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Virginie Tallio

Uganda's Social Policy Response to Covid-19: Rudimentary Relief Measures



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UGANDA'S SOCIAL POLICY RESPONSE TO COVID-19: RUDIMENTARY RELIEF MEASURES

Virginie Tallio*

ABSTRACT

The Covid-19 containment measures taken in Uganda have been amongst the most radical in Africa: closure of the borders, a ban on public and private transport, closure of non-essential shops, and a ban on political, religious and cultural meetings. Even before the identification of the first case of Covid-19, the Ugandan government had taken measures to prevent the dissemination of the disease, helped by a solid experience in managing pandemics. Nonetheless, and despite the strong reactivity of the Ugandan government to take firm sanitary measures to fight the disease, the response to the socio-economic consequences of the Covid-19 pandemic was extremely limited and mainly directed toward the formal private sector. Informal urban workers, despite being the most affected by the crisis, were only targeted by rudimentary relief measures that could be described as humanitarian “band-aids”. Indeed, social protection is still a very young preoccupation of the Ugandan government, but this has to be analyzed within the broader context of the presidential election that took place in January 2021. The incumbent government used the containment measures to muzzle the opposition on the one hand, and to monopolize actions and discourses on the disease on the other.

INTRODUCTION

The Covid-19 containment measures taken in Uganda have been amongst the most radical in Africa.¹ Even before the identification of the first case of Covid-19, the Ugandan government had taken measures to prevent the dissemination of the disease: closure of the borders, a ban on public and private transport, closure of non-essential shops, and a ban on political, religious and cultural meetings were among the measures taken, which has brought the economic, social and cultural activities of the country to a halt. Uganda has indeed a strong experience in fighting pandemics, starting in the 1980s with the HIV-AIDS pandemic and extended with Marburg fever, Crimean-Congo fever, measles, yellow fever and Ebola fever. The monitoring and supervision system of the Ugandan Virus Research Institute has again demonstrated its capacities in testing and tracking suspected patients, and many processes used to fight Ebola fever in 2018 were deployed to limit the outbreak (Lumu, 2020).

Nonetheless, the Uganda government's socio-economic measures have been extremely limited, considering the extent of the crisis for the Ugandan population, hit hard by the limitation of transport, the closure of non-essential shops, and in general the shrinking of economic activity. It is true that social protection is not widely implemented in Uganda, and has mostly just covered a small segment of the population, basically the urban formal workers. The private formal sector has indeed been the main target of the socio-economic measures taken by the government.

After a brief presentation of the different measures to limit the spread of the disease, and of the particular context in which the pandemic has taken place, this report will describe how social protection policies have been implemented in Uganda. It will then look at the different impacts the pandemic has had on Ugandans. The support package has been essentially focused on the private formal sector, while a broader conception of the social

1 In 2019, Uganda had a population of 44 million and a GDP per capita of USD 794.

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protection measures to be taken in order to support the economy was absent from the governmental task force in charge of designing Uganda's Covid-19 response. Lastly, we will examine the sporadic actions taken to counter the negative impact of the pandemic.

POLITICAL AND SOCIO-ECONOMIC CONTEXT

It has to be underlined that the Covid-19 pandemic occurred in a very specific context for Uganda. The presidential election was scheduled for January 2021, and the campaign ran from 10 November 2020 to 8 January 2021. Moreover, the presidential election had a special meaning. Yoweri Museveni was going to run for another mandate, although he has reached the age limit and should not have been able to run for a sixth term. He has indeed been ruling the country since 1986. The Ugandan constitution was modified in order that he could do so, to the dismay of the opposition, but as well of some militants from his own party. Moreover, his long-term opponent, Kizza Besygie, said he would not run in this election. The challenger was Robert Kyagulanyi, also known as Bobi Wine, elected as MP for the Kyadondo constituency in 2017. He stands out from the traditional class of politicians thanks to his young age and the topics he tackles; corruption and unemployment. This makes him a very attractive vote for the youth and the urban classes.

There is no doubt that the pandemic management played a key role in the election, but above all, that it has been instrumentalized by the government to serve their political interests, as the arrest of Bobi Wine on 18 November, for not respecting the Covid-19 protection measures, has shown. Indeed, the government has stopped several political rallies under the pretext that they were contravening the SOP (Standard Operational Procedures). Several political candidates and members of their teams were arrested, sometimes very brutally. It has led to demonstrations to ask for the release of these candidates that have been repressed in a very brutal way. The centralization of food distribution in the hands of the Office of Prime Minister (OPM), a measure we will discuss later in this report, has also been widely used as a means to reinforce the grasp of the government, and more specifically President Yoweri Museveni. It has been mainly used as a public relations operation, with wide coverage in social media of the few operations actually conducted. The final results of the election, with Yoweri Museveni being declared the winner, were not surprising. Eventually, the pandemic played a central role in the election process but did not influence the expected results.

Social Policy

Some social policies were implemented in the British empire during colonialism. The Colonial Development Act (1929) and the Colonial Welfare and Development Act (1940) were the first attempts to formalize social policy through some steps such as a dedicated budget and a decision-making committee (Kuhlmann et al., 2019). A few attempts to organize social protection were made in Uganda on becoming independent. In 1985, the *National Social Security Fund* was established by an Act of Parliament. But since it was restricted to people employed in the formal private sector, its capacities for effective action were very limited. When the NRM (National Resistance Movement) took power in 1986, it was believed that it would establish a progressive regime that would set up a framework for development and stability in a country whose trust in the state had been severely challenged by dictatorial systems (Hickey, Bukonya, 2016). Nonetheless, the neoliberal turn taken by the NRM government, and the numerous reforms adopted for electoral reasons, have quickly led to a decrease in the social services provided by the state (Nystrand, Tamm, 2018).

SAGE (Social Assistance Grants for Empowerment) was a cash transfer scheme started in 2011 and aimed at the elderly on the one hand (with the SCG – Senior Citizens Grants) and at vulnerable households, including child-headed households, on the other hand (with the VFG – Vulnerable Family Grants). In 2015, the VFG was removed from the scheme. Another phase started, looking at reinforcing the implementation of the SCG in other districts around the country, and focusing on the elderly not receiving pensions from other funds. This has been led by the Ministry of Gender, Labour and Social Development, and different stakeholders, such as DFID or UNICEF, have supported it, including financially.

The National Social Protection Policy, the first attempt to gather under one single policy all the different laws and programs aiming at offering social protection to the population, was implemented in Uganda in 2016. This

late decision may be explained by the neoliberal turn that Uganda has undertaken since Museveni took power: the country is well-known for having been a laboratory for the neoliberal policies of the international financial institutions, and its strict respect of the Structural Adjustment Plans that it was subject to. Social protection is only available to people employed in the private sector (Jacquin, 2018). Other programs target specific groups (such as women) or regions particularly affected by poverty (such as Karamoja or Northern Uganda), and are mostly supported by nongovernmental actors (Jacquin, 2018).

CONTAINMENT MEASURES AND SOCIO-ECONOMIC CONSEQUENCES

Even before the first case was detected, containment measures were decided by the government. On 6 March 2020, people coming from areas considered “at risk” were asked to respect a 14-day quarantine at home, and Ugandans were prohibited from travelling to these countries. These countries included Italy, South Korea, Germany, some parts of France, the Netherlands, Italy, and China. Measures were quickly expanded to other activity sectors, notably with the closure of schools and universities on 16 March. On 22 March, the first case of Covid-19, a Ugandan coming back from a work trip in Dubai, was identified. From that day on, more drastic measures were taken. Land and air borders were closed, except for freight, circulation was limited, and a curfew was implemented from 7 pm to 6 am. Shops were closed, except food shops and food markets, and in order to limit movements, the sellers, mainly women, were asked to sleep at the market place. On 8 April, other restrictions were put into place, such as a ban on outdoor physical exercise.

From 6 May onwards, lockdown has been eased. The transport interdiction has been progressively lifted with the different transport means progressively authorized to travel, with more and more passengers. Shops have been reopened gradually, and the curfew has been reduced. The number of infected people has made a huge leap forward. In July, another set of restrictions were lifted: more shops were allowed to open. The first death was counted on 26 July. In October 2020, the toll of Covid-19 on the Ugandan population was 11,557 infected persons and 101 deaths. All these different measures were announced during Presidential Addresses to the Nation, broadcast on all TV and radio stations.

During the lockdown, the spread of the pandemic was controlled. This can be put down to the control of people’s movements and interactions, and the significant experience Uganda has in disease control. However, a less positive assessment is made of the fight against the socio-economic impact of the Covid-19 pandemic on the population. The only legal instruments implemented in Uganda and related to the Covid-19 pandemic are public health regulations (Public Health Rules, 2020 and Public Health Orders, 2020), a judiciary circular on administrative and contingency measures to limit the spread of the disease (Uganda Chief Justice Circular, 2020) and a circular letter from the Ministry of Public Service detailing preventive measures (Circular Letter n° 3, 2020). As mentioned above, the government discourse on Covid-19, and the measures taken to minimize the burden, be they sanitary or economic, was monopolized by President Yoweri Museveni.

Though the pandemic is still on the rise in Uganda, and is weighing heavily on the Ugandan population and its health system, the economic consequences have had the most detrimental effect on the Ugandan population. The economic sector is largely informal, and people have been strongly affected by the closure of businesses and the general drop in economic activity. Indeed, workers from the informal sector were the first affected by the measures taken to limit the spread of the pandemic: opportunities to find a job were drastically diminishing, they had to bear pay cuts, and many of them were fired. The absence of formal social protection has made their situation even more difficult and has had put entire already vulnerable households under pressure, and on the verge of falling into a harsher poverty.

Indeed, food security has worsened during the lockdown, and the nutritional input of food has also decreased, leading to a critical situation for members of lower-income households, who could not rely on their savings to compensate for the price increase. Farmers were less affected, as they do not rely on the market to obtain food, but their earnings have decreased because of the crisis (Kansiime et al., 2021). Likewise, access to healthcare has become more complicated. Not only the scarce resources have been diverted to fight the Covid-19 pandemic, both in terms of human resources and infrastructure, but access to medicines and testing services, especially relating to HIV-AIDS, have also become more difficult because of the Covid-19 restrictions related to travel and dislocations (Bell et al., 2020).

UGANDA'S RUDIMENTARY SOCIAL POLICY RESPONSE

In order to fight the pandemic, supplementary budgets were voted for in some sectors, but the sums dedicated to tackle the socio-economic consequences of the pandemic were insignificant. The health sector received the highest amount, with UGX 104 billion (USD 28 million), the security sector received UGX 77 billion (USD 20 million), then disaster preparedness received UGX 60 billion (USD 15 million) in order to provide food relief for those with low incomes. Local government, the Kampala Capital City Authority (KCCA) and the Minister of Information and Communication Technology were also allocated small amounts to counter the pandemic and its consequences (Nambatya, 2020). But most of the issues the supplementary budgets were supposed to deal with were actually already tackled by the budget allocation to the Ministry of Health (Nambatya, 2020), and the (mis)use of this extra money was largely questioned by Ugandans.

Indeed, measures to assist the social sectors that are most affected by the pandemic, such as housing, health-care, education or pensions have not been the subject of modifications to laws or new laws to adapt them to the new socio-economic conditions created by the Covid-19 pandemic, despite the report released by the Minister of Finances, Planning and Development. This report urges the government to take action as the socio-economic consequences of the lockdown have been proved to have a significant impact on the livelihood of the population, more especially the urban poor (Minister of Finance, Planning and Development, 2020). This absence of strong action may be explained by the fact that poverty has been mainly fought through economic measures, targeting employment and growth, and that social protection as such has been mainly left to the "communities" (Grebe, Mubiru, 2014). This may well also explain why local government has taken on such a key importance in the deployment of measures targeting the socio-economic impacts of the Covid-19 pandemic. The lack of institutions that can be used to handle social protection mechanics and the fact that the distribution of items is a much better PR operation, especially at election time, as it can easily be showcased in the different media, may also be an explanation.

The Ugandan government has implemented certain measures in order to support the private sector. For example, the Ugandan Revenue Authority (URA) has implemented some measures to help tax payers with their tax obligations. These measures included an extension of the deadline for filing some of the most common tax returns, or some payments could be deferred. The National Social Security Fund (NSSF) has also allowed the private sector to reschedule their contributions without penalty. It has been debated whether the contributors could be allowed to withdraw part of their savings. Indeed, a debate started on social media requested that contributors who fulfill certain restrictions, such as workers who are more than 40 years old, could withdraw part of their money in order to help them to face these complicated times. But this proposition has been rejected by the NSSF managers and not backed by politicians. The reason given was the lack of a legal basis for partial payments. Furthermore, the fact is that the NSSF is a social security scheme covering only 1.5 million people in a working population of 19 million. The impact of such a measure would be too small, and cannot be considered a wide-scale policy for implementation. Moreover, releasing such a level of liquidity could create distortions on the financial markets. Some other preventive actions have been taken by the Bank of Uganda to guarantee the stability of the financial markets.

The "Uganda Covid-19 Response" Taskforce

The Ugandan government's response to the pandemic, called The Uganda Covid-19 Response, has been designed by a task force coordinating the different stakeholders and led by the Ministry of Health. It has focused on measures taken at the medical level, either by strengthening the system of surveillance, by reinforcing the means of the different health stakeholders, by increasing public awareness, or by stimulating biomedical research on the virus. It is articulated around eight pillars: Leadership, Stewardship, Coordination and Oversight; Surveillance and Laboratory; Case Management; Strategic Information, Research and Innovation; Risk Communication and Social Mobilization; Community Engagement and Social Protection; Logistics; and Continuity of Essential Services.

Amongst the eight pillars that compose the governmental Covid-19 response,² the one on Community Engagement and Social Protection aims at "addressing the social needs of the population". The strategies consid-

2 Covid-19 Response Info Hub, covid19.gou.go.ug

ered as relevant to alleviate the burden of the pandemic on the Ugandan population target mostly the health aspect of the pandemic and aim at diminishing the transmission of the virus through the strengthening of dissemination of preventive measures and of the healthcare system. As part of the health measures to be taken, it includes some for mental health and against gender-based violence in order to “minimize the multi-faceted impacts of this rapidly evolving situation”. The particularly heavy impact of the pandemic on rural and refugee-hosting communities, especially for their health systems, is stressed, but no specific measures have been announced. Actually, the strategies of this “pillar” rely mostly on the local level for implementing social responses. It pushes for a higher involvement of the “physical” communities: factories, markets, schools, etc. As such, ministries, but also religious and cultural institutions, private sector and development actors are asked to take action, and to implement them through the local government structures. No answer at the national level has been implemented, neither even mentioned in this “pillar”, and consequently, no specific social protection mechanism has been deployed at the national level: it was left in the hands of the local governments.

The fact that the Covid-19 pandemic has badly hit the Ugandan population, especially the urban poor, has been documented, and largely discussed in the social media. It has been widely recognized that women, older persons, refugees and the urban poor are the most severely stricken by the pandemic. Moreover, people suffering from other diseases than Covid-19 have been impacted by the movement restrictions: access to healthcare, or continuity in the distribution of their treatment has been severely harmed by the pandemic that has placed an undue burden on the health system, already in a poor state. But as already commented on above, no measures have actually been voted on by parliament. A few measures have been taken by the government to reduce the impact of the containment measures on the population: most of them target the impacts of the pandemic on the formal economic sector, as seen above, in an attempt to attenuate the growth drop, but very little has been done to mitigate the impact on society. The few initiatives have been widely criticized for their lack of relevance.

— Humanitarian Relief Programs

Food relief was organized by the Uganda Covid-19 Response Team. Distribution was restricted to Ugandans who could provide an ID, which de facto has reduced the number of beneficiaries, since not everyone in Uganda has an ID. Food relief was distributed for the first time in April, in Kampala and Wakiso districts, and again in May. One and a half million people were targeted, including those belonging to the most vulnerable groups: old people, sick people and pregnant women. Maize flour, beans and salt were given in a door-to-door process, with the army being mobilized to help. Any other form of food distribution was prohibited, and anyone overriding these rules could be charged with attempted murder. Anyone who wanted to give food to needy people on a large scale had to give it to the OPM (Office of the Prime Minister) for it to be distributed through this food relief distribution campaign.

Despite the fact that the food relief has been the only concrete measure taken by the government directly for the population, it has been highly criticized. Many recipients have complained about the poor quality of the items distributed. The small number of districts covered by the distribution was also one of the most heard criticisms. The lack of clear guidelines concerning the way food can be donated to the OPM has also contributed to making it difficult to pool resources. Lastly, the impact of this policy was limited, and this for different reasons. Few Ugandans have an ID card and receiving food was restricted to Ugandan ID holders. Moreover, food distribution was not extended to rural areas. Indeed, the government has considered that the rural population could access food more easily because they could cultivate their gardens, or buy directly from the farmers. Given the high level of mobilization requested of local governments to tackle the pandemic, one can wonder why they have not been more engaged in the food relief distribution process.

Another criticism of the governmental response to Covid-19 concerns the absence of measures targeting refugees. Food relief was not distributed to refugees, despite the fact that they were amongst the groups most hit by the socio-economic consequences of the pandemic. However, their population is considerable in Uganda: the country has received 1.4 million refugees, and is currently the country hosting the largest refugee community in Africa. It goes in parallel with a drastic decrease in funding for refugee agencies that started before the pandemic and was not reversed during it. The borders were reopened temporarily in June to take in 10,000 refugees from the Democratic Republic of the Congo (DRC) who were fleeing ethnic conflict. Refugees were tested and put into quarantine on arrival, but no other measures to help the host communities were taken. This absence of specific

measures means more pressure on local government and the local communities hosting the refugees, already strained by the pandemic.

Small relief programs have been implemented in other sectors, but with a very limited impact. Agricultural seeds were distributed in some districts to secure food supply: cassava cuttings, onion seeds, amaranth seeds, eggplants seeds and sukuma wiki (a kind of green leaves) were provided in 124 districts out of 134, but though they were supposed to reach the farmers between March and June, distribution was still not completed by September (Minister of Finance, Planning and Development, 2020). Other sectors have implemented measures in order to adapt their mission to the new constraints due to the pandemic, but the financial help they were supposed to receive has not yet been paid. This is for example the case of the Ministry of Education and Sports (Minister of Finance, Planning and Development, 2020). Its main adaptations concerned mapping and coordinating efforts, and publishing educational material for home study, but the radios promised by the president during one of his discourses, in order to facilitate teaching through radio broadcastings, have not yet been sent to the schools. It looks as if money aimed at directly improving teaching and learning conditions will be granted by the World Bank.

CONCLUSION

The government has put humanitarian policies and not social policies in place. It has sought to relieve the population in the short term, but has not implemented policies with the objective of adapting the different socio-economic sectors to the new conditions created by the pandemic. The economic policies that have been implemented aim at protecting the private formal sector, in order that the pandemic does not disturb its systemic organization too much. No measures have been taken to protect the informal sector, which provides an income for the largest part of the Ugandan population, and despite demonstrations held by its workers.

However, some solutions have proved to be efficient in improving the livelihood of the population in emergencies. Cash transfer programs could be easily and quickly implemented in Uganda, they have already largely shown their efficiency in improving the socio-economic conditions of their beneficiaries, as demonstrated by the SCG program. Some existing social programs could be scaled up, and coordination among governmental and non-governmental actors could be better. Micro- and small enterprises and enterprises from the informal sector should also be targeted in the economic recovery plan implemented by the Ministry of Finance, Planning and Development. They have been forgotten in the different plans designed by the Ministry. Local governments have not been given the financial and logistical means necessary for the emergencies they are facing, especially those concerning the delivery of basic services. For that to be achieved, the government has to accept the need to share responsibility for pandemic management with other actors, but it is unlikely that it will accept to do so.

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APPENDIX 1: SOCIAL POLICY DEVELOPMENTS IN RESPONSE TO COVID-19 BY POLICY AREA
(UGANDA, JANUARY–SEPTEMBER 2020)

| | Policy Area | Pensions | Healthcare | Long-term care and disability | Labor market | Education |
|-----|---|-----------------|------------|-------------------------------|--------------|-----------|
| (1) | Have there been any significant legislative reforms in the indicated policy area during the indicated time period? | No | No | No | No | No |
| (2) | If (1) yes, have any of these reforms been explicit responses to the Covid-19 pandemic? | N/A | N/A | N/A | N/A | N/A |
| (3) | If (2) yes, has there been significant regional variation in the implementation of these reforms? | N/A | N/A | N/A | N/A | N/A |
| (4) | Have subnational governments enacted any significant legislative reforms in the indicated policy area during the indicated time period? | N/A | N/A | N/A | N/A | N/A |
| | Policy Area | Family benefits | Housing | Social assistance | Other* | |
| (1) | Have there been any significant legislative reforms in the indicated policy area during the indicated time period? | No | No | No | No | |
| (2) | If (1) yes, have any of these reforms been explicit responses to the Covid-19 pandemic? | N/A | N/A | N/A | N/A | |
| (3) | If (2) yes, has there been significant regional variation in the implementation of these reforms? | N/A | N/A | N/A | N/A | |
| (4) | Have subnational governments enacted any significant legislative reforms in the indicated policy area during the indicated time period? | N/A | N/A | N/A | N/A | |

* Legislative reforms in other policy areas explicitly aimed at social protection, e.g. food subsidies or tax cuts aimed at social protection.