

REGIONAL WORKSHOP  
ON  
AGEING AND POVERTY.

Uganda Country Position Paper  
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## **1.0. OVERVIEW OF THE STATUS OF UGANDA'S POVERTY REDUCTION POLICY AND STRATEGY.**

### **1.1 *Background to the Policy and Strategy***

Uganda's policy and strategy on poverty dates back to 1995 when a National conference was held on the theme: "The Challenge of Growth and Poverty Reduction". The conference culminated into the process of consultations leading to the preparation of Uganda's first Poverty Eradication Action Plan (PEAP) that was launched in 1997. The PEAP was revised in 2000 and the process of revising it again is on-going.

#### ***Defining and Measuring Poverty in Uganda***

Defining poverty is complicated to the extent that there are many definitions of poverty. Poverty is fundamentally to do with lack of well-being (Dasgupta, 1993). Lack of well-being implies some combination of inability to act and enforced misery, implying severely curtailed human capabilities (Sen, 1993; 1997). In Uganda, the concept of poverty takes several dimensions. In 1997, at the launch of first PEAP, Government for policy purposes defined poverty as lack of access to basic necessities of life (food, shelter, clothing and other needs like education and health). When the first Participatory Poverty Assessment (PPA1) was conducted in 1998, poverty was defined as inability to satisfy a range of basic human needs, and the lack of employment and survival opportunities stemming from powerlessness, social exclusion, ignorance and lack of knowledge, as well as material resources. Powerlessness was defined as lack of participation in decision making at community and household level, especially by women. The second PPA confirmed this definition<sup>1</sup>. During the first Community Country Assessment (CCA) of the United Nations agencies working in Uganda, communities also recognized that poverty is not a linear event but is cyclical in nature depending on a number of variables. However, what remains undoubted is the fact the poverty is the lack of basic needs.

Worldwide, the measurement of poverty remains a major problem for social scientists. In Uganda, distinguishing the poor from the non-poor takes the economic approach that is preferred by economists which is using the absolute poverty line approach based on consumption expenditure as proxy for income. Consumption is considered a better measure of well-being than income because it reflects the households' ability to buffer its standard of living through savings and borrowing despite income fluctuations (World Bank, 1990). Income data is regarded as an unreliable guide to material standards of living for several reasons, the principal being annual income instability, seasonality, problems of recall, and measurement (Glewwe & van der Gaag, 1990; Lipton & Ravallion, 1995). Uganda's absolute poverty line reflects the monetary cost of meeting certain basic needs of life, food and non-food related. Measurement of food-related needs focuses only on calories measured by the cost of obtaining calorie requirements based on the typical diet of the poor in Uganda. The World Health Organization (WHO) recommended 3,000 calories per day for men aged 18-30 engaged in moderate work was adopted as the requirement of calories per adult equivalent. In estimating the adult equivalent, the same level of calorie requirement was taken for men and women because of the long hours of work for women. Therefore Uganda's national poverty line is the average monthly total cost of obtaining daily 3,000 calorie requirement plus that of non-food essential requirements by the poor.

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<sup>1</sup> Uganda Participatory Poverty Assessment Report (2002)

The food line which does not include the cost of non-food requirements is the hard-core poverty line.

There are, of course, limitations of this measurement, the principal one being its inability to capture intra-household inequalities in the distribution of consumption. Consumption expenditure data is collected at household level, and averaged across adult equivalent members of the household to obtain per capita consumption levels. Similarly if a household's coping mechanism is to send away some of its members to work elsewhere, the per capita consumption within the household will rise, giving a false impression that the household is above the poverty line. At the national level, the headcount rate of poverty falls if more poor people than the non-poor die. Hence this sends a peculiar signal for poverty policy. Another limitation that has begun to be tackled is the silence over the extent and reasons for people moving in and out of poverty. This limits poverty policy impact with respect to the ability of individuals to respond to government interventions. There has been some work on chronic poverty which recognizes that the poor at any one time comprise quite a few different groups: the chronic poor (the forever poor and the usually poor) and the transient poor ((the "churning" poor (those that move in and out of poverty); those that are occasionally poor, and those that have never been poor). Data on chronic and transient poor is discussed below.

## **1.2 *The Poverty Situation in Uganda***

According to results of the 2000 National Household Survey data, 35% of Uganda's population live below Uganda's poverty line as defined above. This is a sharp decline from 1992 when it was estimated at 56%. However, due to the high fertility rate (7.3) the absolute number of the poor marginally fell from 9.3 million to 7.8 million. There are a core number of households in chronic poverty, and a substantial number that moved back into poverty after being non-poor in 1992. A third of the chronically poor and a disproportionate number of households moving back into poverty are in Northern Uganda. More than 91% of chronically poor households and those sliding back into poverty live in rural areas. Given that children and young adults as well females constitute a large share of Uganda's population (76%) and a sex ratio of 96 males per 100 females the young and female are heavily present among the poor. The share of aging population in total population (60 plus) has declined from 5% in 1999/2000 to 3% in 2002/03. Overall, about 55% of the population is not economically active. Of these the too young or too old are the second highest proportion. While there is no detailed statistics about children and the ageing living in poverty in Uganda, the poverty profile in 1997 indicated that 54% of those living below the poverty line were children. Recent Household surveys estimate that about 38% of those above 65 years are not economically active. Unemployment is high and poverty is massive aggravated by low commodity prices, uncontrolled urbanization, low skill levels, insecurity, especially in the northern region.

As poverty is linked to ignorance and lack of knowledge, literacy defined as the ability to read with understanding and write meaningfully is a key poverty indicator. About three-quarters of Uganda's population aged 10 years above are literate leaving one quarter illiterate. Almost 27% of the household populations have no education at all. Adult literacy rates are however improving estimated at 67% in 2001. The Gender Development Index (GDI) is 0.401 which is lower than the Human Development Index (HDI) of 0.409 pointing to gender inequality. There are gender variations in literacy and education attainment. Female literacy rates and education attainment levels in Uganda are lower than that of males. However, the

ratio of girls' primary school enrolment to boys increased from 94.5% in 1992 to 99.3% in 2000. Incidence of disease is high associated with communicable and vector borne diseases such as malaria accounting for halve of reported illness and respiratory infections raking second. HIV/AIDS continues to claim a big toll with 1 million people living with it although prevalence rates declined from 18% in 1992 to 6.5% in 2001. The PEAP target is 5% by 2005. Majority of the 2 million orphans have been orphaned by HIV/AIDS. It is estimated that as a result of HIV, the country loses 0.9% of its GDP annually. Life expectancy at birth is just 43 years and the population not expected to survive to 40 years is about 43%. Maternal mortality rate is as high as 505/100,000

### **1.3 *Methods of Collecting Poverty Data in Uganda***

There are two methods of collecting data on poverty; quantitative and qualitative surveys. Data on income poverty are collected through annual National Household Surveys (NHS) from a sample of about 10, 000 households and is disaggregated by region and socio-economic group. The objective is to collect data on demographic, social and economic characteristics of the household population for planning, monitoring and evaluation purposes. Data on health and fertility outcomes are monitored by the Demographic and Health Survey, and by prevalence surveys for particular diseases. Education outcomes are monitored by the National Assessment of Progress in Education (NAPE) program in the Ministry of Education. The second method is the qualitative approach through PPAs. The two methods complement each other with respect to explaining the observations. Perceptions as collected through PPAs help government understand the effectiveness or otherwise of its poverty reduction programs. They help in identifying the constraints to successful implementation of its poverty reduction strategy. For example, in the second PPA, it was found out that despite the reduced distance to within 5 kms to a health unit, which is the health policy definition of accessibility, the elderly still find it difficult to access the health units given their physical ability.

### **1.4 *Monitoring Poverty in Uganda***

Monitoring poverty in Uganda takes place at three main levels -inputs, outputs and outcomes. Monitoring of PEAP outcomes focuses on progress in reducing income poverty, improving health, raising educational achievement and enhancing the voice and participation of the poor in decisions affecting their life. Most of this information is drawn from household surveys, sample surveys, interviews and management information systems. The results of the poverty monitoring process are published every two years in the Poverty Status Report, (PSR) produced by the Ministry of Finance, Planning and Economic Development (MFPED). The PSR assesses the progress and challenges in the implementation of the PEAP as well as future policy direction under the strategic thrusts of the poverty policy and strategy is prepared. Using the NHS data and other surveys mentioned above, the PSR summarizes trends in income and non-income poverty indicators. On the basis of the PSR, commissioned research and nationwide consultations the PEAP is reviewed and subsequently revised every three years. This process is on-going and is expected to be completed early 2004.

Government defined a Poverty Monitoring Strategy that outlines a clear structure for the public institutions involved in monitoring, and for other institutions which collaborate with it. The structure of the monitoring system consists of analyzing indicators at three levels namely: inputs, outputs and outcomes and the casual relations between the indicators at different levels, in particular the impact of public

programs on outcomes. In collaboration with donors and civil society organizations (CSOs), it established a National Poverty Forum which provides a platform for public discussion of poverty and regular review of the implementation of the PEAP as well as a system for monitoring programs financed under the Poverty Action Fund (PAF). Ever since the establishment of the PAF in 1998, the Government holds quarterly meetings to report on progress. Sector ministries and representatives of donors and civil society and the media attend this meeting.

## **1.5 The National Poverty Reduction Policy and Strategy**

Uganda's Poverty Eradication Action Plan (2001-2003) builds on the first PEAP (1997), the Vision 2025, the Uganda Participatory Poverty assessment and the Structural Adjustment Participatory Review initiatives. It emphasizes the concept of transforming the economy from being poor where most people are locked into traditional subsistence production into a modern economy where agents in all sectors are able to participate actively in economic growth.

The basic thrust of the PEAP is to reduce the incidence of poverty among the Ugandan population to 10% or less below the poverty line and practically eradicate hardcore poverty by 2017. The requirement is a 5% growth in total real consumption and an annual per capita consumption growth for the bottom 20% by 6.2%. The four strategic thrusts of the strategy are:

1. Policy reforms to stimulate and achieve rapid and sustained economic growth with structural transformations (including agricultural modernization, industrialization, institutional reforms and capacity development). In this regard, Government is undertaking a review of the Macroeconomic management strategies, the Plan for Modernization of Agriculture (PMA), the Strategic Exports Program, and the Medium-Term Competitiveness Strategy (MTCS) for the private sector.
2. The second critical facet of Uganda's poverty reduction thrust is enhancing good governance and security with respect to promotion of human rights, conflict resolution and disaster management, administration of law and order, strengthening of the democratic process, ensuring transparency and accountability, empowerment and effective and honest service delivery.
3. The third goal of the poverty reduction strategy is to increase the ability of the poor to raise their incomes. The poverty policy is to prevent an increase in inequality and reduce it through increasing the participation of the poor in economic growth. The thrust for rapid growth of the economy especially in the agricultural sector is intended to speed up the process of transforming the economy more rapidly by enabling the poor farmers to raise their ability to raise incomes and spend their extra income in the market on non-agricultural goods and services hence boosting the domestic demand.
4. The poverty reduction strategy also aims at enhancing the quality of life of the poor through promotion of better health, education, housing and other social services. Another important thrust of the strategy is the judicious management of the environment and natural resources ( land, forests, wetlands, rangelands, rivers and lakes) in order to sustain any gains in poverty eradication due to the above strategies.

Many of the actions in the strategy contribute to more than one of these aspirations. For example, health and education contribute to improving the quality

of life, increasing the ability to raise income and enhancing economic growth through growth in labour productivity.

Through the sector wide approach (SWAp), the PEAP framework provides for sector plans to develop and set sector monitoring indicators and the timelines. Below are some of the indicators for the PEAP.

#### **1.6 Macroeconomic targets: -**

- Annual GDP growth rate of 7%
- Inflation control at 5% p.a or less
- Foreign Reserves to cover 5 months of imports
- A competitive real exchange rate.
- A sustainable external debt measured by NPV/Export ratio of 150% as per HIPC ratio.

Education:- Average pupil-teacher ratio 47:1 by 2002  
Average pupil-classroom ratio 91:1 by 2002  
Average Pupil-textbook ratio 3:1 by 2002

Health:- Reduction of HIV prevalence rate by 25% by the year 2005/6  
Reduction of child mortality  
65% of children under 1 year receiving 3 doses of DPT in 2002/03  
By the year 2005/6, at least 80% to have access to HIV/AIDS counseling, care, social support and other essential package services including health, education and food.

Water:- Provision of safe drinking water to 100% of the population by 2015 (PEAP 1997)

#### **1.7 The Link between the PEAP and the PRSP**

The PEAP is Uganda's national Comprehensive Development Framework. It is a national strategy to eradicate poverty that started from a sober realization that the country is experiencing mass poverty<sup>2</sup>. Like the PRSP, the PEAP describes Uganda's macroeconomic, structural and social policies and programs to promote growth and reduce poverty. The MTEF which is the tool for implementing Uganda's poverty policy and strategy describes the associated external financing needs of the PEAP. The PEAP like PRSPs is prepared by government through a participatory process involving donors and civil society. It is based on a diagnosis of causes of poverty; it spells out four poverty reduction goals and the policy reforms to achieve these goals, and sets targets and monitoring indicators. Its implementation is within the framework of decentralization.

Past trends indicate that Uganda's PEAP target of reducing the proportion of population below the poverty line is more ambitious than the Millennium Development Goals (MDGs). Achieving universal primary education (UPE) and promoting gender equality and empowering women are likely to be met if the quality of UPE is improved and sustained and dropout rates are minimized. However efforts to reduce child mortality and improve maternal health have not yet generated encouraging trends. The increase in the proportion of the population not expected to survive to 40 years has led to an increase in the Human Poverty index in Uganda. These trends are responsible for the decline in Uganda's HDI from 0.507 in 1999 to 0.449 in 2000.

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<sup>2</sup> Poverty Eradication Action Plan (PEAP 2001-2003) Volume 1.

## **1.8 Financial instruments for implementing the PEAP**

Until 1992, economic planning was not linked to the national budget. Changes in expenditure allocations were only by incremental adjustments in the previous year's budget, rather than reviewing allocations in light of the overall national policy and strategy. Since then, every financial year, a medium-term expenditure framework (MTEF) is prepared and presented to cabinet as part of the annual Budget Framework Paper (BFP), covering three financial years. The expenditure implications of the PEAP are translated into concrete spending decisions through the MTEF, which is developed to provide a clear analysis of the links between inputs, outputs and outcomes while ensuring consistency of expenditure levels with overall resource constraints. The resource envelop of the MTEF comprises of domestic revenue and Budget Support (BS). The preparation of the annual BFP involves detailed discussions on monitoring the performance of current programs and projects, and reviewing the poverty policy and strategy as well as the financing proposals. These discussions identify poverty program implementation bottlenecks and take into account any up coming policy initiatives. The importance of the MTEF is that public resources are redeployed in accordance with changing strategic priorities for poverty reduction. In addition, an annual Poverty Reduction Strategy Paper (PRSP) progress report is prepared as a way of monitoring the PEAP program. The Poverty Reduction Support credit (PRSC) of the World Bank is another financial instrument for implementing the PEAP. The PRSC is based on the PRSP/PEAP.

## **2.0 Existing Poverty Eradication Initiatives and Their Benefits to Older Persons.**

Poverty Eradication remains a great challenge for the government of Uganda.

Existing policies on poverty eradication in Uganda are mainly in the areas of infrastructure development, Health and Universal Primary Education. Along side these specific, projects/programmes have been developed and they include modernisation of agriculture, immunization programme, food and nutrition, water and sanitation among others.

Poverty eradication initiatives target all categories of the poor who include women, youth and children, the disabled and the elderly.

However, Older Persons have not benefited much from the initiatives.

The only poverty eradication initiatives targeting older persons in Uganda remains the pension scheme and the National Social Security Scheme. The pension scheme targets retired civil servants who constitute a marginal percentage of older persons in Uganda who need social protection and income security.

***The National Social Security system is faced with a number of challenges as can be summarised as: -***

- The current provident fund paid is low and it only applies to Old age, death and withdrawal to Guarantee access to funds. These are not sufficient in our poor performing economy.
- There is no coverage for unemployment benefits in case of restructuring in the industry and workers lose jobs.

- It over burdens employers as far as maternity leave is concerned because a person on leave is to be paid as well as her replacement.
- It covers a limited number of beneficiaries mainly those in the formal sector.
- It covers only 5% of older persons in the public and private sector with a figure of 600,000 for public servants.
- About 12 million economically active Ugandans are not covered in any social security protection arrangement.
- The amount of money being given out is small compared to the needs of the beneficiaries.
- In case of injuries, the burden rests on the employer who makes the contribution in form of compensation and not the social security system.
- The process for getting/accessing benefits is long. This involves workers walking for long with a risk of getting as low as 100,000= which may be less to the costs incurred.
- Shallow financial sector & lack of instruments for efficient financial intermediation in the economy.
- Untapped domestic savings potential.
- Low returns for those contribution to N.S.S.F. and delayed benefits especially from the public service pension arrangement

As a consequence, older persons are inconvenienced. The government has called for review of the National Social Security Fund (NSSF). A Social Security Stakeholders Transition Group (STG) has been constituted to review the (NSSF).

***Among its recommendations for the review of the scheme, the (STG) is proposing the following:***

- A deliberate range of social insurance products contributing/targeting financial Institutions and all parties.
- Special purpose vehicles for intermediating in enterprises of economic transformation such as, Uganda fund development cooperation-type company, to hold public/government equity in business
- A tripartite agreement between government, labour & employers for a predictable monetary and fiscal policy, regime & a responsive labour.
- Sector reforms to be product driven and structured to pick up dormant insurance sector.
- A single independent regulator for the pensions, insurance & capital markets industry.
- A mandatory savings regime supervised by the single independent regulator & managed by three (3) i.e. labour, employers and Government competing mandatory providers.

- Conversion of the unfounded public service pension scheme into a funded one falling under the single regulator.
- Armed forces to be included in a funded scheme.
- It should be opened up to include as many Ugandans as possible
- Workers to be paid before retirement age.
- Benefits to be contributory such that individuals who are able should contribute to their own social protection except PWDs and destitute for whom social aid should be provided.
- The social sector to be liberalised.

It is hoped that at the end, the reforms will position the social security sector as the cornerstone of domestic capital formation to trigger the transformation function in Uganda's growth model.

A long side the reforms, the government of Uganda established a Ministry Responsible for Disadvantaged groups in 1995, and a State Minister for Disability and Elderly Affairs appointed in 1998. A department of disability and elderly affairs was constituted in the same year 1995. The department has gone through most of the stages in developing an all-inclusive policy on older persons and a final draft policy document exists. In the policy, the following issues are reviewed for attention in meeting needs of older persons and consequently reduce their poverty status:

### **2.1 National trends and issues affecting Older Persons in Uganda**

According to the population projection, it is estimated that Older Persons are currently 6.1% of the total population in 2002.

### **2.2 Poverty**

In Uganda absolute poverty affects about 35% of the people and older persons are typically victims of poverty (Ministry of Finance, Planning and Economic Development (MFPED, 2002). However, in most cases, poverty alleviation programmes exclude Older Persons, Micro finance organisations are reluctant to allow older persons borrow funds for income generating activities.

Due to poverty Older Persons in Uganda are faced with a number of social problems. They lack income, shelter and security. This makes them vulnerable and open to abuse. Low incomes in Uganda make it hard for people to save for their elderly years. Many people enter their old years with limited assets and these are quickly exhausted as earnings reduce. Poverty has made it harder for families to cope with the needs of Older Persons.

### **2.3 Social welfare**

Traditional family structures have changed and Older Persons can no longer solely rely on the family for support. Existing Social welfare programmes covers Older Persons in the formal or public sector alone, while those in the informal or private

sector are without any provision. The pension scheme and the National Social Security fund are centralized. This has made the schemes inaccessible to Older Persons who have limited mobility or who are unable to afford the transport cost from their homes to Kampala. As a result, most retired older persons live without their pensions.

#### **2.4 Food and Nutrition**

There is very little information about the nutritional status of Older Persons in Uganda. Whereas research is ongoing in other countries and there has been sharing of information in sub-Saharan Africa (Ref. W/S Report on Nutrition of Older People, 2001, HAI), there has been limited research on this subject in Uganda.

Older Persons find a problem of meeting their needs in areas of food and nutrition.

#### **2.5 Health**

Health of most Older Persons is often at stake. They suffer from all forms of illhealth which force them to withdraw from productive life rendering them dependent and disabled.

- Age-related diseases such as hypertension (high blood pressure) stroke, diabetes, heart diseases, trachoma, cataract blindness and mental problems are some of the diseases affecting older persons in Uganda
- They also suffer from cancer, respiratory disorders, osteoporosis, nutritional disorders and physical and mental problems

#### **2.6 Water and Sanitation.**

Lack of water for Older Persons is a big problem. Very often Older Persons have to travel long distances to collect water. A study conducted in Uganda by Ministry of Gender, Labour and Social Development, 2002 indicated that 42.8% of older persons use boreholes while the majority of older persons 59.2% use water from other sources.

Persistent absence of adequate water results in poor personal hygiene and infrequent washing of clothes and bedding.

#### **2.7 Gender**

Women and men experience ageing in different ways and face different problems and relative disadvantages in old age. Generally, women live longer than men. Due to our cultural discrimination in property inheritance laws impact more on elderly women than elderly men. Due to early marriages, there are more widows than widowers. On widowhood or dissolution of marriage, Older Persons women often lose property including homes to their in-laws or chosen male heir. Most cultural practices dictate that women should not own property. Widow inheritance still thrives amidst HIV/AIDS.

Widows also tend to experience reduced social status. On the other hand, older men without a family may be more vulnerable than women who tend to have more domestic skills such as caring for family members who are sick. Older men who are unable to earn an income are seen as unproductive and their other support roles to the family may not be recognized.

## **2.8 Disaster, emerging situation and epidemics**

Disasters worsen Older Persons' situation. The experience of Older Persons in emerging situations is largely one of neglect, both of their needs and of their potential. The very limited opportunities that the fittest find to supplement their incomes are rarely open to the more vulnerable older persons.

In the chaos associated with the early stages of emergencies, Older Persons are physically less able than most other adults to struggle for food and other resources. They cannot travel long distances to where resources may be readily available. Their problems are compounded by the destruction of the social support of their families and communities especially in war torn areas of North and Eastern Uganda.

Older Persons are seen as a low priority by most humanitarian agencies. Very few organizations develop programmes that consider their specific needs. The design of many emergency interventions discriminate against Older Persons.

## **2.9. Education, training and retraining**

The majority of Older Persons have not attended formal education. Older Persons need to be equipped with new skills and attitudes to be usefully occupied and cope within old age. At the same time, there is lack of training for the younger generations to appreciate that the ageing process is natural and that the aged are still useful members of the community with accumulated wealth of experience.

## **2.10 Information**

In Uganda there is lack of information on the opportunities, rights and services for Older Persons people. Due to illiteracy, and the essence of alternative effective means of communication. The Functional Adult literacy programme has not spread enough to give reading skills and where it has done so, there is not enough follow-up of reading materials to enable them to acquire new life skills and the opportunity to read for leisure and further education.

There is lack of information on the process of ageing to enable the community appreciate and reflect on the issues and the problems of the Older Persons. Therefore resources are not budgeted for and allocated to meet their needs.

## **2.11 HIV/AIDS**

The HIV/AIDS pandemic continues to pose challenges to the Uganda society. The belief that Older Persons have passed their sex lives is a lie. Elderly men and women are still sexually active and stand a risk of contracting HIV/AIDS and transmitting it as well. Unfortunately, they are denied education and information on HIV/AIDS, yet HIV/AIDS affects elderly persons as they take care of orphans relatives and partners. They spend a lot of money on HIV/AIDS patients.

At the same time, some elderly persons are traditional healers and traditional birth attendants. They carry out their work without protective wear. Finally, the loss of children and relatives who are their caretakers has increased their isolation and loneliness. As a result Older Persons suffer emotionally.

## **2.12 Impairment among Older Persons.**

According to a case study on the Health needs of Older Persons in Uganda, majority of Older Persons indicated that they had a form of disability. The most frequent disability was physical disability which accounted for 56.0% and this was followed by visual impairment which accounted for (39.0%). The problem of impairment affects the way Older Persons carry out their daily living activities. Impairment leads to poverty since it affects their ability to perform.

## **2.13 Housing**

Most of Older Persons people live in semi-permanent or temporary shift make structures, that are grass thatched with mud walls. Some of the structures threaten to collapse anytime Some are living in abandoned homes moving from one place to another. Besides the leaking roofs, the walls have gaping cracks which exposed them to coldness. Most Older Persons have homes that lacked pit latrines and bathrooms making them unfit for human occupation. The hardest hit are the landless urban dwellers who constitute 36% of elderly population of urban areas in Uganda.

Older Persons in urban slums risk eviction because the slums are illegal settlements. The other big problem is Older Persons who own land under customary tenure with no title deeds are at risk of losing it. Older Persons do not have kitchens but instead cook within the same place they sleep and they have a problem of squatting when using toilets in rural areas though they did not also like toilets with seats. Their toilet structures require modifications in line with their attitudes.

## **2.14 Employment and Income security**

Many Older Persons do not have access to a regular income and the majority do not benefit from any social security provisions.

Industrialization, urbanization and Westernization have caused a gradual disintegration of the extended family system rendering it ineffective in its role as a social security institution.

Older Persons find themselves vulnerable, discriminated Against and denied employment opportunities once they reach, or after retirement age.

Older Persons are forced to retire to create room for younger people even when they still have so much to contribute.

Most Older Persons in most cases are denied credit to help them invest for the future eg. a group of Older Persons in Kamuli district were refused to open an account in a bank because of their age and current micro-finance regulations say that everybody above 65 years is not allowed to get a loan.

Most pensions are too small, come late and are eroded by inflation leaving Older Persons very vulnerable, and.

Elderly migrant and refugees do not have any form of social security. The current formal social security systems cover a small percentage of the population. This is inappropriate as most people work in sectors like agriculture outside the public or formal sector.

### **2.15 Family Care**

The family is still the most important caring institution for Older Persons. However, socio-economic changes have weakened the strength of this system to provide adequately for its Older Persons in Uganda.

The situation has been aggravated by the HIV/AIDS pandemic which is claiming a lot of young members of the family who would be able to care for Older Persons. And the young ones who survive migrate from rural to urban areas leaving Older Persons uncared for in the rural areas. In addition, society's negative attitudes towards Older Persons is increasing due to associated costs of caring for them. As a result Older Persons lack proper care and are very vulnerable to neglect and abuse.

### **2.16 Participation.**

Older Persons in Uganda have made significant contributions to the development of the country. Even in their old age they continue to contribute by being a reservoir of knowledge and cultural values, in addition to caring for their grandchildren and some members of their families. However, due to the increasing negative attitudes of the community and their weakening family institution, the contribution is often not recognized and their status in society not respected. As a result, they do not readily participate in community activities leading to loss of self esteem, emotional and economic deprivation. These make Older Persons prone to psycho-social problems such as loneliness.

### **2.17 Older Persons Organisations.**

The ability of Older Persons to create awareness regarding their existence and their problems has hitherto been minimal. Older Persons have not established strong organizations to be able to lobby for their needs and rights with the result that many of their needs remain unaddressed. On the other hand, organizations which have emerged to assist Older Persons remain WEAK, not well COORDINATED and worse still under funded.

## **3.0 Evidence On Poverty-Ageing Linkages**

Although there is no statistical evidence on ageing and poverty, time series or cross-sectional data, participatory surveys identify the elderly persons as part of the category of the poor with respect to vulnerability. The specific factors that make the elderly more vulnerable are the lack of reliable sources of income by some, the inability to carry out farm activities due to old age, declining social capital and the burden of orphaned grandchildren both due to the effect of HIV/AIDS related death. A case study on priority policy actions for the vulnerable, in particular the elderly pointed to welfare and health care services, tax exemption, and housing improvement not forgetting security.

## **4.0 Planned interventions under the Social Investment Development Plan.**

### **4.1 Poverty:**

There is a need to promote programmes geared towards increasing incomes for older persons.

Older persons organisations should be strengthened at all levels.

## **4.2 Employment and Income security**

Employment beyond the retirement age should seriously be envisaged to tap the vast reserve of knowledge, experience and expertise in the process of socio-economic development.

There is need to broaden employment opportunities in the formal, traditional, informal and semi-formal employment systems to ensure that the poor, at whatever stage of development are captured. There is also need to develop new attitude towards employment of such older persons emphasizing the concept of productive ageing through advocacy and conducive measures.

## **4.3 Life Long learning or Education and Training.**

Older persons need to be kept abreast of social changes, otherwise the process of socio-economic reintegration in the mainstream of society can be highly compromised and the generation gap widened.

Appropriate educational and training programmes need to be promoted. Educational policies should reflect the principle of the right to education of the ageing, through appropriate allocation of resources and in suitable education programmes. The need for continuing adult education should be recognised and encouraged at all levels.

## **4.4 Information and Research**

There is a need to have segregated data and information on old persons for planning and decision making purposes. The older persons will be involved in research activities.

## **4.5 Protection and care**

Measures need to be undertaken to ensure protection and care of older persons as a vulnerable in the society by family, community and government

## **4.6 HIV/AIDS**

Measures need to be undertaken to ensure that:-

- a) Support for orphans is given to the older persons who are caring for them.
- b) Older persons are included in all HIV/AIDS awareness programmes
- c) The HIV/AIDS infected and affected Older persons are supported

## **4.7 Housing**

Government must promote efforts of communities, NGOs development partners and the private sector to provide decent housing for older persons.

## **4.8 Review of Laws and Policies**

Efforts must be made to ensure that existing laws and policies are reviewed and new ones enacted to guarantee the fundamental rights of Older Persons.

## **4.9 Food and Nutrition**

Government must promote efforts:

- a) To educate the public on food and nutrition needs of older persons;
- b) To protect the rights of older persons.

#### **4.10 Health**

- a) Emphasis should be laid on the preventive aspects of health in view of preparing them for a better quality of life including health and nutrition.
- b) Availability of drugs for age related diseases in all health units
- c) Change of attitude of health workers towards older persons

#### **4.11 Disaster**

measures be undertaken to encourage involvement of older persons in the planning and management of disaster programmes.

#### **4.12 Psycho-social support**

Measures must be initiated to cater for the psychological, cultural and recreational needs of older persons by promoting:

- a) Participation of older persons in community development activities
- b) Counseling and guidance services to older persons
- c) Accessibility of older persons to recreation activities and facilities.

Government should create a conducive environment for the establishment of Social Security Systems based on the principle of universal coverage for older persons at all levels.

#### **4.13 Cultural initiatives – Intergeneration**

Strategies must be developed to bridge the generation gap through mutual understanding and improved communication channels. Progressive cultural values should be preserved and inculcated in the youth. Utilisation of community resource systems should be ensured.

#### **4.14 Capacity Building**

measures must be developed to promote building capacity of Government, NGOs and the Private sector in ageing and development.

With the development of the policy on older persons issues, the challenge remains as to whether the needed financial resources to operationalise it will be secured. The social sector in Uganda is the least funded of all sectors in the economy.