes are available to persons with disability. These include programs such as the social assistance grant for empowerment, disability grants, and health insurance. Unfortunately, studies find that take-up is low, primarily due to limited information, conditionalities, and budgets.⁷³ Only about 1.2 per cent of persons with disability have health insurance cover, and 19 per cent of children with disabilities receive support for tuition or other activities related to school.⁷⁴ Furthermore, only 1 in 9 children with disabilities have access to basic education.⁷⁵

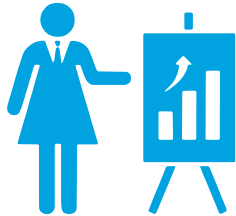
Elderly care



The Ministry of Gender, Labour and Social Development is mandated to promote and protect the rights of older persons, among others. The National Council for Older Persons Act, 2012 and National Policy for Older Persons, 2009 lead and guide government action related to the elderly. The Social Assistance Grant for Empowerment Programme (SAGE) is a Senior Citizens' Grant that provides income support to the elderly in Uganda. It is a universal pension system that has been rolled out to all districts in the country by 2019/20 for elders above 65 years (and above 60 years in the Karamoja Region). It grants a regular monthly pension of Ugandan Shillings 25,000 (equivalent to approximately USD 6.70). The pension system has made significant strides, with coverage increasing from 6.6 per cent in 2016 to 11 per cent in 2020.⁷⁶

No systems exist that support caregivers of older people, although they often provide long-term care without appropriate diagnosis over extended periods.⁷⁷ Community-based care services generally focus on children and young people and, thus, do not focus on older people. Religious institutions provide some support, usually in the form of in-kind donations. Institutional care is rare and often run by faith-based groups.⁷⁸ Such institutions generally provide introductory provisions for food and shelter but cannot meet older people's complex care needs.

Labour Market Regulation



Labour market regulations can promote work-life balance so that women and men can balance their paid employment and care work responsibilities. Furthermore, policies that discourage gender-based discrimination and encourage women's labour force participation can shift social norms and lead to redistribution of care work. It should be noted that such labour market regulations are less effective in addressing women's unpaid care needs in low-income countries like Uganda, where a small percentage of the population is employed in the formal sector as wage employees. The Employment Act provides for equal remuneration for work of equal value and prohibits sexual harassment in the workplace.⁷⁹ Pension benefits do not account for absences due to childcare.

The Employment Act provides 60 days of paid maternity leave, but the government does not cover the pay. Dismissal of pregnant workers is prohibited under the legislation. The total number of days covered is also less than the ILO standard of 14 weeks. The legislation does not provide full coverage to women who give birth to stillborn infants for six weeks. Given the substantial rate of stillbirths in Uganda, 17.8 stillbirths per 1000 total births, as compared to the global average of 13.9 stillbirths per 1000 total births in 2019,⁸⁰ such maternity cover is crucial. Parental leave is important for redistributing care work since it does not limit early infant care responsibilities to the mothers. However, no laws and policies related to parental leave exist. The Employment Act does guarantee paid paternal leave for four days and is set to increase to 7 days due to a new bill passed by the Ugandan parliament.⁸¹

The Employment Act (2006) makes provisions for all employees' insurance, medical care, welfare, education, retirement, and training. However, the act has a narrow definition of domestic workers since it recognises "housemaids" but does not recognise "domestic workers" since homes are private premises and considered outside the jurisdiction

of labour officers. Thus, most domestic workers are left out of its cover. There is no minimum wage for domestic workers, and they may earn as little as Ugandan Shillings 60,000 or approximately 17 USD a month.⁸² Domestic Workers Association of Uganda (DOWA), set up in 2016 and registered as a legal entity in 2019, is an important association concerned with collective action to promote and advocate for the rights of domestic workers in the country as well as setting up training to promote alternative sources of income.⁸³ Other CSOs, especially women's rights organisations, have supported domestic workers' rights in the country.

Enabling Macroeconomic Environment

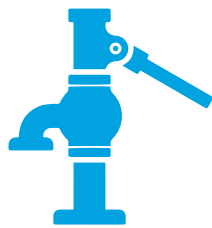


Although macroeconomic policies are a large area of concern when it comes to care work, this sub-section focuses on social protection systems. Social protection measures can be a powerful tool to redress women's socio-economic status. Informal and community-based social assistance initiatives exist in the country, such as neighbourhood support groups, family and clan support systems, and mutual assistance schemes.⁸⁴ The Pensions Act (discussed previously), the National Social Security Fund (NSSF) Act and the Uganda Vision 2040 also establish that social protection is important in addressing vulnerable groups' welfare and risks.

The overarching objective of the 2015 National Social Protection Policy is to address poverty and socioeconomic disparities, fostering inclusive development by establishing platforms that empower Ugandans to cultivate productive and enduring livelihoods. The policy seeks to enhance social welfare by mitigating poverty within vulnerable groups, particularly women. However, challenges remain with implementing the policy, especially regarding the implementation, quality and quantity of services provided. Illustratively, only 2.8 per cent of the population was covered in 2020 by at least one social protection scheme.⁸⁵ Furthermore, 0.78 per cent of the GDP was invested in social protection in 2018.⁸⁶

Other critical social protection policies that have the potential to respond to the care demands and needs of caregivers include NSSF and health insurance. In January 2022, the NSSF Act created a breakthrough in giving individual informal workers access to the pension scheme, supported by intense social dialogue between the government and labour unions. The signing of the new NSSF Bill in January 2022 has given legal access to individual informal economy workers (including women informal workers that comprise 87 per cent of the sector) to voluntary contributions to the fund and access to their benefits. The national health insurance bill was passed in the parliament in March 2021 but has not yet been signed. This scheme could set the general structure for a national social health insurance scheme (NHIS), with interventions that can harness market-based solutions that recognise, reduce, redistribute and reward unpaid and paid care work.

Physical Infrastructure



Uganda's basic physical infrastructure could be strengthened, especially in rural areas. Care givers, particularly women, have substantial domestic work responsibilities in Uganda due to limited essential care-supportive infrastructure such as access to drinking water, clean fuel, electricity, and transportation can substantially reduce women's domestic work responsibilities, as well as support care receivers in access to care services.

In 2022, only 59 per cent of households (52 per cent in rural areas and 80 per cent in urban areas) had access to basic drinking water services.⁸⁷ The revised Water and Sanitation Gender Strategy (2018 - 2022) of Uganda⁸⁸ recognises the care tasks and responsibilities that women and girls bear in the water and environment sector. This national strategy document states that in the water and sanitation sub-sector, women and children bear the brunt of carrying water for long distances at the expense of other economic activities and education. On average, women and girls spend up to 6 hours every day to fetch water, which may expose them to threats of violence and health hazards. About 4,435 million hours are spent by women and girls each year looking for a safe sanitation place in Uganda. Furthermore, according to HCS, women reported 2 hours less care work in households with improved water sources and half an hour more leisure time.⁸⁹

Traditional cooking methods often have negative health and environmental impacts and are time-consuming and physically demanding. However, in 2021, only 0.3 per cent of rural Uganda and 1.5 per cent of urban Uganda had access to clean fuel and technology for cooking.⁹⁰ Roads can make it easier to access infrastructure and services. HCS found that the nearest all-seasoned road was 56 minutes away for households on average.⁹¹ Informational and communication technology can also reduce domestic care work responsibilities and offer various communication, information, and organisational benefits that can help caregivers and care receivers. For example, they allow access to e-commerce platforms in urban areas and access to health information across the country. About 10 per cent of the population used the internet in 2021, significantly increasing from 6 per cent in 2020.

Conclusion and recommendations

In conclusion, this snapshot of care systems in Uganda reveals a complex landscape shaped by various factors, including economic challenges, political instability, and resource limitations. Care and gendered aspects of the social organisation of care are recognised to some extent based on policies and legislation in the country. For example,

due to the novel time use survey conducted in 2017 and policies related to water and sanitation. However, as the analysis outlines, there are several gaps in the policy landscape in recognising and addressing the care and gendered aspects of the social organisation of care. A few recommendations that emerge from this analysis are as follows:

Research may be promoted to better understand how policy initiatives and interventions affect the social organisation of care work. Programmatic interventions could also be encouraged to collect data on time use to understand their impact on the extent and distribution of care work.

As a country with rates of GBV and inadequate capacity to adequately address GBV cases, there is much scope for the health care system to integrate programmes that support caregivers in providing help to women who face gender-based violence. This includes training them in women's reproductive health and psycho-social support.

The government may consider gender-sensitive investment in adequate infrastructure for electricity, fuel and WASH facilities. Such care-supportive infrastructure reduces household responsibilities for unpaid domestic work.

Efforts to fund women's organisations in Uganda would be beneficial in addressing and representing women's caregiving and care receiving needs. This would ideally include concrete and practical steps to increase collaboration with NGOs and WROs to ensure robust implementation of gendered policies and strategies.

Given the country's economic challenges and resource constraints, investment in community care structures such as community-based health can be particularly effective. This could include capacity development of community health workers and teachers.

The lack of formal provision of social care for the elderly and persons with disability suggests an important infrastructure gap in meeting the needs of these two population groups. Coordinated efforts by the relevant Ministries can provide such formal care services, using best practices from sub-Saharan African countries such as urban Kenya and South Africa and rural Tanzania for elderly care. Long-term care within homes can also create job opportunities for young workers and increase the participation of older people and persons with disability in communities.

Uganda's 2017/18 Time Use Survey, and the 2015 social protection policy provide a strong background to formulate programmes that will enable women's reduced burden of unpaid care work and transition to formal employment. Funding programmes that will enable redistribution of care work at household, community and government level will enhance women's participation in the economy hence improving the household economic status.

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