Chased Away and Left to Die

How a National Security Approach to Uganda’s National Digital ID Has Led to Wholesale Exclusion of Women and Older Persons
ACKNOWLEDGMENTS

This report is a joint publication by the Digital Welfare State and Human Rights Project at the Center for Human Rights and Global Justice (CHRGJ) based at NYU School of Law in New York City, United States of America, the Initiative for Social and Economic Rights (ISER) and Unwanted Witness (UW), both based in Kampala, Uganda. The report is based on joint research undertaken between November 2020 and May 2021. Work on the report was made possible thanks to support from Omidyar Network and the Open Society Foundations.

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We would like to thank the following persons for generously offering their time to comment on earlier versions of this report (in alphabetical order): Philip Alston, Laura Bingham, Yussuf Bashir, Ngozi Nwanta, and Jaap van der Straaten. Any errors in the report are the sole responsibility of the authors.

Most importantly, we extend our sincere thanks to all the people in Uganda who offered their precious time to share their personal experiences with us. We will continue to follow their situation closely, especially those individuals who courageously agreed to be profiled in this report and associated communications.
## ACRONYMS AND ABBREVIATIONS

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<tr>
<th>ACRONYMS</th>
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<tr>
<td>CHRGJ</td>
<td>Center for Human Rights and Global Justice</td>
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<td>CRVS</td>
<td>Civil Registration and Vital Statistics</td>
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<td>DFID</td>
<td>UK Department for International Development</td>
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<td>DISO</td>
<td>District Internal Security Officer</td>
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<td>EC</td>
<td>Electoral Commission</td>
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<td>ESP</td>
<td>Expanding Social Protection Programme</td>
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<td>FCDO</td>
<td>Foreign Commonwealth and Development Office</td>
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<td>GISO</td>
<td>Gombolola Internal Security Officer</td>
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<td>GMSA</td>
<td>Global System for Mobile Communications Association</td>
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<td>ISER</td>
<td>Initiative for Social and Economic Rights</td>
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<td>LC1</td>
<td>Local Council I</td>
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<td>MDAs</td>
<td>Ministries, Departments, and Agencies</td>
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<td>MGLSD</td>
<td>Ministry of Gender Labour &amp; Social Development</td>
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<td>MIA</td>
<td>Ministry of Internal Affairs</td>
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<td>MIS</td>
<td>Management Information System</td>
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<td>MOFPED</td>
<td>Ministry of Finance, Planning &amp; Economic Development</td>
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<td>MOH</td>
<td>Ministry of Health</td>
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<td>NCIB</td>
<td>National Citizenship and Immigration Board</td>
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<td>NIC</td>
<td>National ID Card, also known as <em>Ndago Muntu</em></td>
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<td>NIN</td>
<td>National ID Number</td>
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<td>NIR</td>
<td>National Identity Register</td>
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<td>NIRA</td>
<td>National Identification and Registration Authority</td>
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<td>NITA-U</td>
<td>National Information Technology Authority</td>
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<td>PMU</td>
<td>Programme Management Unit</td>
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<td>PSP</td>
<td>Payment Service Provider</td>
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<td>ROPA</td>
<td>Registration of Persons Act of 2015</td>
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<td>SAGE</td>
<td>Social Assistance Grants for Empowerment</td>
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<td>SCG</td>
<td>Senior Citizens’ Grant</td>
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<td>SDG</td>
<td>Sustainable Development Goals</td>
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<td>UGX</td>
<td>Ugandan Shillings</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>URSB</td>
<td>Uganda Registration Services Bureau</td>
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<td>USAID</td>
<td>United States Agency for International Development</td>
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<td>USD</td>
<td>United States Dollars</td>
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<td>UW</td>
<td>Unwanted Witness</td>
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<td>TERM</td>
<td>DEFINITION</td>
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<tr>
<td>biometric identifiers</td>
<td>The distinctive, measurable characteristics used to label and describe individuals, often categorized as physiological characteristics such as fingerprint, face recognition, DNA, palm print, iris.¹</td>
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<tr>
<td>digital ID</td>
<td>A means of identifying or authenticating the identity of an individual both online and offline.²</td>
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<td>social exclusion</td>
<td>A dynamic, multidimensional process that is usually driven by unequal power relationships. Involves a lack of or denial of resources, rights, goods and services, and participation in society. Can occur across four dimensions—cultural, economic, political, and social—and at different levels, affecting individuals, groups, households, communities, countries, and global regions. Affects both the quality of life of individuals and the equity and cohesion of society as a whole.³</td>
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Ndaga Muntu, Uganda’s national digital ID system, is a government showpiece that is of major importance for how individuals access their social rights and for how the Ugandan government operates. Initially designed to serve national security objectives that have dominated its operation ever since, Ndaga Muntu has never made good on its other promise to foster social inclusion, a promise often repeated by proponents of digital ID systems around the world.4 As our seven months of in-depth research investigating the impact of this national ID system on the human rights to health and social security for women and older persons will show, the result is the worst of all possible worlds. Ndaga Muntu has led to mass exclusion, shutting out as many as one third of Uganda’s adult population, and has become a barrier for women and older persons, as well as many other marginalized individuals, to access their human rights.

This wholesale and severe exclusion and the accompanying human rights concerns are not merely an intrinsic wrong, Ndaga Muntu has also failed to deliver on many of its instrumentalist promises since its inception in 2014. The national security rationale that has animated this project from the start seems ill-served by Ndaga Muntu in its current form and, if anything, has stirred up trouble, caused anger and frustration, and changed the political ecosystem of the country. The national ID project also soaks up money that could have been used to improve the welfare of the people in Uganda while hardly delivering on the outsized promises associated with digitalisation, such as easier access to public and private services or creating a burgeoning digital economy. Seven years after the introduction of Ndaga Muntu, it is time to fundamentally rethink the approach to digital ID in Uganda.

1. Ndaga Muntu: a national security ‘weapon’

It is no secret that Uganda’s national digital ID system, colloquially referred to as Ndaga Muntu among Ugandans,5 is primarily a national security project. From its early days, the national ID project was referred to by the Ugandan government as the National Security and Information System (NSIS).6 In 2013, the late General Aronda Nyakairima—at that time the Chief of Defence Forces of the Uganda People’s Defence Force (UPDF)—was appointed as Minister of Internal Affairs. General Aronda was entrusted with a critical mission: to take charge of the national ID project, which at that point was teetering on the edge of collapse. In an interview, General Aronda emphasized the importance of the project from a national security perspective, saying, “This is a way to monitor and know where people are. It is another element to be added on to our arsenal of security weapons.”7 When the national ID project was finally given a basis in law in 2015, General Aronda told Parliament that it would serve as “the distinguishing feature for the general population from illegal residence” and that the national ID would help in the fight against terrorism, address rampant crime, and curb illegal employment and ghost workers.8

We spoke with many people in different parts of Uganda about the national ID system. They understood the national security imperative behind Ndaga Muntu. A man in Nebbi told us, “sometimes when you cross to Congo, without the ID, they can beat you to
death thinking you’re a rebel.” Another interviewee told us, “without an ID, they think you are coming from Kenya.” One nurse told us, “here, we have very many Congolese and so they want to reserve medicine for Ugandans.” Yet another nurse said, “It helps in fighting crime because whenever you ask for a national ID card from a criminal, they are turned away [leave] for fear of easy identification.”

Our research focused primarily on the human rights impact of requiring Ndaga Muntu for access to health care and social benefit programs, and more specifically how this requirement, with its basis in the 2015 Registration of Persons Acts (ROPA), affected women and older persons living in extreme poverty. Nevertheless, we think it is important to start this report by establishing the simple fact that Uganda’s national ID system was designed primarily for national security reasons and carried out under the watchful eyes of Uganda’s powerful military leaders. Even though this is undisputed, many publications on Ndaga Muntu tend to ignore or gloss over the national security dimension altogether. This might lead outside observers to wrongly conclude that this national ID system is, at heart, a development program.

2. **Ndaga Muntu leads to severe and wholesale exclusion**

Because Ndaga Muntu was primarily designed to be a national security system and not a social development program, it is perhaps not surprising that one major effect of the national ID system has been to exclude those who are considered non-Ugandans, security risks, or criminals. We have undertaken in-depth qualitative research in Uganda to better understand the impact of Ndaga Muntu by interviewing affected individuals as well as other experts and officials. This research confirms that Uganda’s national ID has become an important source of exclusion for the poorest and most marginalized. Yet the scope and seriousness of this exclusion clearly goes far beyond what is necessary to reach stated national security objectives.

Based on the government’s own data and other official sources, the reliability of which we cannot guarantee, we have calculated that anywhere between 23% and 33% of Uganda’s adult population has not yet received a National Identity Card (NIC). We have attempted to obtain up-to-date data from the National Identification and Registration Authority (NIRA), but we unfortunately did not receive a reply from NIRA before publication of this report. An audit of NIRA’s accounts by the Office of the Auditor General in 2019 likely contains the most independent figures and stated that only 12.7 million cards had been ‘issued’, as of 2019. Based on an adult population of about 18.9 million people in 2019, using national population projections by the Uganda Bureau of Statistics (UBOS), this means that only 67% of the adult population had an NIC in 2019 and 33% were therefore excluded. The Minister of Internal Affairs released figures that claimed that NIRA had printed only 18.32 million cards as of March 2020, and of those, only 15.23 million had actually been issued. Assuming an adult population that UBOS projected to reach 19.7 million in 2020, this results in an exclusion rate of at least 23%.

Not only are these exclusion percentages dramatically high for a national ID that is now mandatory to access many public and private services, the percentage of the population that is excluded may even be rising. NIRA previously indicated that, as of October 2018, 14.6 million cards had been issued, on an adult population that UBOS projected as
18.1 million in 2018 resulting in an exclusion rate of 19%; an exclusion rate lower than the one based on NIRA’s more recent 2020 figures. And more recently, the new Executive Director announced that 15.27 million cards had been issued as of May 31, 2021, suggesting progress of fewer than 40,000 NICs from the 2020 numbers. It appears that over the past four years, NIRA has been unable to either close the gap of unregistered adults or to keep up with the growing number of young people who turn 18 every year and become eligible for the NIC.

And even those fortunate enough to have received a card often face other problems, including the need to correct errors or to undertake the long, tedious process of replacing lost or stolen cards. In many cases this involves not only the cost of travel, but also significant other costs. While the first issuance of the National ID Number (NIN) and NIC is free, any additional services come at a high cost, including at least 50,000 UGX (approximately $14 USD) in direct fees. For comparison, 41.7% of people in Uganda live under the international extreme poverty line of 2,510.4 UGX or $1.90 USD per capita per day, and 87.8% of the population live under the more appropriate ‘Upper Middle Class Poverty Line’ of 7,266.9 UGX or $5.50 USD per capita per day.

Our research focused not just on the process of obtaining an NIC, but also details how Ndaga Muntu has affected access to the human right to health care for women and the human right to social security for older persons. The requirement to show a national ID at public health facilities has become a significant barrier to accessing health services ever since it was introduced in 2019. At one health centre in Kayunga where our research team was conducting a focus group in February 2021, a young woman named Rebecca arrived visibly pregnant—and bleeding. She had been experiencing back pain and her friend had urged her to come to the health centre to seek treatment. But when she arrived, instead of being given immediate medical care, she was told by health workers that she would not be treated unless she produced her NIC. Rebecca’s story is not unique, others across Uganda, including women who were pregnant, have been ‘chased away’ and told not to return to public health centres unless they can produce a Ndaga Muntu. Those who described the experience of being ‘chased’ told us that they were made to feel as if they did not exist, and that they were not worthy of the time of the medical professionals or local officials because they did not have a national ID.

Meanwhile, older persons living in poverty face different and equally heart-wrenching struggles with the national ID system. Okye, an 88-year-old man from Namayingo in eastern Uganda, is blind, frail, and unable to move without assistance. When he registered for the national ID, he could not prove his exact date of birth. Like the vast majority of Ugandans, Okye never had a birth certificate. His date of birth was registered incorrectly on his Ndaga Muntu, marking him nine years younger than his actual age. Those nine years are critical, because according to NIRA, he is not yet 80, still too young to receive a cash transfer through the Senior Citizens’ Grant (SCG) which is available only for those older than 80. Okye has been unable to travel to the district offices or pay the fees necessary to correct the error and he is intimidated by what he hears is a long, difficult process. Meanwhile, he continues to miss out on the cash transfer meant to support older persons like him.

The stories of Rebecca and Okye are unfortunately very common. Between November 2020 and May 2021, we had in-depth conversations with over 459 people in Uganda as part of our research project. This included 263 women and older persons, often
already living in extreme poverty, who faced severe problems accessing their human right to health and social security because of issues relating to Ndaga Muntu. Those stories were confirmed when we spoke to 162 health workers and administrators and 34 local government officials across the six districts we visited, as well as hospital directors and staff from several facilities near the capital of Kampala. A similar picture emerged when we were present during several SCG distribution days and spoke with beneficiaries, their family members and other helpers, local officials, and payment service providers. We also observed efforts by local government officials to undertake a ‘data validation’ exercise in order to determine how many older people in their communities either had errors on their national IDs or had been unable to register; several senior sources have since confirmed to us that the preliminary data from this exercise indicates that the number of affected people totals at least 50,000 people, which is likely still an undercount. Given the fact that the Uganda Bureau of Statistics projected that in 2021 there are around 197,700 people above 80 years old, the level of exclusion from Ndaga Muntu among older persons in Uganda is enormous.23

Beyond health care and social assistance, women and older persons may also find themselves unable to obtain a mobile phone,24 to stand for election,25 get a bank account,26 or even access government buildings and travel freely throughout Uganda and the East Africa region. For those without the Ndaga Muntu, their very identity as a Ugandan can be called into question, as the card has become the primary means of proving Ugandan citizenship.27 The inability to obtain a Ndaga Muntu therefore truly equals a form of ‘social death’, where not having a card prevents one from participating fully in society, and may sometimes even result in actual death.

3. The dream of inclusion versus the harsh reality of exclusion

Our research suggests that the Ndaga Muntu is a national security tool that has caused severe exclusion, thereby affecting the human rights of millions of people in Uganda. However, we do not mean to dismiss out of hand the promise of social inclusion that has often been tied to national digital ID systems, especially in international development discourse. Digital ID systems are not inherently bad and the exclusionary reality we encountered in Uganda was certainly not inevitable.

The government of Uganda has embraced the global development imperative to ‘leave no one behind,’ which is a pillar of the United Nations Sustainable Development Goals (SDGs). Uganda’s Second National Development Plan, launched in 2015, stated that “an inclusive development agenda promoting employment and universal social policies is key to rapid economic and social transformation.”28 Goal 16.9 of the 2030 Sustainable Development Agenda calls on States to “provide legal identity for all [by 2030], including free birth registration.”29 Many development actors have emphasized the important role that ‘legal identity’ can play in realizing such aims, even though that term has been given very different meanings by different international organizations active in the development field. People without access to legal identity have been portrayed as being ‘invisible’ because their existence is not formally recorded by any State institution.30 This agenda has been animated by the recognition that over one billion people around the world do not have
proof of their legal identity, half of whom live in sub-Saharan Africa. For instance, the 2017 World Bank Identification for Development (ID4D) Global Dataset found that Uganda ranked number 16 on a list of 187 countries with the greatest proportion of the population without access to an ID. The government of Uganda has since invested a considerable amount of money in addressing this perceived identification gap, primarily via Ndaga Muntu.

What are the inclusionary benefits of providing a population with a digital ID, specifically? One of the major proponents of digital ID in the international arena is the World Bank. Its ID4D initiative published a guide which explains why digital ID systems are presumed to be important for sustainable and inclusive development. Some of their cited reasons are: (i) it provides individuals access to financial, health, and social services for which identification is a prerequisite; (ii) it strengthens the capacity of governments to deliver services and cash transfers by enabling governments to know who their beneficiaries are, which also prevents fraud and ‘leakage’ and increases ‘overall efficiency of administration’; (iii) it reduces the cost for financial institutions to identify who their clients are and to comply with legal requirements to prevent money laundering and terrorism financing; (iv) it allows for online identification which is considered the foundation for modern, digital economies; (v) it allows for easier travel across borders, migration, and cross-border trade; and (vi) it generates reliable and continuous statistics to measure progress and inform policy.

According to the global promoters of government digital ID systems, Uganda has often been presented as a digital ID success story. The ID4D initiative, in a 2018 ‘diagnostic’ of the Ugandan ‘identification ecosystem’, applauded the government’s, “impressive rollout of the NID,” that had, “put Uganda in a different league of countries.” Indeed, the World Bank lauded the ‘unrivalled and successful launch’ of the national ID that had brought ‘profound change’ and continued by stating that Uganda’s current national ID system was:

- technologically advanced, which has created the potential for leveraging the national ID system for e-government and authentication by public and private sectors (e.g., mobile phone companies, banks, and insurance companies), further expanding financial inclusion, strengthening social protection delivery, supporting immigration control and refugee management, and helping the Electoral Commission create an up-to-date voter register for the 2021 general elections.

We should note here that the lead author of this 2018 World Bank diagnostic has since stated to us that the version of the World Bank diagnostic that was published is different on crucial points from the version he originally submitted to the Bank.

Other global actors have also emphasized the promise and benefits of digital ID in Uganda, particularly those from the private sector. The Global System for Mobile Communications Association (GSMA), representing the interests of private mobile telecom operators worldwide, wrote in a 2019 ‘Digital Identity Country Report’ on Uganda that:

- of particular interest, is the country’s efforts to mobilise the population to enrol for identity solutions—and to understand the benefits of identity. This work has been impressive, and may offer lessons to other countries exploring the role and benefits of identity. Building on this progress, there is significant scope for the private sector—
particularly MNOs [Mobile Network Operators]—to accelerate the benefits afforded by relevant and inclusive identity solutions.\textsuperscript{38}

In yet another study by GSMA from December 2020, the author writes that the:

*current national ID system [in Uganda] may now be leveraged by private sector service providers, such as MNOs and financial institutions, to authenticate the credentials of their customers. This has played an important role in expanding financial inclusion, strengthening social protection programmes and supporting humanitarian efforts.* \textsuperscript{39}

These purported benefits of a digital ID system are manifold and impressive, and according to these sources Uganda was apparently ahead of other countries in sub-Saharan Africa in realizing these benefits, due to the speed with which it has registered its population. However, seven years after the launch of its national ID project, it is unclear to us whether individuals in Uganda have actually benefited from this speed, especially considering the many costs of exclusion for poor and marginalized groups. Rather than expanding access to social and other human rights, such as health care and social protection, *Ndaga Muntu* has actually made it more difficult for many in Uganda to access those rights. One fact to consider here is that before *Ndaga Muntu* was introduced, individuals accessed Uganda’s public healthcare facilities without complying with any single rigid documentary, biometric, and formalized ID requirement. Similarly, when piloting the SCG cash transfer scheme for older persons, a combination of community-based targeting and a mass registration exercise were used to allow older persons multiple avenues to verify their identity and age.\textsuperscript{40}

Setting this *status quo ante* aside, a digital ID system can only facilitate access to social and other human rights if individuals have easy and non-discriminatory access to such an ID. But as our research shows, obtaining and using *Ndaga Muntu* has become its own universe of problems. Millions go without an NIC altogether, while even those with an NIC often face other problems. If anything, the introduction of *Ndaga Muntu* appears to have lessened the capacity of the Ugandan government to identify its social welfare beneficiaries and assist patients in public health centres. For instance, many potential beneficiaries of the SCG, like Okye, are now left out of the programme because of errors in their records. And this is not even taking into account that large sums of government money are being spent on *Ndaga Muntu* while so many other barriers to accessing social rights in Uganda remain, such as lack of funding, lack of trained staff and competent administration, and a lack of access to medicines.

4. **The struggles and failures of NIRA**

At the heart of this reality of missed opportunities is the design and administration of *Ndaga Muntu* by the National Identification and Registration Authority, operating under the authority of the Minister of Internal Affairs (MIA). Given the many problems faced by NIRA, including its underperformance in terms of issuing national identity cards, President Museveni forcefully intervened in 2020 and wrote, “*there is need to identify a new Executive Director, preferably with Legal or Information Technology background.*”\textsuperscript{41} From our research
and interviews with experts and those affected, NIRA faces many problems, including: (i) an emphasis on mass enrolment drives versus underinvestment in an operating model that allows for continuous enrolment; (ii) problems with both the printing and issuance of new cards, (iii) high rates of errors on issued cards and in the National Identification Register (NIR), (iv) high costs associated with replacing cards; (v) allegations of bribery and corruption in the context of issuing ID cards, (vi) a highly centralised operation, and (vii) lack of an adequate budget.

A crucial failure relates to NIRA taking over the responsibility for birth and death registration from the Uganda Registration Services Bureau (URSB). Very few people in Uganda have birth certificates, which are required to prove their legal identity and age.\(^{42}\) NIRA has prioritized signing up the adult population for *Ndaga Muntu* and has not invested as much in the registration of vital events. The outgoing Acting Executive Director of NIRA, Brig. Gen. Stephen Kwiringira, who has long been an influential figure in the project, recently admitted: “Part of the problem is that we started with capturing, registering people for elections purposes, yet ideally, I think we should have started with registering births.”\(^{43}\) As a result, the birth registration\(^{44}\) rate in Uganda has reached shockingly low numbers; recent estimates suggest that only 13% of children under 1 had their births registered, and death registration is also deplorably low.\(^{45}\) This is especially troubling considering that SDG 16 requires legal identity for all and SDG 17 aims for countries to have 100% birth registration and 80% death registration by 2030.\(^{46}\) Among other things, this means that as Uganda’s young population reaches adulthood and becomes eligible to register for *Ndaga Muntu*, a majority of them will be unable to prove their identity and age because they have no birth certificate. It is as if NIRA’s left hand does not know, or simply does not care, what its right hand is doing. The consequences are ironic and, most of all, tragic.

5. **What is digital about Uganda’s digital ID system?**

Yet another problem is that *Ndaga Muntu* barely seems to profit from the promised benefits of digitalisation. One of the alleged benefits of the national ID project was that it would take advantage of digital and biometric technology—such as fingerprint readers—to simplify registration and verification procedures and make it possible to quickly achieve universal coverage. But *Ndaga Muntu* is a system that may be digital at its core but is still mostly analog on the periphery. NIRA maintains air-conditioned server rooms to house its NIR in Kampala, while we witnessed how rural health centre workers still register the national ID numbers of patients by writing them down in paper booklets provided by NIRA. These booklets are usually stored in a locked room in the health centre or hospital and never leave that room.

Part of the challenge is that, like many modern national ID projects, *Ndaga Muntu* attempts to marry a *documentary* identification system, which relies on physical ID cards inscribed with biographic data, with a *biometric* identification system, which relies on computer analysis to read physical characteristics like fingerprint patterns and facial features.\(^{47}\) The result is, again, the worst of all worlds. It is both a cumbersome, paper-based documentary system, vulnerable to fraud and corruption and without the benefits attached to digitalisation, and a rigid biometric and digital system, subject to errors, failure of equipment, and marred by lack of internet and electricity. This makes the national ID
card expensive and complex to administer.

Meanwhile, many of the digital components of the system have not yet been widely utilized and are crippled by the limitations of both technology and administration. Biometric verification through fingerprint scanners regularly fails, particularly for older Ugandans whose fingerprints have been worn away due to years of manual labour. In any case, local health workers and community officials rarely have access to equipment such as fingerprint scanners or card readers. Programmes that have been able to make greater use of the biometric and digital components, such as the SCG, still require individuals over 80 years of age to physically travel to pay points to verify their identity. This leads to painful scenes where frail older persons are literally carried to payment points to verify their fingerprints. In one focus group in Nebbi, a person shared the account of an old man who was too sick to travel to an SCG distribution point. Programme officials insisted that, to receive his grant, he must be physically brought to the payment point to verify his fingerprint. But the trip ultimately proved too much for him and he passed away during the journey. The last payment due to him would customarily be given to family members after the beneficiary passes away. Therefore, officials took fingerprints off his dead body at the payment point for one last time.

6. **Are the benefits really worth the costs?**

A question for the Ugandan government and international organizations and donors alike is whether the purported benefits of digital ID are actually worth the costs? One dimension of this question is the financial cost of *Ndaga Muntu* for the Ugandan government. Based on the limited data that is publicly available, we have calculated that the Ugandan government has invested at least 745 billion UGX (approximately $206 million USD using current exchange rates) in the national digital ID project over the past ten years. To compare, in that same time period, the government spent 770.1 billion UGX on the total budget for the Ministry of Gender, Labour, and Social Development (MGLSD). The total cost we calculated for the digital ID system is likely still a gross underestimation and does not include in-kind contributions from other government institutions, as well as civil society and international organizations, who all contributed to *Ndaga Muntu* in different ways. For example, the World Bank has contributed at least $10 million USD to NIRA through the Uganda Reproductive, Maternal and Child Health Services Improvement Project, alongside technical assistance from the Bank to both NIRA and the Ministry of Health. Meanwhile, the UK and Irish government have made major contributions in terms of development aid to the SCG cash transfer for older persons over the last decade, a programme that has been severely disrupted by the inability of older persons to obtain an NIC (required for access to the SCG) without errors. As the World Bank’s ID4D initiative, financed by the UK government and others, continues to be the world’s pre-eminent cheerleader of digital ID systems in developing countries, the question of the costs and benefits of digital ID systems are not merely relevant for the Ugandan government, but for the field of ‘sustainable development’ as a whole.

Even more worrying than the size of the financial investment is the high cost paid by people who have been excluded following the introduction of *Ndaga Muntu*, as recounted...
in this report. This exclusion has particularly affected those who are already poor and marginalized and has been largely overlooked, underappreciated, and left unaddressed. The costs imposed on individuals by Ndaga Muntu are difficult to quantify, but include at least: (i) the cost of taking time off—sometimes days—to travel to enrol, (ii) the cost of correcting errors, or replacing lost or stolen cards: while the first issuance of the NIN and NIC is free, any additional services come at a high cost, including at least 50,000 UGX (approximately $14 USD) in direct fees, or (iii) the cost of bribes involved in obtaining an NIC. And this leaves out the cost that is most difficult to quantify while being the most important one for those who are marginalized: the cost of foregoing health care or social assistance because one does not have an NIC or errors on their NIC. Some of these people pay the ultimate price. As one woman in Amudat said powerfully, “Without an ID or clinic card for women who have been receiving antenatal care, [you will receive] no treatment. Many people fall sick and stay home and die.”

Meanwhile, the direct benefits for the government appear rather slim. The only cost-benefit analysis that has been published is a study by the ResilientAfrica Network at Makerere University and funded by the United States Agency for International Development (USAID). It compared what it identified as $56.2 million USD in total financial costs for the national ID system, concentrating mainly on investments made in 2014, to $42.6 million USD of estimated annual benefits accrued by the Ugandan government. The study looked only at costs and benefits from the perspective of the government and found that the largest proportion of savings would come from reducing duplication in the electoral registration process and reducing the cost of ghost workers on the government payroll. As indicated above, our own calculation estimates much higher costs associated with Ndaga Muntu by looking at a longer time period. Our much higher estimate is backed up by an audit by Uganda's Auditor General, although for a shorter time period. Furthermore, we wonder whether specific savings or benefits identified by Makerere, such as the $288,000 USD supposedly saved on the Social Assistance Grants for Empowerment (SAGE) programme because of Ndaga Muntu, are completely accurate and, more importantly, justify all the human costs identified in this report.

Beyond financial and economic benefits, we also wonder how well Ndaga Muntu is serving the government's national security needs, one of the main rationales for introducing the national ID in the first place. For starters, as noted above, a significant part of the adult population, as much as one third, is still not provided with an NIC. On top of that exclusion, many of the ID cards that have been issued contain errors which compromise the quality of NIRA's central information database, the NIR. This seems to undermine any supposed security benefits. What is more, the indirect ‘costs’ of Ndaga Muntu for national security may be underestimated.

One thing that struck us in our research was the many different ways that the national ID system is influencing the division of power in Uganda. Key decisions about who is a Ugandan now sit with NIRA rather than the constitutionally mandated National Citizenship and Immigration Board (NCIB). Local officials, like the Local Council (LC1) Chairperson, no longer have authority to recognize and identify their own local community members. In response to questions about exclusion, local government officials have told us, “It is government policy,” and, “there is no room for discretion.” As a result, they are increasingly seen as powerless to resolve crucial issues around identification and access to social services by the local populations they serve.
Moreover, line ministries such as the Ministry of Health (MOH) and Ministry of Gender, Labour and Social Development (MGLSD) are now unable to set their own policies on identifying beneficiaries. Instead, they must base decisions on NIRA’s data and issuance schedule. Local health workers and government officials are expected to enforce policies that require verification of an NIC and record the NIN, but they receive no tangible benefits for their programmes. They must insist on recording the national ID numbers of new mothers to provide notice of birth, but cannot help those same mothers obtain birth certificates for their children. They are left to face the backlash from their communities when national ID policies exclude people and degrade trust in the political system.

One story we encountered during our field research may serve as a warning of the unintended consequences of the current approach to *Ndaga Muntu*. At one facility in Namayingo, Bukana Health Centre III, health workers refused to give medical care to a sick child whose mother could not produce her *Ndaga Muntu*. Only after the child had gone into convulsions and an enraged group of community members mobilized to gather at the health centre, did the health workers relent and agree to provide treatment. This incident forced the health centre staff to decide on their own local policy change: they would no longer strictly require the national ID in order to avoid further damaging their relationship with the local community. Similar outbursts of anger have been reported by parliamentarians and journalists.\(^{54}\) Many of the individuals we spoke to across Uganda are frustrated by *Ndaga Muntu* and it is difficult to predict how that frustration will be expressed over time.

NIRA gained a new Executive Director, Rosemary Kisembo, in May 2021. She brings to the role the expertise in IT systems that President Museveni was seeking.\(^{55}\) She estimates that it will take another eight years to finish the registration processes and issue every Ugandan citizen with a NIN.\(^{56}\) Meanwhile, the government has also announced that it will replace all existing *Ndaga Muntu* cards by 2024 with a newer, more expensive card with an electronic chip.\(^{57}\) Not only will this require a significant *additional* investment to produce and issue these new cards, it is not at all clear how fancier technology will solve any of the existing problems in the system. Before the government invests any more funds and political capital into this system, we must ask: are the benefits worth the costs?

***

This report will present some of the evidence that we have gathered through our research in Uganda over a period 7 months, with the hope that it will help inform the democratic debate about *Ndaga Muntu* moving forward.

- In the **first section**, we briefly explain why we undertook this research and our focus and methodology.
- In the **second section**, we share the experiences of older persons and women living in poverty across six districts of Uganda who have negatively encountered the integration of *Ndaga Muntu* system in two specific contexts: access to public health care for women and provision of the SCG. We argue that the accounts we share in this report raise urgent concerns from the perspective of the human right to health and social security.
• In the third section we look back at the purpose and history of the digital ID system in Uganda and explore the policy choices that have led to the challenges that we see today. We look at the promise of digital ID and how it may fit into an agenda of inclusive development for Uganda. We also look at how exclusionary risks have now become exclusionary realities, degrading the promise of the national ID system into something that is no longer aligned with the principles of sustainable development.

• We conclude by making a number of concrete recommendations of what changes must be made if the Ndaga Muntu system is ever to deliver on its promise of ‘people centred growth and development.’ The most important recommendations are that: (i) with immediate effect, Ndaga Muntu should no longer be required to access social rights; (ii) the Ugandan government can identify beneficiaries of social services and benefits via alternative forms of identification until the national ID system is thoroughly reformed; (iii) NIRA is in urgent need of structural reform, recommending several key changes to its operation; (iv) an independent accountability mechanism should be established to deal with problems specific to Ndaga Muntu; (v) international organizations, including the World Bank, UN funds, programmes and agencies as well as bilateral donors, should leverage their partnerships with the Ugandan government to urge it to prevent further wholesale exclusion and potential human rights violations related to Ndaga Muntu. Without sufficient attention paid to these recommendations, there is a growing risk that Ndaga Muntu will continue to generate exclusion, negatively impact the human rights of the poorest and most marginalized individuals, and prevent the Government of Uganda from delivering truly inclusive development for all who live there.
## A TIMELINE OF THE UGANDAN NATIONAL ID PROJECT

<table>
<thead>
<tr>
<th>DATE</th>
<th>EVENT</th>
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<tbody>
<tr>
<td>1995</td>
<td>Ugandan Constitution comes into force, establishing the National Citizenship and Immigration Board (NCIB) with the responsibility to register and issue national identity cards to all citizens and identity cards to all aliens (Article 16). The government begins exploring the possibility of establishing a national ID project.</td>
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<tr>
<td>2000</td>
<td>July 7: Treaty establishing the East African Community enters into force, which calls on State Parties under Article 104 to maintain “common standard travel documents for their citizens.”</td>
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<td>2002</td>
<td>Government deadline for establishing a national ID for Uganda and Tanzania passes, with little evidence of progress.</td>
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<td>2006</td>
<td>Government of Uganda contracts with South African company Face Technologies to deliver the national ID, but the project is mired in corruption and scandal, and never gets off the ground.</td>
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<tr>
<td>2010</td>
<td>February 13: President Yoweri Museveni directs the Minister of Internal Affairs to fast track the National Security and Information Systems (NSIS) project to produce a national ID ahead of the 2011 elections.</td>
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<td>2011</td>
<td>May 21: President Museveni receives the first National ID Card.</td>
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<td>2012</td>
<td>May 10: The Committee on Defence and Internal Affairs finds that in the NSIS project there has been “outright breach of the procurement laws, dishonesty on the part of some senior officials, both political and technical, whose roles are highly questionable.”</td>
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<td>2013</td>
<td>May 13: General Aronda Nyakairima becomes Minister of Internal Affairs and assumes control of the NSIS Project.</td>
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<td>2014</td>
<td>April: Mass registration for the national ID project begins.</td>
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<td>2016</td>
<td>February 18: Ugandans vote in General Election for President and Parliament, but the government is unable to deploy newly purchased biometric voter validation kits.</td>
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<td>2017</td>
<td>May 29: NIRA attempts to launch the “Learner’s Project” to register students in primary and secondary school but runs into many obstacles with many schools opting out completely, missing millions of children.</td>
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<td>2018</td>
<td>November: Government of Uganda decides to roll out the Senior Citizens’ Grant to all districts starting in FY 2019/20.</td>
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<td>2019</td>
<td>February 11: NIRA launches another three-month mass registration drive.</td>
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<td>2020</td>
<td>February 18: Physical verification begins for the public pension clean-up exercise.</td>
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<td>2021</td>
<td>October 1: Official launch of the national Social Assistance Grants for Empowerment (SAGE) rollout.</td>
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<td>2022</td>
<td>December: An audit of NIRA’s financial statements by the Auditor General finds that: “Delayed issuance of cards to the owners implies that they are not able to access a number of services that require an identity card. It further limits the usability of data held by the NIRA by other agencies of government thereby encouraging duplication.”</td>
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<td>Year</td>
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<td>2020</td>
<td>July</td>
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<td>March 3</td>
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<td></td>
<td>November</td>
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<td>2021</td>
<td>March 2</td>
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<td>March 9</td>
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<td>May 14</td>
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SECTION 1: WHY THIS RESEARCH AND WHY THIS FOCUS?

In 2020, the World Bank’s Identification for Development (ID4D) initiative wrote in its annual report that:

\[\text{empirical research that rigorously evaluates the impact of ID systems on development outcomes and the effectiveness of strategies to mitigate risks has been limited. Building this evidence base is critical to advance global knowledge and improve policies and implementation for the increasing number of countries investing in new ID systems or reforming existing ones.}\]

We could not agree more. Empirical research on the exclusionary and human rights impact of national digital ID systems in sub-Saharan Africa and other parts of the Global South is still largely missing, despite the worldwide push in that direction. To us, this seems to be the exact opposite of evidence-based policymaking: international organizations and other powerful global players have first decided that national digital ID systems are the wave of the future and have started promoting them; only then is the question asked how this affects the poorest, who these systems are claimed to serve.

When evidence of exclusion in Uganda started to emerge in the work of the Initiative for Social and Economic Rights (ISER) and Unwanted Witness (UW), our three organizations decided collectively that it was time for more focused and in-depth research into this particular problem. What made this research relevant beyond Uganda, we believe, is not merely that it fills the above-identified gap in available evidence, but that Uganda has been held up internationally as having an ‘impressive’ track record on national ID. In
other words, this is a good place to test for ‘impact’.

The purpose we set out for ourselves was to look at how some of the most marginalized people in Uganda experienced exclusion tied to Ndaga Muntu. For this report we chose to focus on how this national ID system affected access to the human right to health for women and to the human right to social security for older persons, especially those living in poverty. Human rights organizations have often focused on concerns surrounding the impact of digital ID systems on the human right to privacy and data protection. While we think that privacy and data protection concerns are also very important and significant in this context, we believe that the cumulative impact of this rather narrow focus has led to an overemphasis on a particular set of concerns, often mostly approached from the perspective of changes to regulatory frameworks. Inadvertently, this approach has implied a false dichotomy between the supposed inclusionary benefits of digital ID systems versus attendant negative impacts on the human right to privacy and data protection. What is more, a focus on privacy and data protection concerns has sometimes, inadvertently, led to the assumption that such concerns are ‘fixable’ relatively easily (via regulation).

We focused on the social rights of the poorest and most marginalized, who repeatedly indicated to us that access to their social rights was their primary concern. This should not be read as implying that they did not care or should not care about their privacy rights, but we highlight a very different and often neglected set of human rights concerns that complements existing research and advocacy. What is more, by focusing on exclusion from digital ID systems, we address a human rights concern that goes to the whole raison d’être of digital ID systems according to its global promoters: the ability of these systems to include and ‘leave no one behind’.

Fieldwork in Uganda was conducted by research teams from ISER and UW with assistance from the Digital Welfare State and Human Rights Project at the Center for Human Rights and Global Justice at NYU School of Law (DWS Project). We conducted individual interviews and focus group discussions across six districts of Uganda as well as in the capital of Kampala. Researchers explained the purpose of the interviews to each interviewee and obtained their consent to use their information and images. When we deemed a risk to certain individuals, we restricted use of identifying details and employed pseudonyms to protect their identities. We spoke with at least 459 people, including 263 affected individuals, 162 hospital or health centre staff, and 34 local government officials.

During our research we not only conducted extensive fieldwork as indicated above,
but we also reached out to relevant government agencies and spoke with officials at the Expanding Social Protection Programme (ESP) of the Ministry of Gender, Labour and Social Development (MGLSD). We also reached out to the National Identification and Registration Authority (NIRA), and the Ministry of Health (MOH), but were not able to secure interviews or receive answers to written questions. We also interviewed relevant representatives at the United Nations Children’s Fund (UNICEF), the United Kingdom Foreign, Commonwealth & Development Office (FCDO), formerly known as the Department for International Development (DFID), and the World Bank’s ID4D initiative. We were unfortunately unable to secure an interview with Irish Aid in Uganda, despite repeated attempts over the course of five weeks. We furthermore conducted key informant interviews with academics and other subject matter experts working in the fields of health, citizenship, social protection, and human rights in Uganda and abroad.

This report further draws on an analysis of Ugandan laws, policies, budgets, and practices relevant to the national ID system. We reviewed reports and publicly available documents from relevant ministries, departments, and agencies of the Ugandan government, as well as external reports and evaluations conducted by digital ID funders and donors including the World Bank, UNICEF, FCDO, and Irish Aid. We analysed publicly available data about the Ndaga Muntu system, as well as public healthcare and social protection systems in Uganda.
SECTION 2: “IF YOU DO NOT HAVE IT, YOU WILL BE LEFT BEHIND”: THE HUMAN RIGHTS IMPACT OF NDAGA MUNTU

Has Ndaga Muntu fostered greater inclusion for poor and marginalized people in Uganda? More specifically, has the national ID system improved access to the human right to health for women and the human right to social security for older persons, especially those living in poverty? This is the central question that we set out to answer in this report. We therefore focused our research in Uganda on the experience of (pregnant) women and older persons living in poverty and marginalization.

In Uganda, the primary rationale for the national ID project has been national security, including the protection of borders, elections, and citizenship. Previously, Ugandans relied on a wide variety of functional IDs, such as Voter’s ID cards, drivers’ licenses baptism cards, graduated tax slips, and letters from the LC1 Chairperson; refugees were issued cards through a partnership between the Ugandan Office of the Prime Minister and the United Nations High Commission for Refugees (UNHCR). However, while national security has been the primary rationale and driver of Uganda’s national ID project, the Registration of Persons Act (ROPA) of 2015 establishes that the reach of the national ID will be much broader and affect numerous areas of government services and beyond. Most importantly, Section 65 of ROPA establishes a nonexclusive list of government Ministries, Departments, and Agencies (MDAs) that shall have access and use of the National Identity Register (NIR), while Section 66 establishes that the national ID will be mandatory for access to a range of government functions.

The result is that in Uganda, Ndaga Muntu has become a critical gateway to access the human right to health and social security as well as many other human rights. Exclusion from this digital ID system can therefore lead to a range of serious human rights violations. Exclusion from Ndaga Muntu may equal a form of ‘social death’ and can even result in
actual death.

In each district we visited we were told that the national ID had become the most important official identity document. One person told us that, “[The] government made it important to have and once it was the thing, you can't refuse. They said if you do not have it, you will be left behind.” One man in Nebbi described the stakes of Ndaga Muntu, “It is like a key to my door; without it, I can’t enter. And sometimes when you cross to Congo, without the ID, they can beat you to death thinking you’re a rebel. It is needed for everything.”

Different services have made use of different parts of the national ID system. In health care, the primary form of integration with the national ID system has focused on the physical card, with some uses as well for the national identity number. In this way, the digital components of Ndaga Muntu seem to play a minor role and the card functions much like any other form of documentary identification. Meanwhile, the Senior Citizens’ Grant (SCG) has made far more use of the digital aspects of the national ID system. Below, we will look at the following four dimensions of Ndaga Muntu to assess whether the national ID system has indeed fostered inclusion, especially for poor (pregnant) women and poor older persons in Uganda:

• Registering and obtaining a national ID number (NIN) and national ID card (NIC).

The national ID card project commenced in 2014 with a mass enrolment exercise which sought to collect the biographic and biometric information of all citizens of Uganda in anticipation of the upcoming 2016 election. Using that information, the National Identification and Registration Authority (NIRA) issued two credentials—the Ndaga Muntu, or National ID Card (NIC) and the National ID Number (NIN)—and also built a central database, the National Identification Register (NIR). Long after the initial mass registration, people in Uganda continue to interact with NIRA to register; collect cards; replace lost, stolen, or damaged IDs; and correct errors.

• Enrolling in and receiving the Senior Citizens’ Grant (SCG) for those over 80 years old.

The SCG is one of the government programmes that has most deeply integrated the national ID system into its management processes. Most significantly, the Programme Management Unit (PMU) of the Ministry of Gender, Labour and Social Development's (MGLSD) Expanding Social Protection Programme (ESP) uses data from the NIR to identify potential beneficiaries with no discretion afforded to local government or programme staff. They also verify the identity of individual beneficiaries using the Ndaga Muntu card and (before COVID-19) fingerprint scanners at different points in the registration, enrolment, and payment process. Older persons therefore must be included in the national ID system, with accurate details, if they want to access the SCG. Oftentimes, they must also have their NIN and NIC ready on payment days to enrol and to verify their identity. Moreover, the new Payment Service Provider (PSP), Centenary Bank, now requires each beneficiary to again present their national ID card and have their fingerprints captured to open a new bank account for them.
• **Accessing public and private healthcare services for women.**

The Ministry of Health (MOH) and various public healthcare centres and hospitals under its authority began gradually introducing a policy in late 2019 that required a physical national ID card to be shown to access the public healthcare system and for the NIN to be captured in hospital registers. The policy appears to have been applied inconsistently by different health centres but continues to be the formal policy directive.

• **Raising complaints about *Ndaga Muntu.***

The Ugandan government has an obligation under international human rights law as well as domestic law to provide individuals whose human and legal rights are affected by *Ndaga Muntu* with the opportunity to raise complaints, redress grievances, and find remedies for any violations of their rights. There are formal grievance redress mechanisms associated with the Senior Citizens’ Grant programme and through Health Management Units, but most complaints seem to be raised through the LC1 Chairperson in a person’s local village. An accountability mechanism specific to the *Ndaga Muntu* system, as foreseen in Section 83 of ROPA, appears to be non-existent at present.

1. **“Some people those machines refused”: Registration for the *Ndaga Muntu* system**

In Busia, we visited the home of a woman who recounted some of the difficulties her family faced trying to obtain a *Ndaga Muntu* for her 95-year-old mother. As her mother lay in the bed beside her, she told us how her mother had been sick and unable to attend the registration exercise. As a result, her mother was not able to obtain her NIC and was cut off from social assistance programmes. Mass registration for *Ndaga Muntu* began with an enrolment drive that started in 2014, when many were encouraged by their Local Council...
I (LC1) chairperson to register at central points in their community. NIRA registration officers travelled to individual villages and registered people at locations such as schools, government headquarters, or trading centres.

However, in the years since the initial efforts, NIRA has struggled to transition away from this campaign-based model (which is very expensive to administer) to a continuous service operating model. Today, those who missed out on a mass registration drive must either travel to registration points at NIRA’s newly established district offices (currently in 117 out of 146 districts in Uganda) or to NIRA headquarters in the capital of Kampala. Otherwise, they must wait until NIRA conducts one of its irregular mop-up drives—one-time registration or issuance exercises where NIRA staff travel to local communities to try and enrol those who have not yet signed up or to issue cards that have been printed. These usually occur at the sub-county level.

Local government in Uganda[68]

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<thead>
<tr>
<th>UNIT</th>
<th>LOCAL GOVERNMENT</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Village</td>
<td>Local Council I</td>
<td>The smallest administrative unit in Uganda. The Chairperson of the local council, often referred to as the LC1, is often the primary point of contact for members of the local community. There are currently 70,626 villages in Uganda.</td>
</tr>
<tr>
<td>Parish</td>
<td>Local Council II</td>
<td>There are currently 10,595 parishes.</td>
</tr>
<tr>
<td>Sub County</td>
<td>Local Council III</td>
<td>There are currently 2,184 sub-counties.</td>
</tr>
<tr>
<td>County</td>
<td>Local Council IV</td>
<td>There are currently 312 counties.</td>
</tr>
<tr>
<td>District</td>
<td>Local Council V</td>
<td>There are currently 146 districts in Uganda, plus the capital of Kampala.</td>
</tr>
</tbody>
</table>

For some, the process of registering for the national ID was simple and straightforward; but for others—especially those who are extremely poor—the process was challenging. Part of the problem appears to be NIRA’s policy of relying on campaigns to both register and issue national ID cards. This meant that there was little flexibility in when and where individuals could come and register because they had to wait for NIRA to visit an accessible location. A participant in a focus group in Amudat told us, “If they said it’s time for this [registration], we would just leave everything; the goats, the children; there's no eating that day.” A recent survey suggested that many people were able to register at the parish or village level, but we found many of the poorest had still been forced to travel significant distances to reach registration points where the registration staff actually showed up with their computers, cameras, and registration kits.

Travel was especially difficult for older or disabled persons. One older person told us, “I am old and my bones are weak so I could not move to the place of registration.” For those who needed to travel to the registration point, this usually meant hiring a boda boda, a motorcycle taxi, which could cost anywhere between 4,000 and 24,000 UGX for a roundtrip. Even for those who were young and able-bodied, travelling could create unforeseen obstacles and significant costs. One woman told us that she was not allowed to register in the district in which she was working and was forced to return to her ‘home’
district, abandoning her farming for several days and paying to travel back and forth by boda boda. For comparison, the average monthly income of a rural youth was 172,000 UGX or $48.5 USD.

Another issue for many people was that the process often required returning to the registration point multiple times, sometimes five or six days in a row. “One has to stay in one place for like a week, in order to complete the entire process,” we were told by one woman, “this is a challenge because for us mothers, we had to leave children behind for all that time. And for men they have to graze the animals.” A common reason that people were forced to return on multiple days was that there were simply not enough registration officers or equipment to serve the long queues. In one focus group, we were told that there was only one computer to serve the population of eight villages. This created long waits that led to many people giving up in frustration. Several individuals also recounted instances where computers or other equipment would break down and they would be told to return the next day.

Amid these hardships, few registration points made accommodations for those who were sick, disabled, or older persons. “We all suffer together,” the participants of a focus group with older persons told us. One man described the frustration of returning multiple times, paying transport fees each time, and spending the entire day waiting at the registration point. His leg had recently been injured and no special provisions were made for him until he complained multiple times to the registration staff. Yet another man recounted the story of carrying his elderly father on his back multiple times to reach the registration point. He was told each time that they must wait in line with everyone else. A frail older woman in Amudat, who was partially blind, described a similar story that ultimately ended in failure as she was unable to register:
Joyce, aged 93, stays with her fourth born son, Wafula. We would later learn that her other sons are in Kampala. As we interview her, she says her tongue is very heavy and she can’t speak for long—and when she does, she speaks rather slowly, often stopping in her tracks.

When Joyce is unable to continue speaking, her son Wafula intervenes and tells us his mother’s experience when she tried to register for a National ID. He narrates:

We tried to register her while registration for the National ID was happening—I took her to the sub county personally. We filled in the [registration] form that was given to us but when it came to taking the picture, it couldn't be captured. They tried taking her picture four times and it refused.

Eventually, the people registering told us that they won’t be able to enter mama into the computer because her picture couldn’t be captured. They therefore gave us back the registration form and we went home.

When we asked why her face couldn’t be captured, we were told that it’s because she has grey hair.

Wafula added that there are other people in their community who also faced a similar challenge and they have never gotten a National ID to date.
I have tried to move and get the national ID, but I have failed. I am poor and cannot afford the costs of transport. Because of this, I even do not get my SAGE money despite being older than other people. When I tried to line up, people would push me away and now that they have realized how important the national ID is, they would not care about how old I am. I have travelled for two years. Other elderly are looked after by their children but for me I don’t have anyone to look after me.

Difficulties registering were also common among those who were illiterate or not able to understand the registration forms, which were available only in English. One older person in Amudat recounted their efforts, saying:

Firstly, I got a form to register, it costs two hundred shillings [200 UGX or $ 0.05 USD]. After I got the form, I paid someone to help me fill it because I can’t write, they made a mistake on the form, I had to buy a new form and pay another person to fill the form. After I went to the village chief [this takes 2–3 days], then to the DISO’s [District Internal Security Officer] office [this takes 2–3 days] and finally NIRA offices. There are usually long lines but that is good because the officials could not move without working on all the people.

For older persons, one of the most critical pieces of information at registration is also the most difficult to supply: their exact date of birth and age. Very few people in Uganda have birth certificates or documents showing their exact date of birth; the 2014 Census suggested that fewer than 28% of the adult population currently possess a birth certificate, and UBOS reported in 2016 that only 16.6% of children under 2 and 20.8 percent of children from 2–4 had a birth certificate. Additionally, both birth notification and birth registration have noticeably declined over the past five years, with more recent figures suggesting that only 13% of children under 1 had their birth registered. For older persons, whose parents are often deceased or unable to provide accurate information, they often do not know their exact age. While NIRA registration officials have been given guidance on how to estimate an individual’s age using historical events, many older persons reported that the younger officials were not familiar with local history (and often did not appear interested in achieving accuracy). An older man in northern Uganda told us:

The officials ended up reducing the age because they were young and did not know some of these historical events. I was born in the year of lorikur – this was an event about a paramount chief at the time who was killed by the Pokot in an ambush while he was following cows that were raided. This event led to the naming of children at that time, ‘Lorikur.’ When I told the person registering, they did not know because they were young.

Another older woman indignantly reported:

They refused to indicate my actual age. You would tell them your age and they refuse saying, ‘You’re not that old.’ Can you imagine they put for me 40 years on the ID yet I even have grandchildren?! The people registering were young people and they only estimated and put what they wanted.
Several older persons showed us various identity documents that revealed the errors on their national ID. One older woman in Busia showed us her Voter ID Card, which said that she was born in 1926, as well as her national ID, which indicated that she was born in 1942. She appealed to her local Community Development Officer, but even with his help she was told that to correct the error she must first get an LC1 letter, go to court to obtain an affidavit, and then visit the NIRA offices in Kampala. She has been unable to complete the process thus far. Many parish chiefs confirmed to us that age was one of the most troublesome issues for older persons and reported that there were many in their local communities whose national IDs had included errors.

Alongside age verification, an issue that emerged in almost every focus group we conducted was problems registering fingerprints. “Here, women harvest tolkos [Aloe Vera] and sell it,” one woman in Amudat told us, “so our hands are rough and prints cannot be got. Others cut trees, sell charcoal so the machines during registration did not recognize our prints.” Some reported that officials told them to scrape their hands on stones, avoid applying any kind of oil or salve, or simply return the next day and try their luck with the machines again. When one old woman from Kayunga was unable to verify her fingerprints, she was told to step aside while the registration officers worked on other people. She was left sitting there all day. “I spent an entire day there, hungry,” she told us. One MP raising the issue in Parliament said:

We have people who do not have the print. In Luganda, we can call it “Njola.” Someone goes there with a thumb, most especially old people, they try to capture it and it cannot be captured. I have seen them being chased. One time, I witnessed an old man being told to go and look for spirit, clean the place and come back. It was not even provided there but they told the old man to go away.74

Fingerprints were not the only biometric information that was sometimes difficult to obtain, as Joyce's experience shows, where her digital picture was not able to be captured by the machines. Another man reported that he was told to go and change his clothing so that the computer could clearly recognize his facial features. These tricks were not always enough to appease the computers, which maintained the power to accept or refuse
Amos Nkuba may not recall his age to the dot but one thing he is sure of; he is way above 80 years of age—if anything, well past his 100th birthday. As we are welcomed to his home, hearing voices outside, he slowly emerges from his grass thatched home—holding his walking stick close to his breast. As he sits down, it isn’t hard to notice him heave. You’d think he hasn’t undertaken more strenuous tasks.

Amos, in estimating how old he is, winds us through the country’s history of leadership—dating back as far as Kabaka Daudi Chwa’s era [1897 – 1939]. The authority with which he speaks, coupled with the fine crown of gray hair on his head, leave you little room to doubt his words.

He can’t help but express his bitterness and frustration about the registration process for a National ID. More so, many of the older persons he knows that are benefitting from the SAGE cash transfer programme could be his children or grandchildren.

Amos says he went to Kayonza sub county twice and they sent him to the district headquarters. He travelled to the district three times, and they informed him that they couldn’t find his National ID anywhere. The officials he found advised him to ‘devise other means’—something he later found out meant that you had to part with some money [a bribe]. It was at this point that he gave up hope of ever getting an ID. After four years of trying, Amos regrets having wasted money he could have used to feed himself in numerous travels that bore nothing.

He concludes, “What on earth did I do?”
registrants. Explaining the problems with fingerprint validation, we were told that “[s]ome people those machines refused, and they were never able to register.”

The registration process also enforces very strict, but not always clear, definitions of eligibility. First of all, the eligibility criteria for the national ID programme exclude members of certain ethnic groups who were not recognized as official tribes in Uganda’s 1995 Constitution, such as the Maragoli. This exclusion is coded into the system: registration officers need to select a tribe in order to complete the process, but Maragoli is simply not listed as an option. Those who were born in different countries, even if they had lived in Uganda their entire life, were also ineligible and excluded. We met Cheptoek in Nebbi, who was the mother of the LC1 chairperson. Cheptoek was born in Congo, but married a Ugandan many years ago and has been living in Uganda ever since. After she was turned away from several registration points, her son was finally able to intervene in 2019 to get his mother access to a national ID. Cheptoek expressed her frustration with the process, saying that “We asked her why she would refuse us to register yet we have married here and even have children who have grown up here? When we die, they won’t take us back [to Congo]. We shall be buried here.”

Even for those who are eligible in principle, proving their eligibility was still a challenge. In order to prove you are “Ugandan” as defined by NIRA, individuals must provide documentary proof of their citizenship. According to NIRA, this nonspecific list could include: birth certificate, marriage certificate, academic certificates, passport, LC1 letter, religious certificate, school leaving certificate, child health card, notification of birth, letter of administrative officer, parish/sub-county chief, statutory declarations, or a certificate of citizenship issued by the National Citizenship and Immigration Board. For those without a birth certificate, which includes most older Ugandans, this usually meant obtaining a letter from the LC1 chairperson as well as signatures from local Internal Security Officers. While the LC1 letter is often one of the easiest documents to obtain, the ratifying signature of a security officer can be more difficult to get. “My experience was not good,” one man in Namayingo told us:
At the age of 92, Nafula Joyce radiates the joy of a child when she sees visitors in her compound. Although she's unable to motion us to take a seat, she walks hastily in our direction with a welcoming smile. You can hardly tell what she is saying because she keeps mumbling whilst picking and biting her fingernails.

Were Samson, her nephew, is around to take us through her story.

He narrates that initially, when they told Joyce to go for National ID registration, she told them that she is unable to move from her place to the sub-county headquarters. However, Samson wouldn’t have any of it—he went to the subcounty to make inquiries.

In his words:

*When I reached the sub county, they said that I need to have a birth certificate, marriage certificate, or baptism card. But I told the CDO that this aunt of mine was born when I wasn’t on this earth, so I don’t know where I can get those documents. All her parents died; her father passed on in 1979 and the mother in 1986. Those are the people who could be knowing or having those things.*

*So it became very hard for me. The chairman of this village even came and asked us whether we can produce any document so that we register her to get money for the elderly. I told him that I have nowhere to start from. Even when they asked for the cards from the Electoral Commission, my aunt is not registered—so I had no document to produce.*

*We don’t know how we can help her.*
They asked me many questions, the GISO [Gombolola Internal Security Officer] who was supposed to sign for us all was serving many people and without his signature, I could not get the National ID—and he was very hard to find. I am illiterate and old, I travelled on a boda boda and incurred a cost of 4,000 UGX [Uganda shillings] to travel to and from the place of registration.77

2. “Maybe one day I will get it”: Exclusion from the Senior Citizens’ Grant

The Ministry of Gender, Labour and Social Development (MGLSD) is mandated to promote and protect the rights of older persons in Uganda. In 2010, MGLSD began piloting the Expanding Social Protection Programme (ESP) with the support of Irish Aid, DFID, and UNICEF. A key part of the ESP was to provide cash transfers under the Social Assistance Grants for Empowerment (SAGE) Program. One of these cash transfers was the Senior Citizens’ Grant (SCG), which at first gave an unconditional cash transfer to all Ugandans over the age of 65. The SCG is currently worth 25,000 UGX per month, or about $7 USD.78

The SCG rolled out in phases:

- **Phase 1:** From 2010–15 the project was piloted in 15 districts, where a monthly cash grant was offered to all persons 65 years and older (with the exception of the deprived area of Karamoja, where the age was 60 years and older).

- **Phase 2:** After a successful piloting phase, the ESP entered Phase 2, which was meant to last from 2015–2020 but has been extended. During this phase, the plan was for the SCG to spread to an additional forty districts. Due to budget constraints,
the second phase of the SCG programme was only able to target the 100 oldest people in each sub county ‘who should have national identity cards’.²²

- **Phase 2b:** In the current phase (still considered part of ESPII), beginning in November 2018, the Government of Uganda decided to make the programme ‘universal’ across all districts. During this phase of delivery, however, the programme is now limited to those 80 years or older.²⁰ This restriction was driven by the need to make the rollout affordable, limiting the number of beneficiaries to an amount that the government could afford to pay.²¹ We understand that Irish Aid and DFID/FCDO originally funded both the operational costs of the Programme Management Unit (PMU) as well as paid for the cash transfers. At present, we understand Irish Aid and FCDO fund 87,000 out of approximately 280,000 SCG beneficiaries and still fund PMU’s operational budget. The idea is that the Ugandan government will take over funding of the entire cost of the programme by 2022.

The SCG has been a popular and promising programme with impact evaluations suggesting that it brings about reductions in extreme poverty; increases household expenditure; improves children’s educational attainment; improves food security, access to markets, and savings; and stimulates marketplaces.²² Government estimates suggest that it reduces the likelihood of living in poverty by almost 20 percentage points.²³ The programme has also increased the autonomy and independence of older persons, who feel they add value to their families and the local community again.²⁴

But the project has not been without challenges. The SCG has infrequent distribution days that require beneficiaries to travel to a central point to cash out their payments from the payment service provider.²⁵ This means that beneficiaries often go for many months without receiving any grants and are forced to travel long distances to receive payments.²⁶ One beneficiary described the process to us:

![Figure 9. Beneficiaries wait at a SCG distribution point in Kayunga.](image)
When they say that we are getting money today, we meet at the tree and these people [SAGE administrators] come late and because we are many, they take long to finish and finish very late. So even the boda boda you came with gets tired and leaves and now you have to find where to sleep and then leave the next day. You wait the whole day, there's no water to drink and the sun is too hot.

There have also been complaints that full payment amounts are not being paid out by the Payment Service Provider (PSP). While beneficiaries are signed up for a bank account with the PSP, it is used purely for the distribution of the cash transfer. Beneficiaries have little control over their personal accounts, with one telling us:

*When the money has stayed for 8 months [arrears], they can come and give us fifty thousand shillings and say that they have kept the rest in the bank. But how can you tell me about putting my money in a bank when I've never applied for a bank. Whether we are demanding what amount, they give us fifty thousand shillings. They give us ‘abokorion’ [signaling with the fist to show the little 50,000 they get].*

There have also been calls to both lower the minimum age to receive SCG payments and to increase the amount of the grant. One older woman in a focus group told us:

*That money! It cannot be saved. It's too little. The grandchildren are waiting for you. You go straight to the market; you remain with nothing. If you are sick, you use that money [for treatment]. Some people wait for that money to go for treatment; now imagine the month it takes to come.*

**Existing challenges for older persons in Uganda**

Approximately 3.7% of the Ugandan population, or 1.59 million people, fall into the category of ‘older persons’ (meaning over the age of 60), and they will continue to be a minority among Uganda’s young population for the foreseeable future. However, in absolute numbers the population of older persons is projected to more than triple to rise
We met Nakaddu in the afternoon. She was roasting ground nuts under the shade of a coffee tree. As soon as we arrived, she welcomed us and motioned us to sit on one of her stools. When we asked her about the Senior Citizens’ Grant Programme, she told us:

*I don’t get the money, but I don’t know what to do. So, I listen to what the LCI chairperson says, and I wait. I stay here alone. I can no longer dig. My arm is not okay. I cook for myself.*

*Those ones (pointing to the neighbours) give me some food. But when I get some small money from my son on the times he comes, I send some boys to fetch for me some water.*

*But my son rarely comes here. He has now taken about 5 months without coming here. You know when a son gets married, they become lost.*

At this point, a member of our research team, Kitaka Patrick, interjects, saying “*But sons love their mothers—they can never disappear like that!*”

Nakaddu just chuckles and replies:

*My friend, everyone has their own heart; [and] who loves a poor person? But I have nothing to do. I stay here and eat what I’m given. I don’t have cups, no plates, I have no bed sheets.*

*May be if I got some money like my friends [through the grant], I can also buy some of those things. But I’m here living like I have no people of my own.*
to 5.7 million people by 2050. The Uganda Bureau of Statistics (UBOS) projected that there are around 197,700 people in Uganda above 80 years old in 2021. As much as 90% of older persons live in rural areas and have limited economic opportunities due to both a lack of capabilities and lack of opportunities. More than half of older persons are illiterate and the majority rely on labour intensive subsistence agriculture as their primary source of income. Only one in five older persons have access to any form of credit.

Poverty among older persons is extremely high, with 80% of older persons in Uganda living in households earning less than double the international extreme poverty line of $3.80 per day and 96% of older persons living on less than $10 per day. This level of poverty leads to other deprivations, as older persons are often unable to maintain adequate levels of housing, sanitation, and clean drinking water. Approximately one in five older persons have a severe disability and suffer from mobility challenges, while diseases such as HIV/AIDS have been difficult to treat within the group due to stigmatization and lack of data about their prevalence among older persons. Older persons living in poverty are statistically less likely to have access to adequate health care. They are particularly vulnerable to discrimination and other forms of exclusion, especially since they are no longer considered to be ‘economically productive.’ They may suffer from many forms of age discrimination and mistreatment including rape, theft, and dispossession of property.

How to target the old?

Like many cash transfer programs, the SCG faces a central challenge: how to identify eligible beneficiaries? This is why much debate in international development circles has been devoted to the ‘targeting’ of cash transfers. While the SCG is—in theory—a ‘universal’
benefit available to everyone above 80 years of age (except for former civil servants who already receive a state pension), this still leaves the issue of identifying whether someone is over 80.

This relatively simple targeting mechanism has proven quite complex to administer. When the SCG was piloted in 2010–15, beneficiaries were identified through two methods. The first made use of work that the Uganda Registration Services Bureau (URSB) was doing in partnership with UBOS to register births and deaths in the country. The URSB shared lists of potential beneficiaries with the SAGE programme staff who could then use these lists to identify all older people above a certain age threshold in each district it was working in. In addition to this top-down mechanism, the programme made use of community targeting by facilitating meetings with Local Council (LC1) chairpersons to validate an older person’s age. Everyone was asked to bring any form of ID they had, such as birth certificates, voter ID cards, or even baptism cards. In the absence of any form of ID, the LC1 would verify the age of the person using references to widely known local or historical events. The LC1 would then generate lists, and attach his or her signature, which would be submitted to local Community Development Officers, who in turn shared them with the SAGE programme management staff. They could use the results from both processes to determine who would receive the cash transfer.

This process was labour intensive and relied on both strong links to local governments and a wide network of SCG programme officers working throughout the country. In the second phase of the ESP, which began in 2015, the need to roll out the programme to a much larger group of beneficiaries and districts led to a change in approach. As part of the proposed transition from (donor-sponsored) pilot to a permanent (government-led) programme, the operating procedures of the Programme Management Unit (PMU) were
restructured. This included automating the process of identifying eligible beneficiaries for the SCG and relying exclusively on data from NIRA’s National Identification Register (NIR).

The Ministry for Gender, Labour and Social Development signed a Memorandum of Understanding (MOU) with NIRA which allowed it access and permission to use NIRA data for the targeting of beneficiaries. At first, the PMU requested a list from the NIR of everyone who was above 55 years of age. From this list, the PMU selected the fifty oldest in each sub county and sent these lists to be verified by local leaders. Because the ESP programme staff found discrepancies between NIRA data and the 2014 census data, they assumed that many older people had not registered in the initial national ID registration drives. During this phase they reserved half of the places in the programme for the oldest residents, assuming they were the ones who had failed to register. Unfortunately, this mediated process is no longer in place. Today, the PMU relies solely on centralised data from NIRA to target beneficiaries who are older than 80 years of age, which means that anyone who has not registered for the national ID or who has not yet received their National ID will no longer be eligible for the programme.

**Ndaga Muntu: a targeting tool or an exclusionary tool?**

*Ndaga Muntu* is now the central tool for the targeting of older persons who are eligible for a modest (some would say, meagre) cash transfer. Problems with the national ID system has meant that for many older persons *Ndaga Muntu* is no longer a targeting tool but a tool of exclusion instead. There are five ways in which problems with *Ndaga Muntu* can exclude older persons from their right to social security.

First, to become a new beneficiary of SAGE you must have completed the registration process for the national ID and have been successfully included in NIRA’s National Identity Register (NIR). As we have seen above, this has been especially problematic for older and poorer individuals. Research done by Makerere University supports this theory; their recent survey found that it was often those in the lowest wealth quintiles who were least likely to have a national ID, and further research suggests that the digital ID system has been, at best, poverty agnostic. Several senior sources have since confirmed to us that the preliminary data from an internal government data validation exercise indicates that at least 10,000 potential SCG beneficiaries do not have an NIC. Given the fact that UBOS projected that there are around 197,000 people in Uganda above 80 years old in 2021, this is both a significant level of exclusion as well as a likely undercount in light of the fact that we have estimated that the overall level of exclusion from the NIC in Uganda is between 23–33%.

The second problem is that age must be captured and recorded accurately. As we have highlighted above, this was a major stumbling block for many older persons. Many parish chiefs reported that they knew of constituents with errors on their national ID. A chief in Kayunga told us that in his parish there were 82 beneficiaries with errors on their IDs. Another in Amudat said that “Most of the national IDs have errors, which renders them useless to beneficiaries.” As we found, most older persons whose age had been captured incorrectly by NIRA were deemed to be younger than they actually were. Whether this outcome was intentional or not is impossible for us to say, but it is certainly concerning. Older persons who are incorrectly deemed to be younger than 80 years in NIRA’s NIR
are automatically excluded from receiving the SCG cash transfer. No other targeting mechanisms, such as community meetings, are used to supplement or correct the NIRA data. During our research, we witnessed the process of data validation currently being undertaken by the local government officials and the PMU to determine the scope of the problem, which, according to senior sources, indicates that as many as 50,000 persons over the age of 80 have errors on their NIC and in the NIR. This is half of all persons over the age of 80 in Uganda in light of the above-mentioned statistics by UBOS and likely still an undercount of the full extent of the problem of errors.

A third issue is that your correct name and age must successfully appear on the list generated by NIRA and validated by PMU. Many older persons who thought they had successfully registered still found themselves in limbo because their correct name had not been passed along to the PMU when it generated its beneficiary lists. Since this list is only produced periodically, incorrect information can negatively impact older persons for a long period.

The fourth problem is that you must have received your national ID number, and in many cases, also your national ID card, to access the SCG program. Both need to be presented at various stages during each payment distribution day. You must also not lose your national ID card. Repeatedly showing up on payment day without your Ndaga Muntu means that you will not be given the money that is sitting in your own SCG account. One parish chief told us that about 50 people in his parish had not received their national ID yet.

A fifth and final problem is that older persons need to be physically present at the payment point to verify their age, face, fingerprints, and documentation (and confirm the fact that they are still alive). While the official ESP policy allows for the registration of alternate recipients (such as children or neighbours), officials at the ESP have conceded that the complexities of registration and enrolment, as well as managing the transition...
As we gathered to hold our Focus Group Discussions on a mild sunny morning in November of 2020, Okye, unlike others, arrived rather late. He came by motorcycle, his frail body cushioned between the rider and his daughter.

Okye is blind and cannot walk. He therefore constantly needs support.

His daughter, together with the local leaders, helped him off the motorcycle and placed him on a mat straight away. It doesn't take long before he complains that his legs are feeling cold, so we give him some beddings we'd travelled with to keep him warm. Throughout our interaction, Okye is lying on the ground and we can only get soft measured responses from him.

He recounts the challenges he encountered while registering for a National ID:

I did not remember details of some of the questions that were asked. For example, I did not remember my exact date of birth because my mother passed on immediately after giving birth to me and my father died too when I was two years. I faced a challenge of remembering my background.

My National ID has different details of my birth date. My Voter's ID says I was born on the 11th April 1933 while the National ID says I was born in 1942. This has made me miss out on the SAGE benefits because as per the National ID, I am yet to clock 80 years.

Despite his predicament, Okye has been unable to correct the error on his National ID. His health doesn't allow for easy movement and he was informed that the process is long. He doesn't hesitate to voice his misgivings towards the process of correcting errors on his ID, saying:

If it took me close to a year to get my National ID, I do not think it will be any quicker to address the error in my date of birth.

He feels left out because of a single error on his date of birth. His plea is that:

...the National ID should not be used to stop someone from accessing any service or benefit; for example, I am an old man who qualifies to get SAGE money but I cannot. Alternative documents like my Voter's ID should be accepted to prove my date of birth and identity.
between payment providers, has made this very difficult in practice. Many older persons we spoke with confirmed that it had been extremely difficult to register an alternate recipient, even though they were sick or disabled. It was felt that these requests were often viewed with suspicion by the administrators, who preferred to believe that you must have died if you did not travel to the payment point. One focus group participant told us:

_Sometimes helpers are sent away. You carry an old mama who cannot move, just to avoid getting frustrated and incurring double transport costs. These SAGE officials when you come to claim for another person say that the beneficiary died, [and that is why] I don't want to bring [the beneficiary] to collect personally._

The insistence on requiring often very old, disabled persons to travel to a payment distribution point has led to macabre results. In one focus group, a participant recounted the story of a man who was too sick to collect the cash transfer on his own. The participant told us:

_He sent a representative to collect the money on his behalf but the SAGE officials denied him. They said the actual beneficiary had to come physically in order to get his money._

_So the sick man had to be transported to the SAGE distribution point. However, along the way, he passed on._

_The officials had to take fingerprints from a dead body so as to release the money that was due to him._

If it is possible, the SAGE officials should at least be able to allow an alternative person to collect money on another’s behalf in case the beneficiary cannot make it physically.

“*If you get money and leave, you are done for*”: payment service providers

Participating in the SCG cash transfer programme now requires a triple registration process: first, registration with NIRA for a national ID; second, registration and enrolment with the ESP for the SCG-programme itself; and third, registration with
We met Nakazibwe with two of her daughters chatting at about 2:00pm in the afternoon. Nakazibwe, her daughters tell us, loves nothing more than the simple pleasure of drinking tea. “All the time she wants to take tea,” they recount, “from morning, afternoon, and evening.”

When asked about the Senior Citizens’ Grant, Nakazibwe tells us that she has never received it, even though she went with her daughter to Kitimbwa sub county when they were giving out money. One of her daughters fills us in on the details of that visit: “We asked Collins (the District Community Development Officer) whether her name was on the list but they told us that we have to wait for her name to come back on the list.”

Nakazibwe tells us how this makes her feel, saying:

I see my friends here, the ones that are younger than me, they started getting money long ago. And they always come here and tell me they have got sugar [money] and keep asking me when I’m getting. And I just keep quiet and wish them well. But you think they can give you part of their money? As who? I’m here and I don’t have even money for sugar.

But I will not stop hoping that one day I will get. Look at my eyes. I can’t see properly.

We notice that Nakazibwe has a cloth in her hands and keeps wiping her eyes. They are always teary, and she says she can’t see well.

May be if I get some money I will be able to get some medicine; those ones that I can drop on the eyes. But where is the money? Sometimes my daughters buy me some tablets like for 1,000 shillings; they give you 2 or 3 tablets. But those ones don’t help a lot. My eyes itch a lot and I have some wounds inside.

When I used to get some droplets, I would put and then I could see properly. But now, I have nothing.

Maybe I will just die from getting old.
the payment service provider who will be issuing the actual cash. There have been three different payment providers responsible for distributing the SCG. In the first phase, payments were provided by mobile telecom company, MTN, using its mobile money service. In 2015, a new payment provider contract was awarded to PostBank. Postbank is a public bank under the authority of the government of Uganda and uses vans as mobile payment points for SAGE beneficiaries. In 2020, a third party, Centenary Bank, won the bid to provide the SCG payments after the end of PostBank’s contract in March 2021. Centenary Bank is a commercial bank and will plan to use their existing network of bank agents and branches to distribute payments.

During our research, we witnessed the transition to Centenary Bank happening at various payment points. In addition to the usual payment day set up of SCG staff enrolling and verifying older persons, as well as a separate payment table, there was now also an additional table staffed by Centenary Bank personnel. In Bugiri, one of the officials emphasized to everyone the importance of this table, saying, “if you get money and leave, you are done for...because at the other table (Centenary Bank), they are still registering you.”

Those who were already registered in the programme had previously received yellow slips that had their national ID number written on them which they used to claim their payments from PostBank. Unaware of the new payment service provider, we witnessed beneficiaries leaving with their cash transfer but failing to register with Centenary Bank, which meant they would not be able to access their money. In our focus groups, many reported that they were confused by yet another change of payment provider. One older woman told us: “We don’t know why we were opening bank accounts and pictures were taken. We just know Centenary Bank had come.”

Since Centenary Bank needed to set up new bank accounts for each older person receiving cash transfers, the transition day required all beneficiaries to also present their national ID card, provide personal information to a Centenary Bank official, have their biographic details captured on a tablet, and have their photo captured. Fingerprints are recorded directly onto the
As we conducted research around Masafu General Hospital, we chanced upon Muhammed, his mother, and his grandmother at the hospital. It was shortly after the officer at the dispensary had made an announcement that seemed to make a number of patients uneasy.

Muhammed, irked, briefly tells us that the doctor had just told them that he wouldn’t be attending to anyone who didn’t have a National ID starting next week. After consulting with his parents, he agrees to participate in our interview and leads us away to his home.

He narrates to us the experience of his family:

While registration for the National ID was happening, my grandmother was bedridden and so we failed to register. By the time we came back, the process was done. So she has no National ID.

And now we are just coming from the hospital. When we got to the hospital, their blood sample was taken and when we went to the dispensary to get the medicine, the doctor told us that starting Monday, he doesn’t want to see anyone without a National ID at the hospital.

I asked him, do you mean that all Ugandans have a National ID? He then told me that he doesn’t care.

What I want to know now is, when my grandmother falls sick again, will they not treat her? What do they want us to do?
enrolment forms. Whereas previously only the yellow slip with the NIN written on it was necessary to collect the payment from PostBank, now beneficiaries needed to once again produce their NIC or they would not be registered for the new account. Given the circumstances, it is unlikely that beneficiaries fully understood or consented to the capture of their personal information, including biometrics, or understood their bank account and relationship with this new, commercial bank.

![Figure 18. Fingerprints being captured.](image)

**A missing link with civil registration**

Part of the obsession with physical presence at the payment point is related to the fact that death registration in Uganda remains extremely underprioritized. While NIRA officially took responsibility for death registration in 2015, they have not yet been able to make progress in improving rates of death registration. Instead, the responsibility has increasingly fallen onto the SCG programme and local officials to track beneficiaries who have died and to ensure that their names are removed from the list. Local government has also been brought on board to try to identify deaths, but the ESP programme also introduced a new restriction: if you miss three payment days in a row, ESP will now presume that you are dead and will strike your name off of the beneficiary list. This information is apparently not shared directly with NIRA. This is yet another example of missed opportunities in Uganda’s digital ID system, with line ministries and, ultimately, beneficiaries carrying the burden of mismanagement at NIRA.

3. **“Many people fall sick and stay home and die”: Access to health care for women**

In 2019, the Ministry of Health (MOH) began announcing that the NIC would be a mandatory requirement to access any public health services.¹¹⁰ There were various rationales given for this ‘integration’ exercise. At some of the larger, newer hospitals, officials suggested that the new Health Management Information System (HMIS) required health workers to capture the NIN of every patient visiting the health centre.¹¹¹ The Health Minister also alluded to the need to monitor the distribution of prescription drugs, an area of rampant corruption.¹¹²
Nyirira is 20 years old and unemployed. She has two children. Although she initially stayed in Kayunga district, she now stays at her mother-in-law’s place in Busia district.

At the time that the National ID registration was happening, Nyirira was still of school age. However, she dropped out of school because she was pregnant. When she went to Busana sub county in Kayunga to register for a National ID, she was told that she was underage and couldn’t be registered.

Knowing that her colleagues at school were already being registered, she did not relent – she went to the district headquarters. Her hopes would be further sunk, however, when the officials at the district headquarters requested that she pay fifty thousand Ugandan shillings [50,000 UGX] to have her registered. This was the last straw, and she gave up.

The consequences of not having a National ID would later haunt her when she tried to access maternal health services at Dabani Health Centre during her second pregnancy. She recounted to us that “...the nurse asked me for a National ID and I said I didn’t have one. She [the nurse] threw the book at me and said she will not attend to me.”

Nyirira was not easily deterred. “But I picked up my book and went back,” she told us, “I sat there and waited.” After noticing that she was in a lot of pain, the nurse eventually relented. Nyirira tells the story in her own words:

[T]he nurse later looked at me, had mercy and accepted to attend to me. Before, I used to find younger nurses; those ones used to work on me [without asking for an ID]. But this time I found the old nurse who had refused.

When you go there, she tells all of you in the maternity ward that she will work on people with National IDs first; if you don’t have, you come last – unless she just decides to help you.

Nyirira is of the opinion that they should stop requiring National IDs in health facilities and adds that she fears for the health of her children. “Now what if I go there with my child, they will refuse to treat my child because I have no ID?” she asks.
Approximately 71% of the health workers in public health facilities and hospitals that we surveyed between November 2020 and May 2021 said that a national ID was required. Meanwhile, only 30% of the workers in private health facilities we surveyed said they required a national ID. When asked when this requirement was introduced in specific health centres answers ranged from October of 2019 to early 2020. What was also made clear by our respondents is that the new, digital Health Management Information System played no role in practice: health workers recorded the NIN of patients in a paper booklet provided by NIRA that was usually stored in a locked room in the hospital and never left that room. For many health centres, the requirement was triggered not by an electronic system, but when NIRA introduced new (paper) registration booklets.

Many health workers we spoke with did identify some benefits to writing down their patients’ NIN and basic biographical and health information. Mainly, they believed that this made it easier to identify individual patients and to follow up with them about treatments. However, many health workers also said that while it was a requirement to ask for an NIC and register the NIN, they often did not enforce it because it meant that they would have to deny care to patients in need—and because they feared reprisals from angry community members.

Figure 19. A medical officer during the registration of details of a patient in Namayingo.

Figure 20. A patient register with columns for the NIN.
Existing challenges to health care in Uganda

The Ugandan government struggles to provide quality, accessible, and affordable health care to women like Nyirira. Maternal mortality remains high, with current estimates standing around 336 deaths per 100,000 live births; to compare: Sustainable Development Goal 3 calls on countries to reduce the maternal mortality rate to 70 per 100,000 by 2030. Uganda also has a high rate of adolescent pregnancy, with 25% of adolescents ages 15–19 already beginning childbearing which accounts for their high numbers of maternal health issues. In 2019–20, 36% of maternal deaths occurred among young mothers under 24 years of age. Gender and social norms, particularly when it comes to reproductive health, often prevent women and adolescent girls from accessing health care, especially family planning services. There are also high rates of gender-based violence, which—even when not a direct cause of health issues—has many other secondary effects, such as preventing women and girls from accessing health care.

Many Ugandans, particularly those in remote and rural areas, struggle to access quality health care. The public healthcare system has been significantly under-resourced, with funding consistently falling far short of the Abuja Declaration target of 15% of the annual budget; in the 2020/21 Budget, the percentage of spending on the health sector reached a new low of 5.9%. The healthcare system remains largely donor dependent and spending is fragmented on different programmes of work. Investments in physical infrastructure have not been matched by sufficient investment in staff recruitment, training, and retention, particularly in rural areas. Health centres frequently experience shortages of essential drugs and have limited access to clean water, electricity, and internet connectivity. Meanwhile there is low morale among medical staff, who often work for low wages in poor condition, as evidenced by the recent strikes planned by nurses and junior doctors.

Shortcomings in the public healthcare system result in high out of pocket costs for Ugandans seeking medical assistance. This includes both informal fees, usually in the form of...
of small bribes, as well as formal fees for services falling outside of the basic health care package. Those who can afford it, often resort to private health centres and pharmacies to obtain both care and prescription drugs. A comparative study found that Ugandans paid some of the highest out of pocket expenses in the region.

Some progress has been made, such as improving the rates of women delivering at health centres, which had risen to a high of 63% of births in 2018/19 until the COVID-19 pandemic frustrated progress. Maternal mortality rates, while still unacceptably high, have fallen significantly from highs of 578 per 100,000 live births in 2000 to hold steady about 336 per 100,000 live births in 2018/19. And maternal mortality rates for women who deliver at a health centre have fallen steadily since 2012, from 168 to 92 deaths per 100,000 live deliveries. There have been slight improvements in access to family planning services and improvements to the number of health centres able to provide critical services such as Caesarean Sections and blood transfusions.

But despite the progress, the lingering problems in the healthcare system have left many Ugandans, particularly women, with a sense of powerlessness and frustration. People in rural communities often feel shut out, since there are few avenues for participation or grievance redress. In addition, those living in poverty have little means to seek alternative health care. This makes them feel as though they have been “forgotten” by

**Health services in Uganda**

The Ugandan Government offers a form of universal health care through the Uganda National Minimum Health Care Package (UNMHCP), which was introduced in 2000. The UNMHCP provides access for all Ugandan citizens to a minimum package of health services. Maternal and child health is one of the four core components of the UNMCHP. The delivery of the UNMHCP is the responsibility of Uganda's decentralised health system, which includes both public and private health facilities. At the national level, the Ministry of Health provides overall strategy and policy. There are two National Referral Hospitals that serve as teaching hospitals and provide both general and specialized care and fourteen Regional Referral Hospitals that operate semi-autonomous health centres and deliver a range of medical services.

Most health care, however, is provided through the district health system, falling under the responsibility of district local government. This district health system has several tiers of service, including community health initiatives, Village Health Teams, Health Centres II, III, and IV, as well as general hospitals. A private healthcare system operates alongside the public one and includes Private-Not-for-Profits (run mainly by faith-based institutions), Private Health Practitioners, and Traditional and Complementary Medicine; there are also private pharmacies. These private healthcare facilities all operate on a fee-paying basis.

But despite the progress, the lingering problems in the healthcare system have left many Ugandans, particularly women, with a sense of powerlessness and frustration. People in rural communities often feel shut out, since there are few avenues for participation or grievance redress. In addition, those living in poverty have little means to seek alternative health care. This makes them feel as though they have been “forgotten” by
Grace is a 35-year-old woman who is married with six children. Like many Ugandans, she works as a farmer. Grace was able to successfully register for a national ID, but it was not easy. She had to abandon her work at home and leave her children for three days in a row. The queues were long, she told us, and the machines took several tries to register her fingerprints.

Before the national ID, Grace told us, she had never been prevented from accessing a service before. But once the national ID became a requirement, she found that it was not so easy. She told us:

> Without a national ID, you cannot access health services. I had cough, headache and general body pain. I went to the government facility (Erussi HCII). When I reached the facility, I joined the queue. It took me three hours to reach the reception and they entered some of the information into the book and asked me for the ID and I told them that I had forgotten it back home. They told me that I should rush back home to pick the ID.

> I pleaded with them that I am very weak and could not manage to go back home and return to the facility. They refused totally. When it reached around midday, I was forced to go back home and did not come back to the facility. It is around one and a half kilometres from my home to the facility. I had walked there. Upon returning home, I just stayed home and the next day, I went to a drug shop and bought coartem [an antimalarial drug] of 500 shillings [500 UGX] and I recovered.

Grace didn't complain to anyone because she is not informed about where to take such complaints—and at the time of the incident she was feeling very weak.

Grace tells us that it has always been difficult to access health services, which in places like Nebbi can be very crowded and under-resourced. She is optimistic that now that she has the national ID, things will be a bit better for her—if only because people from Congo will now be restricted from accessing the health services, minimizing the crowds.
Their frustration was palpable during our field work. Many complained about being treated poorly by health professionals or dealing with understaffed health facilities or health centre staff who spent their mornings tending to their own gardens and were not present at the health centre. There were accounts of corruption, for instance the practice of drugs being smuggled out of public health facilities and sold to private drug shops. People complained of having to sleep on the floor of health centres because there were not enough beds. And health centres can be far away, especially if one requires specialized care. One man described how expensive it could be to access health services:

*It is difficult because of the long distances involved and money. Here, motorcycles are very expensive. They are robbing us. These boda boda men, if they know it is a health issue, they just tell you fifty thousand shillings. From here to Looro Health Centre III it is fifteen thousand Uganda shillings (15,000 UGX). From there, if you are referred to Amudat Hospital, it is fifty thousand shillings. If the complication is severe and you are referred again to Matany, it is two hundred thousand Uganda shillings (200,000 UGX).*

The best services, it was felt by many, were private services. One person stated the problem bluntly, "*If you have no money here, you die.*"

*Chased away from the health centre*

The health workers we surveyed were very open about the fact that the primary purpose of the national ID was to identify who was Ugandan and who was not. In other words, the health workers we interviewed saw *Ndaga Muntu* as a tool of exclusion, to ensure that healthcare benefits only went to ‘real’ Ugandans. One nurse told us, "*to my understanding, I think the government wants to work on Ugandans because they don't want foreigners to benefit.*" Another said, "*here, we have very many Congolese and so they want to reserve medicine for Ugandans; so these Congolese try to get National IDs.*" Another said, "*It helps in fighting crime because whenever you ask for a national ID card from a criminal, they are turned away [leave] for fear of easy identification.*" This sense of suspicion was confirmed by many individual interviewees. One person told us, "*without an ID, they think you are coming from Kenya.*"
But many healthcare workers we interviewed also recognized that strictly enforcing
the national ID requirement would result in people being denied health care, including
‘deserving’ beneficiaries. That is why most respondents reported that, although it was a
requirement, they would not refuse care to a patient who did not have an NIC in their own
facility. Only 7 out of 78 people who knew of the national ID requirement admitted that
they were aware of its exclusionary nature. Many said that several of their patients do not
have a national ID so they could not make it a strict requirement. The director of a hospital
near Kampala summed this up, “it would be unfair for us to implement that system in our
hospital. For example, if someone gets an accident and has lost everything, how will you ask for
a national ID?”

In some of the health centres we visited the column for NIN in the various health
registers simply remained blank. Even the more sophisticated government hospitals
reported that their electronic record systems had not yet been updated to accommodate
the reporting of the NIN.

One nurse in Namayingo was especially worried about the impact this policy would
have on children whose parents did not have the national ID and teenage girls who were
not yet 18 and thus not eligible to receive their NIC. Another told us:

_It’s going to make life harder for those who don’t have a national ID. They are going
to get health complications including becoming anaemic like the case for young
adolescent young mothers who don’t have these national IDs._

Healthcare workers’ fears that the requirement would lead to people not receiving
care has already materialized according to some of the women we spoke with. They
recounted stories of being ‘chased away’ from health centres, both public and private,
when seeking medical care for themselves or for their children. “Without an ID or clinic card
for women who have been receiving antenatal care, no treatment,” one woman in Amudat
told us, “many people fall sick and stay home and die.” Several women reported instances
where they arrived at a health clinic only to be told that they would need to rush back
home to pick up the national ID. “I took my pregnant daughter, but we left the ID at home, so
we had to travel back and pick it up so as to access treatment. And the distance was far.” Not
everyone was able to make such trips so they either delayed treatment, went without care,
or resorted to taking herbs or buying drugs at a private drug shop. One woman in Kayunga
told us:
Lilian is a 42-year-old married woman living in Amudat district. She has five children and works as a farmer. To make ends meet, she also runs a small business selling household necessities like salt, and tea leaves.

As we interview her, she’s in haste, and tells us she has to get back to her business. She tells us that her husband doesn’t do much work to help out with the household’s expenses.

She described the experience of being chased away from a health centre, saying:

_In May 2020, I felt body pain. I left home to the health facility (Loroo HC III), at the gate I was asked to present the national ID, I did not have it. They told me to go back and come back with it. I went back home looking for the ID but failed to get it and returned to the facility, but I was not allowed in. It was already late. I returned home amidst all the pain for the entire night, and I was able to find the ID and went back the following day with it and I was allowed in and offered the services._

When we asked Lilian if she had raised a complaint, she told us that:

_For registration, I did not report anywhere, but when I was blocked from accessing the health facility for lack of an ID, I reported it to the parish councilor. I went with the councilor to the nurse, but it was late in the evening, and I was told to go back the next day. The following day, I went together with the councilor and the ID._

Even though it was clear that Lilian had merely forgotten her national ID at home and was entitled to access the care that she had sought, she was told that if she forgot it again she might be denied again. She told us that, _“We were told that the importance of having the ID is that without it, you can be denied services.”_
Me, I was chased two times. They told me I can bring my husband's ID but my husband wasn't around. When they chased me, I just went back home. What could I do? I came home and used herbs. But if they chase you and you go back in a critical condition, they will say you are lying and that you were never there before.

Another older woman recounted that both her grandson and granddaughter had been chased. The granddaughter was about to give birth, in pain, and in need of an operation. The health centre staff requested 300,000 UGX from the family in order to attend to her without her national ID—otherwise the family would have to travel to a larger facility at the district headquarters to seek care there. The family, fearing that they would just be turned away again and unable to pay for an expensive ambulance trip to a far off hospital, managed to scrape together the money by borrowing from a family member and selling some maize. They ultimately paid the 300,000 UGX.

Staff at a few health centres did admit that they had chased away antenatal mothers seeking care because they had failed to bring their national ID cards after several reminders. Health workers at Buyinja Health Centre IV told us that it was a recent visit from NIRA staff that had triggered this policy. The NIRA staff had told them, “not to work on any woman attending maternal care services without a national ID.” To comply, the day before our visit they had sent away all the mothers who did not have Ndaga Muntu.

For those who are rejected or chased, trying to access care often means spending money. This could involve the cost of traveling back and forth to the health centre, soliciting the LC1 Chairperson to travel with you to beg for access, or getting family members to bring you the necessary documents. In some cases, people are forced to borrow a stranger’s national ID card to access care. The value of the national ID has also meant that it has become a form of collateral. At least one health centre has adopted the practice of holding the national ID card until a person is able to pay their hospital bills. What also bears mentioning is that even when a woman is admitted without an NIC, there are certain services that may still be denied to her. For instance, if she wants the health centre to file a notification of the birth of her child, this is not possible without her NIN and NIC.

Friction with the community

Health workers have been torn between enforcing the ID requirement and providing care to people in their own community. One health centre in Namayingo reported that when the national ID requirement was introduced it led to a decline in the number of patients, prompting the workers there to decide autonomously to relax the policy. They were not only worried about denying care to members of their own community, but if their performance as a health centre would be called into question if the number of patients declined. In fact, some of the people we interviewed, including those of Asian descent (commonly known as ‘Bakyotara’), who have long struggled to get national IDs, no longer seek services at public health facilities because they know they will be asked to present a national ID.

At Bukana Health Centre III in Namayingo, a staff member told us:

Our turning point was a lady who came here with a very sick child. When we sent her back home to come back with a national ID, the child’s situation worsened, and she started getting convulsions. The village mobilised into a huge crowd and came to
the hospital. It was a life threatening situation that we had to relax this directive or requirement of ID. We worked on the child. Since then we are flexible.

Similar scenes were reported by MPs in Parliament last March, with one stating that:

As we speak, the Government has given directives to all the health centres and hospitals never to allow those without national identity cards to access medical services.

Over the weekend, the community in Amuru was very angry; children were being denied medical services at the health centres. At Omei Health Centre II, the community wanted to beat the medical personnel because they were telling the parents not to bring their children again if they do not have national identity cards."

One frustrated nurse admitted that Ndaga Muntu could potentially have benefits for patients in terms of access, but that “for now, the national ID is complicating the whole health service delivery.”

4. “We don’t know how the information will be used”: How can individuals complain?

Many people feared reprisals if they were to make a complaint. All of this, of course, takes place in a context where everyone knows that Ndaga Muntu is a national security matter, which adds to the sense that it is better to comply than to resist. One older person in Namayingo told us, “When [officials] come they are tough and don’t want to hear complaints. I am afraid because they are tough, I may even miss out on my payments because I complained.” Others felt that “there is a lot of bureaucracy and corruption in handling complaints” and there was fear that complaints will be wasted. Nevertheless, the government still enjoys some trust and goodwill with people, according to our research, and most people do not feel like they should challenge the officials: “We trust them. Us we are like children; wherever they send me, I go.”

Many of the people we spoke with did identify some benefits of the national ID, particularly those who had already received theirs. We were told it helps them prove, “who they are,” and, “where they come from.” It was particularly seen to be helpful when travelling to pass through borders or military checkpoints or to help identify oneself in case of an accident.
There was also a recognition that there was certain economic value to the national ID, allowing a person to open a bank account, buy and sell land, and access formal job opportunities. The irony was that these benefits are the direct result of the government requiring *Ndaga Muntu* to access these services in the first place.

At the same time, many interviewees understood that they had little choice about whether or not to register. “Even if there were risks, and I do not give the information, I would fail to get a national ID and this would make it hard for me to get food donations, access hospitals, vote, and get credit,” one woman told us. “So I really had no option.” Very few people knew, or even could guess, what the government was doing with their information or why it was being collected during the *Ndaga Muntu* registration process. Some interviewees asked our researchers to explain it to them.

When people have questions or complaints about *Ndaga Muntu*, or its many applications, there are limited routes to raise these questions or complaints. Under Section 83 of ROPA, NIRA was meant to set up an ‘identification and registration committee’ to “adjudicate over matters arising and or related to registration” under ROPA. NIRA is also required by Section 83 of ROPA to publish the committee general rules and guidelines, which could be appealed before the High Court. However, at the time of writing this report we have not been able to ascertain whether this committee has ever been set up, whether it has published general rules or guidelines, or whether it has dealt with any complaints or questions.

In practice, most people we spoke with felt most comfortable bringing complaints to their LC1 chairperson. But the LC1 does not typically have the authority to challenge decisions about the national ID system, as people like Lilian have discovered. Lilian was turned away from the health centre because she did not have a *Ndaga Muntu*. When she returned with her LC1 chairperson they were both turned away because they had arrived too late, and the nurse refused to let her in. Someone else told us:

> We fear (to complain) because these people speak English. Even our LC1, the one we depend on, can’t speak English. But even if you come with the LC1 chairperson, they tell you to come with the National ID.

Especially when it came to the SCG, many were discouraged from complaining because it was presumed that they should be grateful for the programme. We were told, “even those chiefs, when you ask them why the money is small, they tell us to just eat what we are given, that we did not work for it.”

LC1 chairpersons have also found themselves marginalized in the administration of the SCG. Their former role in helping to identify and target beneficiaries has been stripped away in favour of the automated system, along with the incentive payments that encouraged them to support the work. It is therefore understandable they feel less able and less motivated to provide remedies.
Mary is a 55-year-old woman living in Amudat district, working as a subsistence farmer. Mary is a widow with seven children. She recounted to us how important the ID has become in many different parts of her life:

You cannot get anything from Amudat if you don’t have an ID, for example voting, hospital, relief support [mainly food from NGOs]. Also, when I want to cross to Kenya, I need to have an identification that shows that I am a Ugandan. When the cows are stolen and you make a follow up, you need to identify yourself [Cattle rustling is rampant in Karamoja sub region. Communities within Karamoja or in Kenya raid each other for cattle]. I also needed an ID to be able to vote good leaders.

Mary told us of the time when she was unable to access health services, saying:

Yes, there was a time I was denied service in Amudat Hospital, by that time I didn’t have any money and I didn’t have an ID. I went and borrowed the ID from somebody I know.

She also told the story of how her children were also denied treatment.

It is two years ago, my child was sick and I went to Amudat hospital. I was asked to give the names of the child and explain how sick the child was. I was told to give money. I told them that my other child is bringing the money. Then I was told that if you don’t have money give us the ID. I told them I don’t have the ID. I was told that you will not get the medicine if you don’t give us the ID and that without it no medicine for you.

I went and borrowed the ID from somebody I know. I surrendered the ID, and I was given the medicine. I was supposed to pay 50,000 shillings (50,000 UGX). The following day, I sold my goat and took the money to the hospital. After paying, they immediately gave me the ID and I took it back to the owner.

Mary fears raising complaints to the hospital because, in her words:

If I complain when my child is still there, they can administer expired drugs on him or her. So, I would not complain to the hospital because I fear. But for my elected leaders, I can tell them. The other time I told my Chairperson LCI and parish councilor because I knew that they would tell the other people [leaders] when they have meetings.
5. “Ugandans are suffering”: Why exclusion from Ndaga Muntu is an urgent human rights concern

The accounts that we have shared in this section of the report were summed up well by Parliament when it debated the problems with Ndaga Muntu in March 2020, “Ugandans are suffering.” That statement is hardly hyperbolic in light of our findings and of others. For poor, pregnant, women and poor, older persons as well as many other individuals living in Uganda the inability to: (i) register for Ndaga Muntu, (ii) obtain an NIN and NIC, (iii) replace a lost or stolen NIC, (iv) correct errors on the NIC or in the NIR, or (v) complain about any of these situations is more than a mere inconvenience. Exclusion from Ndaga Muntu may violate their human rights, including their right to health, social security, and their dignity. This report’s primary purpose is to describe exclusion from Uganda’s national ID system based on our extensive research and is not intended as a comprehensive legal analysis. Nevertheless, the following sums up some of the main, actual and potential, human rights concerns that may arise from our findings.

When Uganda ratified the International Covenant on Economic, Social and Cultural Rights (ICESCR) and became a State Party to that treaty, Uganda agreed to recognize: the right of everyone to social security (article 9), that special protection should be accorded to mothers during a reasonable period before and after childbirth (article 10 (2)), the right of everyone to an adequate standard of living, including adequate food, clothing and housing, and to the continuous improvement of living conditions (article 11), and the right of everyone to the enjoyment of the highest attainable standard of physical and mental health (article 12), which includes taking steps necessary for the “creation of conditions which would assure to all medical service and medical attention in the event of sickness” (article 12 (2) (d)). The Committee on Economic, Social and Cultural Rights (CESCR) has said in particular that states, “should, within the limits of available resources, provide non-contributory old-age benefits and other assistance for all older persons, who, when reaching the age prescribed in national legislation, have not completed a qualifying period of contribution and are not entitled to an old-age pension or other social security benefit or assistance and have no other source of income.”

The Ugandan Constitution further provides that the Ugandan state shall in particular ensure that, “all Ugandans enjoy rights and opportunities and access to education, health services, clean and safe water, work, decent shelter, adequate clothing, food security and pension and retirement benefits.” The Constitutional Court of Uganda recently recognized that the Ugandan Constitution safeguards the right to maternal health care for women. The Court held that it is “the responsibility of the government to ensure that the services are physically accessible to women across the country especially in rural areas. It cannot under any circumstance justify noncompliance with the core obligations which derive from economic, social and cultural rights of the individual or group.”

The 1995 Constitution also provides that the “State will make reasonable provision for the welfare and maintenance of the aged.” Article 32 further requires affirmative action for groups marginalized on the basis of age and disability. The Committee on Gender, Labour and Social Development of the Ugandan Parliament has acknowledged the importance of the right to social security as also recognized in the Universal Declaration on Human Rights, stating that according to the Universal Declaration, “Uganda is mandated to uphold and promote the rights of vulnerable persons in general and those of older persons in...
particular. Rolling out the SAGE Programme, therefore, will be one way of promoting the rights of older persons to social security.”

We are deeply concerned that Uganda’s national ID system, especially the requirement to have a *Ndaga Muntu* in order to receive social rights, has erected a sometimes insurmountable barrier for many women and older persons to access their right to health and social security. As the Committee on Economic, Social and Cultural Rights (CESCR) has held in its General Comment No. 14, the right to health in the CESCR means that, “[Health] facilities, goods and services have to be accessible to everyone without discrimination.” The principle of non-discrimination requires, according to the CESCR that, “health facilities, goods and services must be accessible to all, especially the most vulnerable or marginalized sections of the population, in law and in fact, without discrimination on any of the prohibited grounds.” In General Comment No. 19, the CESCR has equally held that the right to social security, “encompasses the right to access and maintain benefits, whether in cash or in kind, without discrimination.” The right to access benefits also means, according to the CESCR, that qualifying conditions for benefits “must be reasonable, proportionate and transparent.”

The fact that registering for and obtaining a *Ndaga Muntu* is arguably more difficult for women and older persons, especially those living in poverty, that no special provisions have been made to facilitate women and older persons to register and obtain a *Ndaga Muntu*, and that women and older persons without a *Ndaga Muntu* are excluded from enjoying their right to health and social security, are all factors that may amount to a violation of their right, as Ugandan citizens, to health and social security without discrimination. Not only is blocking access to *Ndaga Muntu* a potential human rights violation but the fact that it disproportionately affects these specific groups suggests an unreasonable discriminatory practice as well. For healthcare workers, the impact of the national ID on access so far has been clear. One nurse summarized this well when we spoke with her, “although a person has a right to identity, the ID card should not be extended to health service provision because it is a matter of life and death.”

This not only follows from international human rights law, but also from the Ugandan Constitution. Article 21 of the Constitution establishes that, “[a]ll persons are equal before and under the law in all spheres of political, economic, social and cultural life and in every other respect and shall enjoy equal protection of the law,” and, “a person shall not be discriminated against on the ground of sex, race, colour, ethnic origin, tribe, birth, creed or religion, social or economic standing, political opinion or disability.” Women are afforded special consideration, and under Article 33, which states that the “State shall provide the facilities and opportunities necessary to enhance the welfare of women to enable them to fulfil their full potential and advancement.” Uganda has also endorsed the Madrid International Plan of Action on Aging in 2012 (MIPAA), which recognizes discrimination against older persons as a violation of fundamental human rights.

An additional human rights concern is the absence of effective remedies to address these potential human rights violations. The CESCR has held that, “Any person or group victim of a violation of the right to health should have access to effective judicial or other appropriate remedies at both national and international levels.” State parties are also obliged to monitor effectively the right to social security and the right to health. As we will further discuss below, the complete absence of an accountability mechanism where individuals can complain about their inability to obtain a *Ndaga Muntu* and the resulting...
exclusion from health or social security is a complete obstruction to their right to a remedy.

Finally, the Ugandan approach to national digital ID is at odds with the respect for human dignity that forms the basis for international human rights law and the Ugandan Constitution. The endless smaller and bigger indignities that people in Uganda have had to endure to obtain a *Ndaga Muntu* or when being chased away from health centres or social security payment points are an affront to this fundamental principle of dignity. As one midwife in Buliisa told us:

*I think when a citizen of Uganda comes expecting a service and they are not served, it’s quite unfair, in fact an embarrassment, that makes a person lose their dignity or public service they are entitled to by law.*

These are only some of the many human rights concerns associated with the national digital ID, which obviously implicates further questions on rights to citizenship, privacy, education, and doubtless numerous other rights. The suffering of people in Uganda as a result of the national digital ID system should not and cannot be treated as the cost of progress. Individual human beings should not be sacrificed at the altar of digital transformation. Such an approach is not merely inherently wrong, as a violation of human rights and an unacceptable treatment of those who need the government’s care and assistance, it is also based on the mistaken assumption that social and economic development is a trade-off between technological innovation and individual suffering. As we will expand on below in our recommendations, Uganda can have both progress and respect for the human rights and dignity of those who live on its territory.
SECTION 3: WHEN THE CURE IS WORSE THAN THE DISEASE: NDAGA MUNTU AND IDENTITY POLITICS

In Section 2, we gave a snapshot of what the impact of the Ndaga Muntu system has been like for individuals in Uganda, especially women and older persons living in poverty who attempt to access health and social security. But the question remains: how did we arrive here? Are the exclusionary and human rights concerns we described inevitable or are they intentional outcomes inherent in the design of this national ID system? Or are these unintended consequences that can be remedied by approaching Ndaga Muntu differently? In this section, we will attempt to answer these questions by looking into the history of Ndaga Muntu, the key actors involved in its design, and the wider political and international landscape in which this national ID system is being implemented.

1. The beginning of the Ndaga Muntu project

The Ugandan government began publicly building the case for a national digital ID project as early as the 1990s, but it was not until around 2000 that the system we are grappling with today began to take shape. After ratifying the Treaty on East African Community, which called for states to “maintain a common travel document,” Uganda began to feel pressure to finally make the national ID project a reality. While a contract was awarded to a South African company, called Face Technologies in 2006, the project was mired in corruption and allegations of bribery. The contract would eventually be cancelled, with little to show for several years of political wrangling.

According to official documents and reports in the press, in 2010, the German Ambassador brought a “Mr. Mühlbauer” to meet with relevant ministers and eventually with President Yoweri Museveni himself. The company that he represented, Mühlbauer High Tech International, provided identification technologies, including biometric ID cards and personalisation centres, where cards can be printed. The administration decided to bypass the standard procurement process, citing national security concerns, in March of 2010. The Government of Uganda awarded Mühlbauer a single sourcing contract equivalent to €64 million EUR to deliver a new national ID project. Mühlbauer was contracted to supply machinery and equipment to set up the national identity card project, as well as a personalisation facility to produce the national ID cards and a national data centre. President Museveni officially launched the project on May 21, 2011, when he received the first national ID card at the Kololo ceremonial grounds in Kampala.

From the outset, however, the inter-ministerial project led by the Minister of Internal Affairs faced significant difficulties, including an inquiry by the Committee on Defence and Internal Affairs. This Committee would conclude that the procurement process was carried out without adequate due diligence and deliberately avoided procedures laid down in public procurement laws. It was not only the procurement process that seemed faulty, a year after its ceremonial launch there were reports of unused and faulty equipment, and the project had managed to issue only 400 ID cards.

In 2013, however, the national ID project gained a highly visible leader in the form of the late General Aronda Nyakairima, then newly appointed as Minister of Internal Affairs. General Aronda was a decorated and long serving military officer who had
joined the National Resistance Army (NRA) in 1982. He fought in the Ugandan Bush War, eventually becoming commander of the Uganda People’s Defence Force (UPDF). Under Uganda’s hybrid system, General Aronda also held a seat in Parliament from 1996 as a representative of the UPDF.

Despite the presence of the military in Ugandan political life, it was a controversial decision to appoint General Aronda as Minister of Internal Affairs in 2013. At the time he was still serving as the Chief of Defence Forces of the UPDF, which the constitution calls on to be a non-partisan body. General Aronda’s nomination to a cabinet position led one former MP to say, “Even if this regime claims to be civilian; that is by pretence, its true nature is military.” A few MPs even boycotted the plenary session confirming his appointment and lodged a complaint in the Constitutional Court. Nevertheless, General Aronda was appointed.

One of General Aronda’s most urgent orders of business was to revive the national ID project, still operating under the name of the National Security Information System (NSIS) Project. Under the guidance of the Ministry of Internal Affairs, the NSIS maintained a heavy national security focus, with another member of the armed forces, Colonel Stephen Kwiringira—who had previously been responsible for the Information Technology department in the UPDF—nominated to lead the project. In a 2015 interview, General Aronda emphasized the importance of the project, saying, “This is a way to monitor and know where people are. It is another element to be added on to our arsenal of security weapons.”

The priority of the NSIS was to register Ugandans ages 16 and older in anticipation of the 2016 election. To do this, they launched a mass registration campaign under the slogan, “My Country, My Uganda.” This was described on the floor of Parliament as “a citizenship verification process” that was “purely technical” and “had nothing to do with political parties.” The project started out relatively successfully, managing to register the personal details and biometric information of over 16 million Ugandans in its first year of
operation 2014–15, in what Mühlbauer would later claim was a ‘world record’ in national identification systems. At that time, no law or announcement had been gazetted, but delegates of the NSIS project maintained that they were acting under the general powers of the Constitution, which places a duty on the Government to register citizens.

2. Legality at last: The Registration of Persons Act of 2015 (ROPA)

Notwithstanding the constitutional references, the NSIS project continued without a basis in law until the Registration of Persons Act (ROPA) was passed in March of 2015. At this point over 16.5 million Ugandans had already surrendered reams of personal data during the first mass registration drive. When the Registration of Persons Bill was laid in Parliament, it was General Aronda who presented it as a fundamentally important project for the national security of Uganda, emphasizing that it would “serve as the distinguishing feature for the general population from illegal residence” and that it had both surveillance and authorization components. He also cited as central benefits of the system: aid in the fight against terrorism; the need to address rampant crime, including theft, illegal employment and ghost workers; and attracting private investment to Uganda.

ROPA did much more than codify the ongoing NSIS project, it dramatically expanded the reach of the national ID project in three significant ways. First, it replaced the inter-ministerial NSIS team with a permanent institution—the National Identification and Registration Administration (NIRA)—that would fall under the authority of the Minister of Internal Affairs. NIRA was to have its own Board of Directors, with representatives from the Ministry of Internal Affairs, the Electoral Commission, the Directorate of Citizenship and Immigration Control, the Uganda Registration Services Bureau, the National Information Technology Authority–Uganda, and the Uganda Bureau of Statistics. There would further be a chairperson and two persons to represent the public, as well as the Executive of NIRA as a non-voting member. Second, it not only gave NIRA authority over national ID card registration, issuance, and maintenance, it also transferred critical components of Civil Registration and Vital Statistics (CRVS)—including birth, adoption, and death registration—to NIRA (and thus to the Ministry of Internal Affairs). These activities had previously been the responsibility of the Uganda Registration Services Bureau (URSB). ROPA further established that it would be NIRA’s identification database that would serve as the basis for establishing the electoral register, or list of eligible voters, formerly the responsibility of the Electoral Commission (EC), and that NIRA would be responsible for determining who was a bona fide citizen of Uganda, formerly the responsibility of the National Citizenship and Immigration Board (NCIB). Both the EC and the NCIB were constituted by the 1995 Ugandan Constitution.

The third major innovation of ROPA was that it created a legal infrastructure for the national identity system that would make registration compulsory. It would also make the national ID card a mandatory requirement for accessing both public and private services in Uganda; Section 66 says that any Ministry, Department or Agency of Government or any other institution providing a public service shall require a person accessing the services to provide a National Identification Number (NIN) or a National Identity Card (NIC). While the Constitution confers the responsibility of registering individuals on the
Ugandan government, Section 54 of ROPA translates this government responsibility into an individual mandate that requires all persons in Uganda to register. 170

3. More than just an identity card: the complexity of the Ndaga Muntu system

The Ndaga Muntu card (NIC) has become the most visible aspect of the national ID project in Uganda, but it is only one piece of a much larger, more complex national identification system established by ROPA. This includes the physical card itself, the unique National ID Number (NIN), and the profiles of individuals that are held in the National Identity Register (NIR) which contain detailed biographic and other personal information as well as biometrics (fingerprints and facial scan). The Ndaga Muntu system also includes the Civil Register, a legacy system inherited from the URSB, which holds records on births, adoptions, and deaths. 171 NIRA has also developed a Third-Party Interface that allows MDAs and private actors to directly access information in the NIR. And finally, the national ID project consists of hardware and software used to operate the system, including servers in Kampala, biometric verification equipment, facial recognition software and so on.

The National ID system is both a documentary and a biometric system. 172 It is a documentary system in the sense that it requires a written documentary testament to prove one’s citizenship or right to live in Uganda. The struggle of the Maragoli people to have their tribal affiliation written into the Constitution, and thus recognized in the national ID system, demonstrates the importance documentation plays in the national ID system. 173 The system is also documentary in the sense that it continues to issue a physical document—the Ndaga Muntu card—that acts as sufficient proof of legal identity. Such physical documentation has a long history on the African continent, and Ndaga Muntu can be seen as a continuation of this legacy.

But Ndaga Muntu is also a biometric system that captures physical characteristics of individuals, currently their fingerprints and their facial features, to computationally identify them as unique individuals. NIRA has both a fingerprint verification engine and facial recognition technology that it can apply to individual records. This in theory allows the NIR to undergo a process of de-duplication, ensuring that each individual record represents a unique individual. The NIC combined with a card reader also allows fingerprints to be matched against the data on the NIC using a fingerprint scanner.

4. “Getting a National ID is a nightmare”: A helicopter view of Ndaga Muntu

The second section of the report outlined the stark reality of what it means to be excluded from and by Ndaga Muntu. Some proponents of digital ID would suggest that these exclusions are unfortunate growing pains of any registration drive—a tragic but inevitable part of administering a complex population registration system in a developing country with millions of people. We strongly disagree. The numbers suggest that the problem of exclusion is not limited to an unfortunate few but is affecting millions of people in Uganda. Because of the design and administration of the national ID system, in our view, this is not a transitory problem that can be resolved with some quick fixes.
People may be excluded from the *Ndaga Muntu* system for a variety of reasons. First, there is a general gap in coverage. Since a missing portion of the population has yet to complete the registration process, it is difficult to put an exact number on how many people remain unregistered. NIRA registered 29.34 million people in 2020, 25 million of whom had been successfully registered in the NIR (meaning that their biographic and biometric information, as well as their citizenship status has been established to NIRA’s satisfaction); this included children and young adults below the age of 18. Compared to a total population projected to reach 41.58 million in 2020. 174 A 2019 Makerere University survey found that only 94.1% of the population surveyed had already registered for a NIN and an NIC, but that number seems slightly inaccurate based on official statistics released by NIRA.175

There are many reasons for this registration gap: whole villages appear to have been missed; prisoners were unable to register; or during registration drives people were traveling outside of Uganda, in the hospital or were ill or disabled. These and many other individual reasons affect the accuracy of the numbers. As demonstrated in Section 2 of this report, since registration is now rarely offered at parish levels, it has become even more difficult to register with NIRA services, because their offices are only available at the district level. One MP spoke of the issue on the floor of Parliament on 25 February 2020, and said:

> **Getting a national ID in Uganda is as difficult as the NRM bush war of 1986. In Uganda, it is easier to get a passport than a national ID. People come and queue everyday, spend sleepless nights, and they end up not getting IDs. Without a national ID in Uganda, you cannot own a sim card, you cannot access a passport, you cannot get jobs or open a bank account and yet, getting a national ID is a nightmare.**176

Second, based on the government’s own data and other official sources, the reliability of which we cannot guarantee, we have calculated that anywhere between 23% and 33% of Uganda’s adult population has not yet received a National Identity Card (NIC). We have attempted to obtain up-to-date data from the National Identification and Registration Authority (NIRA), but we unfortunately did not receive a reply from NIRA before publication of this report. An Audit of NIRA’s accounts by the Office of the Auditor General in 2019 likely contains the most independent figures and stated that only 12.7 million cards had been ‘issued’,177 as of 2019.178 Based on an adult population of about 18.9 people in 2019, using national population projections by the Uganda Bureau of Statistics (UBOS),179 this means that only 67% of the adult population had an NIC in 2019 and 33% were therefore excluded. The Minister of Internal Affairs released figures that claimed that NIRA had printed only 18.32 million cards as of March 2020, and of those, only 15.23 million had actually been issued.180 Assuming an adult population that UBOS projected to reach 19.7 million in 2020,181 this results in an exclusion rate of at least 23%. 182

Not only are these exclusion percentages dramatically high for a national ID that is now mandatory to access many public and private services, the percentage of the population that is excluded may even be rising. NIRA indicated earlier that, as of October 2018, 14.6 million cards had been issued, on an adult population that UBOS projected as 18.1 million in 2018 resulting in an exclusion rate of 19%; an exclusion rate lower than the one based on NIRA’s more recent 2020 figures. And more recently, the new Executive
Director announced that only 15.27 million cards had been issued as of May 31, 2021, suggesting progress of fewer than only 40,000 NICs from the 2020 numbers. It appears that over the past four years, NIRA has been unable to either close the gap of unregistered adults or to keep up with the growing number of young people who turn 18 every year and become eligible for the NIC.184

A major barrier remains that despite efforts to decentralise NIRA services, NIRA is still a very centralised enterprise. At present, all data still needs to be physically transported from the regional offices to NIRA headquarters in Kampala on secured hard drives in order to be processed. NIRA has also had a large backlog in processing applications. The Minister for Internal Affairs estimated in March of 2020 that 2.7 million applications were still pending.185 Verification of citizenship is often the stage where applications get ‘stuck,’ with 2.1 million backlogged applications waiting to be confirmed.186 The Minister of Internal Affairs confirmed the difficulties with this process, including the fact that citizenship verification of children was triggering an automated freeze on the applications of their parents, leaving both in limbo.187 The Maragoli experience would suggest that this is not just a randomly distributed administrative problem, but that the process has targeted certain groups of people whose bona fides as Ugandans are not accepted. Furthermore, those who are ultimately not considered citizens and noncitizen residents in Uganda are completely shut out of the current national ID system, as plans to issue cards to resident aliens have stalled.188

There are also groups who failed to pick up their national ID card, perhaps because they are ill, disabled or do not have the money or time to travel to a pickup point. Other groups have lost or misplaced their identity credentials and have either been unable or unwilling to replace them. Many young adults, like Nyirira, were not registered during the Learner’s Project mass registration exercise, which was plagued by difficulties, including staff mismanagement, equipment challenges, and electricity outages. This led a Parliamentary Committee to conclude that “the entire exercise of registering learners should be redesigned and repeated because the work was shoddy.”189 Finally, there are those who fall into what might be called a data error gap: those who have registered and received identity credentials but have errors on the NIR and/or NIC. This creates a gap between their actual identity and their recorded identity that renders the national ID ineffective.

These impacts are not randomly distributed. Physical distance to the registration point affects those in rural, poor communities most significantly. Legal barriers such as lack of recognition in the constitution affects minority communities such as the Maragoli especially. High costs for replacement services and correcting errors will deter those who cannot afford the 50,000 UGX fee—the equivalent of two months of SCG cash transfer benefits—not to mention the costs of travelling to relevant registration points. People in the lowest wealth quintile were found to be more likely to bear costs and encounter challenges.190 Furthermore, waiting times appear to be significantly higher for female participants, for reasons that the study was unable to establish.191 Since the cost of replacing a national ID are prohibitive for many, those who are in poorer wealth quintiles are often unable to replace their IDs when lost or damaged: of the people who had lost their national ID, only 28.5% had been able to replace it.192
5. **The struggles and failures of NIRA**

While NIRA is not responsible for the entire design of the *Ndaga Muntu* system, many of the problems with its implementation originate with this authority. The enormous challenges involved in rolling out a national ID system have simply proven beyond NIRA's capacity and budget. NIRA has also been torn between where best to allocate its resources.

First of all, the attention paid to the national ID project has meant that NIRA has not been able or willing to spend similar attention on CRVS. NIRA took over the responsibility for birth and death registration from the Uganda Registration Services Bureau (URSB), but there is a consensus that it has neglected those responsibilities and focused on the national ID project instead. Very few people in Uganda have birth certificates or documents showing their exact date of birth; the Census in 2014 suggested that fewer than 28% of the adult population currently possess a birth certificate, and UBOS reported in 2016 that only 16.6% of children under 2 and 20.8% of children from 2-4 had a birth certificate. Additionally, both birth notification and birth registration have noticeably declined over the past five years, with more recent figures suggesting that only 12–13% of children under 1 had their birth registered. This means, for example, that as Uganda’s young population turns to adulthood and becomes eligible to register for *Ndaga Muntu*, a majority of them will be unable to prove their identity and age because they were never registered in the first place.

The outgoing Executive Director of NIRA, Brig. Gen Stephen Kwiringira, recently admitted, "Part of the problem is that we started with capturing [and] registering people for election purposes, yet ideally, I think we should have started with registering births." Meanwhile, death registration also remains deplorably low.

Second, there seems to be a consensus among experts that NIRA has struggled to transition away from this campaign-based model, which is very expensive, to a continuous service operating model. Today, those who missed out on a mass registration drive either have to travel to registration points at NIRA's newly established district offices (currently in 117 out of 146 districts in Uganda), or to NIRA headquarters in the capital of Kampala. Otherwise, they must wait until NIRA conducts one of its irregular mop-up exercises—one-time registration or issuance exercise where NIRA staff travel to local communities to try and enrol those who have not yet signed up or to issue cards that have been printed.

Third, NIRA appears to have been ‘distracted’ by other public and private service demands to properly facilitate the integration of *Ndaga Muntu*. This includes the SIM registration exercise, the Pension Payroll Verification, and the Learner's Project. The Auditor General’s report on NIRA found that:
In a number of instances processing of already queued applications was discontinued in order to enable staff focus on activities that were considered more urgent. These activities are usually unplanned but have a direct impact on the processing of already queued applications. Examples of such activities included mandatory registration of SIM cards, verification of pensioners on the government payroll and registration of learners. These were given priority over other applications in the system sometimes leading to accumulation of backlogs.

Fourth, and perhaps most importantly, there is the issue of funding. NIRA appears to be consistently underfunded. Despite recurrent complaints that NIRA is perpetually under-resourced, a great deal has actually been invested in the system. Based on our own calculations of publicly available data, we believe that the government of Uganda has spent at least 745 billion UGX (approximately $206 million USD using current exchange rates) on the national ID system since 2010. While we have calculated this number using all publicly available data, we have found a glaring lack of fiscal transparency about this project which suggests that this number is likely an underestimation. For instance, the 2011 contract with Mühlbauer cannot be fully ‘seen’ in the budget expenditures throughout the years and the formal procurement process was ‘bypassed’.

A worrying trend is that the massive capital investment early on appears to have tapered off significantly, which suggests that political will to properly fund the system is declining. This problem is only likely to increase as the ‘newness’ of the national ID system wears off and we move away from media-friendly mass registration drives to the far less exciting work of keeping the national ID system functional. NIRA officials have regularly complained that they have not been able to hire adequate staff or obtain proper equipment, an issue that has been even more evident as they try to expand their footprint to a decentralised model of service delivery. Out of 865 nationally authorized positions at NIRA, only 433 were filled. There have also been allegations of corruption. Budget issues have resulted in NIRA being unable to meet demands. On March 11, 2020, the Minister of Internal Affairs told Parliament that the NIRA Kololo office currently receives an average of 700 people daily but is only able to serve up to 400 of those who arrive.

It has been extremely difficult for NIRA to make up for any of these budget shortfalls by generating its own revenue. The most lucrative line of NIRA’s work is meant to be providing identification services to resident aliens, whom they can charge high fees. But the administration has been extremely slow to expand registration services to these groups. Instead, NIRA is deriving the majority of its meagre revenue from replacing lost cards, issuing birth certificates, and responding to information access requests. In short, it is making most of its money off services provided to individual Ugandans, but poor Ugandans are unlikely to meet NIRA’s financial demands. An area where NIRA has outperformed in terms of revenue-generation has been in selling access to the NIR database to private corporations such as banks and telecom operators. In 2020, NIRA processed 87.7 million applications under its Access and Use of information protocols (including ID verification), mainly by private actors.

A full accounting of the government’s cost, both monetary and non-monetary, is still not clear. There are a lot of hidden costs involved in running the Ndaga Muntu system that are outsourced to other government actors, international donors and civil society. For instance, the Ndaga Muntu operating model requires other ministries to pay to upgrade their
own systems to make them compatible with the NIR. The Minister of Internal Affairs has said that, “all institutions that require to validate information in the National Identification Register are encouraged to develop or adopt appropriate technologies that can interface efficiently with the system at NIRA.”

Another hidden cost is from programmes such as the World Bank-funded Uganda Reproductive Maternal and Child Health Systems Improvement Project (URMCHIP) who provided computers and equipment, vans, and other in-kind support to help NIRA scale up its birth and death registration activities. And as noted above, the ESP has found it necessary to collect its own information on beneficiaries that are missing from the national identification register. These are only some of the hidden expenses the national ID system must include in its full cost accounting.

NIRA is extremely conscious of its own performance issues, but it also appears to be moving away from solving the manifold implementation issues on the ‘supply side’ and is instead aiming to force the population onto the Ndaga Muntu system by making it impossible to live without it in Uganda. A ‘Management Response’ to this critique was:

*The Authority has endeavoured to conduct outreaches with the aim of sensitising the public and bringing issuance of IDs closer to the people. However, the results have been much lower than expected. There has been an increase in demand for the National ID in the urban areas because institutions like banks, telecoms, embassies and some government agencies require the National ID as a unique and accepted identifier. There has therefore been a value/benefit attached to the National ID. The same practice needs to be enforced across the rural and urban areas by attaching benefits to the National ID. NIRA requires the support of [the] government to enforce the status of the National ID as a unique identifier. For example, requiring the National ID for access to any government services like education, health and social services. We believe this will increase the demand for the National ID.*

Meanwhile, NIRA has increasingly become the target for political criticism. In May 2020, in response to mounting public scrutiny and dissatisfaction with NIRA, President Yoweri Museveni ordered Executive Director of NIRA Judy Obitre-Gama to vacate her position when her contract ended on July 15, 2020. Obitre-Gama had served as Executive Director since NIRA was formed in 2015. In his order dismissing Obitre-Gama, President Museveni cited, “problems faced by NIRA, especially relating to the issuance of national identity cards,” and charged the Minister of Internal Affairs with finding a new Executive Director of NIRA, “preferably with legal or information technology background.” Additionally, in July 2020, Parliament ordered the Auditor General to investigate allegations of widespread mismanagement at NIRA, delays in NIC issuance and replacement services, and failure to deliver NICs to older children captured in the 2017 Learners Project.

NIRA gained a new Executive Director in May 2021, Rosemary Kisembo, who brings the expertise in IT systems that President Museveni was seeking. Kisembo estimates that it will take another eight years to finish the registration processes and issue every Ugandan citizen with an NIN. Meanwhile the government has simultaneously announced that it will replace all Ndaga Muntu cards by 2024 with an expensive chipped card. Although, before the government invests any more funds into this system, we must ask: are the benefits worth the costs?
CONCLUSION AND RECOMMENDATIONS: IT IS TIME TO RETHINK THE APPROACH TO DIGITAL ID IN UGANDA

Seven years after the introduction of *Ndaga Muntu*, it is time to fundamentally rethink the approach to digital ID in Uganda. Our report, reflecting in-depth empirical research, contains ample evidence of the extent of exclusion that results from the *Ndaga Muntu* system, how it especially impacts the human rights of marginalized individuals and groups, and how it is a growing cause of anger and frustration among the Ugandan population. This research only confirms emerging evidence from places like Kenya, where the plight of the Nubian, Somali-Kenyan, and the ‘double registered’ has been highlighted by activists and been the subject of a high-profile court case; Jamaica, where a coalition of civil society organizations are challenging the emerging national digital ID system; and India, where the consequences of Aadhaar have already been well documented, and have all too often led to exclusion and death.

In many ways, the wholesale exclusion from Uganda’s national ID system is directly linked to the ‘original sin’ of tying a system designed as “national security weapon” to the delivery of essential government services and human rights. But our research does not only assess the exclusionary and human rights impact of *Ndaga Muntu* as an intrinsic wrong, we have also detailed how it fails to deliver on many of its instrumentalist promises. The national security rationale is actually undermined by high levels of exclusion, and has the added downside of stirring up trouble, anger, frustration while interfering with Uganda’s political ecosystem. Meanwhile, *Ndaga Muntu* is eating up government money that is in short supply; money that could also have been used to increase funding for health care, social benefits and the provision of other social rights.

We believe it is important for Uganda’s political leaders to realize the full costs associated with imagining *Ndaga Muntu* primarily as a national security system and then expecting it to work well for service delivery. These costs should not just include financial costs, even though they are significant, but also the costs of violating the human rights of their people, failing to achieve their social development goals, and, potentially, risking the country’s political stability. The rush to digitalisation and integration has meant that potentially lifesaving programmes, like cash transfers through the SCG, which have delivered many benefits to Uganda’s older population, are forced to cope with new challenges that jeopardize their impact. The struggling healthcare system, still grossly underfunded, must now implement expensive changes that bring little tangible benefit. But as representatives of international organizations, bilateral donors, line ministries and other experts have told us, it is difficult to deliver this message about *Ndaga Muntu* because it is operating under a national security umbrella. Questions or criticism are too easily ignored or brushed away by invoking “national security” reasons. We believe this approach is a dead end.

While this report contains a severe critique of Uganda’s national ID system in its current form, we do not want to dismiss the potential of this and many other digital ID systems. *Ndaga Muntu* has been claimed, for example, to save the government money by removing ghost workers from the public pension payroll, which is an admirable goal. And individuals we spoke with gave us many reasons why they feel that the national digital ID has been a benefit to them, such as being able to prove their identity, accessing public...
and private services, travelling abroad, being identified in case of an accident, voting or running for office, gaining employment, accessing bank accounts, and buying or selling land. Many now perceive access to the identity card as an asset and a right that should be available to all Ugandans.

The problem with Ndaga Muntu is that it has failed on many of its inclusionary promises, while equally failing to make use of some of the evident potential benefits of digitalisation. But instead of trying to salvage the progress that the national ID system has already achieved while seriously addressing the growing concerns with this important political project, the Ugandan government appears to be prematurely doubling down on its integration plans for Ndaga Muntu. Recently, the Ministry of Health (MOH) announced that without a Ndaga Muntu card one would not be able to receive the COVID-19 vaccine. This despite knowing full well that there are still many Ugandans, particularly older persons, who do not have a NIN or NIC. Only after the Initiative for Social and Economic Rights (ISER) and Unwanted Witness (UW) sued the government, did the Ministry of Health announce it would change the policy to allow alternative, more accessible forms of documentation to be used to access the vaccine.217

Such a victory for common sense and human rights unfortunately only provided temporary, partial respite for Uganda’s poor and marginalized communities. In 2024, the first of the Ndaga Muntu cards issued by the Ugandan government will begin to expire after their ten-year term ends.218 As per the statute, this will require another renewal process.219 At the same time, government officials have already communicated plans to upgrade the existing cards, to expensive chipped smartcards which use simple barcode technology.220 Officials are complaining, seven years after the system was introduced, that the current technology is obsolete and they do not have the resources to properly support the system.221 Meanwhile, newly sworn in Executive Director of NIRA, Rosemary Kisembo, estimates that it will take eight years until every citizen of Uganda is issued an NIN.222

Before more investments are made and individuals lives are hurt, we believe a serious national debate to rethink the approach to a national digital ID system in Uganda is long overdue. Uganda owes this to people like Joyce, Amos and Nyirira and so many more like them who have been ‘chased away’. The key question in that debate should be: how much has Ndaga Muntu cost Ugandans and how much do Ugandans gain, both literally and figuratively?

Our recommendations

We offer the below recommendations to the government of Uganda, including NIRA, as well as the international community present in the country, which are the outcome of seven months of in-depth research on the exclusionary impact of Uganda’s Ndaga Muntu system. We believe the important perspectives of ‘ordinary’ individuals that form the heart of our research should inform and guide the Ugandan debate on the future of its digital ID project, of course in addition to dother important research and advocacy that has already been done by others in Uganda.

1. **With immediate effect, Ndaga Muntu** should no longer be required to access social rights. People in Uganda have a human right to health, social security and other social benefits and services. Access to these rights should not be made
dependent on having an NIC or NIN. In light of the significant coverage gaps and other exclusionary issues identified in this report, requiring Ndaga Muntu for access to these human rights is guaranteed to exclude a significant part of the Ugandan population, including women, older persons and those living in poverty, from access to their human rights. Until all people in Uganda have free and easy access to Ndaga Muntu, a requirement to demand an NIC or NIN to access social rights, including the right to health and social security, should not be imposed.

To give effect to this recommendation, Section 65 and Section 66 of the Registration of Persons Act, which dictate the mandatory use of NINs, NICs, and the NIR, should be amended accordingly, allowing programmes such as SAGE to change their own policies. We add that this recommendation builds on a growing global movement of civil society organizations and experts that warn against making digital IDs mandatory for access to human rights, based on specific experience and evidence from countries as diverse as Kenya, Jamaica, and India.

2. The Ugandan government's need to identify beneficiaries of the social services it provides can be satisfied by allowing individuals to use alternative forms of identification. We understand that the government of Uganda has an interest in efficiently identifying the beneficiaries of the social rights it provides. But Ndaga Muntu is not the only form of identification that currently exists in Uganda and it is not the only form of identification that has been used for identification purposes in social services. Until all people in Uganda have free and easy access to Ndaga Muntu, alternative forms of identification should be accepted to access social rights. Such alternative forms of identification may include, but should not necessarily be limited to: passports, voter IDs, birth certificates, driver’s licenses, LC1 letters, and baptism cards. Allowing for alternative forms of identification to access social rights will resolve many of the present exclusionary and human rights problems identified in this report, while acknowledging the government’s interest in requiring individuals to identify themselves. Section 66 of the Registration of Persons Act, which dictates the mandatory use of NICs, should be amended accordingly.

3. NIRA is in urgent need of structural reform. As recounted in this report, NIRA currently has neither the capacity nor the funding to meet the many demands placed on it. Problems have been publicly acknowledged by the President of Uganda, NIRA now has new management, and has already been the object of audits by the Office of the Auditor General and Parliament. We recommend that the Ugandan government hit the ‘pause’ button for a thorough and comprehensive evaluation of the Ndaga Muntu system and the role of NIRA especially. More specifically, we believe there is an urgent need:

(i) To re-assess the expiry of current NICs in 2024 and the recent government announcement of replacing all Ndaga Muntu cards by 2024 with an expensive chipped card. In light of the current and severe exclusionary problems within the Ndaga Muntu system and the enduring
mismanagement at NIRA, continuing on the current path is a recipe for disaster. Section 69 (5) of the Registration of Persons Act, which states that the renewal of the NIC should be on application by the holder, will likely have to be amended, as will NIRA regulations that stipulate that an NIC expires after 10 years.

(ii) To commission an independent cost-benefit analysis that gives a full and honest accounting of all the money spent on the Ndaga Muntu system since its inception versus the benefits already realized and realistically to be expected in the near future. Such a cost-benefit analysis should ideally be undertaken by an institution removed from the political debate on Ndaga Muntu itself and without a stake in its outcome. The cost-benefit analysis should incorporate not just the perspective of the government, as the main investor in the system, but also of individuals who are the ‘end users’ of the system, including by considering exclusion and impact on their human rights as a ‘cost’. What is more, it is important that both the process of designing and conducting the cost-benefit analysis as well as the eventual final analysis are open to scrutiny by the public, publicly available and as transparent as possible;

(iii) To conduct a full and thorough analysis of the operational changes that are necessary, including the funding needed to enable such changes, to make registration for Ndaga Muntu, receiving a NIN and NIC and replacing an NIC easy, free, and universally accessible;

(iv) To create a detailed strategy and operational plan that sets out how NIRA will be able, in terms of capacity and funding, to register every birth and death in Uganda and make the issuance of birth and death certificates easy, free and universally accessible. The design and implementation of the plan should be open to public scrutiny and involve the participation of civil society organizations and affected communities.

4. **It is important to establish accountability mechanisms for Ndaga Muntu.** Under **Section 83 of ROPA, NIRA was meant to set up an ‘identification and registration committee’** to “adjudicate over matters arising and or related to registration” under ROPA. NIRA is also required by Section 83 of ROPA to publish general rules and guidelines to be used by this committee, the decisions of which can be appealed before the High Court. As of writing this report, however, we have not been able to ascertain whether this committee has ever been set up, whether it has published general rules or guidelines and whether it has dealt with any complaints or questions. We urge NIRA and the government of Uganda to set up the committee, publish the general rules and guidelines to be used by this committee, and communicate these guidelines and processes to the general public. The setting up of the committee and its general rules and guidelines should be open to a public consultation. It will be essential that the committee will establish an easy, free, and universally accessible complaints procedure that can deal with instances of exclusion and human rights violations in the context of Ndaga Muntu and that regularly publishes detailed statistics on
the number and nature of complaints received. It is equally important to give line ministries, civil society organizations, Parliament as well as international development actors an appropriate voice on the committee.

5. **We urge international organizations, including the World Bank, the International Monetary Fund, and UN funds, programmes, and agencies, as well as bilateral donors,** to leverage their partnerships to encourage the Ugandan government to do everything in its power to prevent further wholesale exclusion and related human rights violations that result from the mandatory use of *Ndaga Muntu*. The unwillingness to speak up or to attach consequences to the current mass exclusion happening in Uganda that results from the operation of *Ndaga Muntu* and is recounted in this report puts these actors at risk of complicity in subsequent human rights violations associated with this national ID system.
Chased Away and Left to Die

ENDNOTES


4 Social inclusion is often invoked in policy language and is defined in opposition to social exclusion. Therefore, we understand social inclusion to mean having full access to the resources, rights, goods, and services normally available to members of society, and being able to participate fully across all aspects of political, economic, social, and cultural life.

5 Ndaga Muntu means identity card in Luganda. We use it to refer both to the physical ID card (NIC) and to the system itself.


8 Hansard Parliamentary Debates (Uganda), December 18, 2014, 37.


11 It is not clear whether those cards that have been officially issued have been received by individuals, since they are required to pick up their card from central distribution points. Issued cards might still be sitting at those pickup points.


18 The problem is especially acute in Uganda, where the ‘demographic dividend’ of a young population is expected to lead to a much larger share of the population being working age adults.


21 Some names have been changed to protect the identity of individual people.

22 In the Ugandan context, ‘chased away’ means being sent away. Our research team witnessed and heard stories about women and older persons without Ndaga Muntu who were simply dismissed and sent away by health centre staff or other officials (chased away). In that situation, a woman or an older person is treated as if they don’t exist. The person ‘chasing’ them often does not seem to feel obligated to explain the decision, other than to make it clear that without an NIC they are not watermelon General.

23 The annual report from DFID on the Expanding Social Protection Programme for 2018/19 confirms this level of exclusion by stating that up to 40% of people over 65 were not in the NIRA database compared to the Census data. UK Department for International Development, “Annual Review 19–20: Expanding Social Protection Programme Phase II (ESP II),” June 2020, 29.

The ID4D data set looks at both birth registration and death registration.


The lead author, Drs. Jaap van der Straaten, MBA, of the Civil Registration Centre for Development, Rotterdam, The Netherlands, stated to us that he does not take responsibility for the substantially altered and abridged text of the present public World Bank diagnostic, which he has stated to us is very different from the original draft he submitted.

A major proponent of digital ID systems is the ID4Africa initiative, which regularly brings together government officials and private technology vendors, and has held representatives of NIRA on its panels.

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The 2014 Census found that only 28% of adults were in possession of a birth certificate.


This figure was derived from an analysis of the Annual Budget Performance Reports from MOPFED. The figure for the National ID system includes a) Actual expenditure on the NSIS Project from FY 2009/10–FY 2016/17, and b) Actual expenditure on NIRA after it had been allocated a vote in the consolidated budget process in FY 2017/18. More information on this calculation can be found in Annex 1.

This figure includes the actual expenditure under the Vote for the MGLSD (Vote 018) from FY2009/10–FY2019/20. More information on this calculation can be found in Annex 1.

World Bank, “Project Paper on a Proposed Additional Credit in the Amount of SDR 10 Million (US$15.0 Million Equivalent) to the Republic of Uganda for an Additional Financing for Uganda Reproductive, Maternal and Child Health Services Improvement Project,” 10, 11.

Secure Digital Identity for Development


Auditor General, “A Value For Money Audit Report On The Identification And Registration Of Persons By The National Identification And Registration Authority (NIRA),” 4.

Hansard Parliamentary Debates (Uganda), March 11, 2020, 28 (“At Omei Health Centre II, the community wanted to beat the medical personnel because they were telling the patients not to bring their children again if they do not have national identity cards.”), EURN. “Patients Denied Treatment in Buhehe over Lack of National IDs,” The Observer - Uganda, April 10, 2020, https://observer.ug/news/headlines/64207-patients-denied-treatment-in-buhehe-over-lack-of-national-ids.


A full list of resources consulted is included in Section 3. This registration drive was portrayed as compulsory for all citizens of Uganda.

Among the recommendations from a diagnostic conducted by the World Bank’s Identification for Development team was the need to transition away from a campaign-based model to a continuous operating model. World Bank, “ID4D Diagnostic Report: Uganda,” 41.


41.7% of Ugandans live under the international poverty line of 2,510.4 UGX or US$1.90 per capita per day, and 87.8% of the population lives under the Upper Middle Class Poverty Line of 7,266.9 UGX or US$5.50 per day per capita. World Bank, “Poverty & Equity Brief: Uganda,” 1.


World Bank, “Project Paper on a Proposed Additional Credit in the Amount of SDR 10 Million (US$15.0 Million Equivalent) to the Republic of Uganda for an Additional Financing for Uganda Reproductive, Maternal and Child Health Services Improvement Project,” 11.

Hansard Parliamentary Debates (Uganda), March 11, 2020, 22.


The districts we visited were Nebbi and Amudat in Northern Uganda, Busia and Namayingo in Eastern Uganda, Bullisa in Western Uganda, and Kayunga in Central Uganda. These districts were selected based on the following criteria: geographic diversity, incidence of poverty, history of the SCG, and existing evidence of exclusion.

A full list of resources consulted is included in the Bibliography.


discrepancies which showed that there are many older persons who did not register with the national ID exercise. And chances that some of those who did not go for the ID registration exercise are some of the oldest are very high. We therefore reserved 50 places (out of the 100) to cover those very old who may not have gone for the ID registration.”


Hansard Parliamentary Debates, March 11, 2020, 23 ("At the moment, the National Medical Stores are exploring, As a means of controlling the theft of drugs in health units, they want to use national identity cards as a benchmark and develop a package so that, once you go for treatment, your particulars are punched in the system. You are treated, prescribed with medicines and know what you have consumed, as a way of monitoring.")

We spoke with 109 health workers in public facilities, and 78 of these told us that the National ID Card was required at their facility.

We spoke with 53 health workers in private facilities, including private not-for-profit and faith-based facilities, as well as private pharmacies.


Initiative for Social and Economic Rights (ISER), 50.


139  Minister of Health, "Ministerial Policy statement for Financial Year 2020/21."


144  Ssewanyana and Kasiye.


148  Ministry of Health, “Key Health Sector Achievements 2019–2020.”

149  "Omwaawu wakufa" means that the poor person is meant to die. Patience Akumu, "We Ugandans are used to lockdowns and poor healthcare. But we're terrified," The Guardian, March 29, 2020, https://www.theguardian.com/commentisfree/2020/mar/29/coronavirus-uganda-used-to-lockdowns-poor-healthcare-but-we-are-terrified.


151  Registering the birth of a child is a two-step process: first, a birth notification is filed with NIRA and sent to the NIRA district officers for approval; second, once NIRA has certified the notification, the birth is considered formally registered.

152  Hansard Parliamentary Debates (Uganda), March 11, 2020, 28.


154  Hansard Parliamentary Debates (Uganda), March 11, 2021, 18.

155  Committee on Economic, Social and Cultural Rights (CESCR), General Comment No. 19, para. 15 (February 2008), E/C.12/GC/19.


160  Constitution of the Republic of Uganda, 1995, National Objectives and Directive Principles of State Policy, Article 32 (Affirmative action in favour of marginalised groups) (“(1) Notwithstanding anything in this Constitution, the State shall take affirmative action in favour of groups marginalised on the basis of gender, age, disability or any other reason created by history, tradition or custom, for the purpose of redressing imbalances which exist against them. (2) Parliament shall make relevant laws, including laws for the establishment of an equal opportunities commission, for the purpose of giving full effect to clause (1) of this article.”)


163  CESCR, General Comment No. 14, para. 12.

164  CESCR, General Comment No. 19, para. 2.

165  CESCR, General Comment No. 19, para 24.

166  CESCR, General Comment No. 14, para. 59.

167  CESCR, General Comment No. 14, para. 43(f).

168  The Cabinet set up a standing committee to develop an information system in 2008, and in 2009 the President appointed the 3rd Deputy Prime Minister tocoordinate an inter-ministerial effort. Committee on Defence and Internal Affairs, “Report of the Committee on Defence and Internal Affairs on the Inquiry into the Procurement of Equipment for the National Security Information System Project (NSIS)/the National ID Project.”


171  Committee on Defence and Internal Affairs, “Report of the Committee on Defence and Internal Affairs on the Inquiry into the Procurement of Equipment for the National Security Information System Project (NSIS)/the National ID Project.”


173  Committee on Defence and Internal Affairs, “Report of the Committee on Defence and Internal Affairs on the Inquiry into the Procurement of Equipment for the National Security Information System Project (NSIS)/the National ID Project.”


Lastly, the current biometric boom invites us to examine, and competing, and often complementing one another... on complex terms—overlapping, sometimes conflicting number or national identification card or alien's number accessing the service to produce a national identification institution providing a public service shall require a person ministry, department or agency of government or any other...


Those pickup points.

Distribution points. Issued cards might still be sitting at

officially issued have been received by individuals, since

those pickup points.

How a National Security Approach to Uganda's National Digital ID Has Led to Wholesale Exclusion of Women and Older Persons
Financing for Uganda Reproductive, Maternal and Child Health Services Improvement Project,” 11. The incoming Executive Director of NIRA confirmed these numbers in her acceptance speech, saying that only 159,031 out of the 1,289,600 projected annual births had been registered. Rosemary Kisekibo, “Acceptance Speech of the Executive Director” (National Identification and Registration Authority (NIRA), May 30, 2021), https://www.nira.go.ug/about-nira/edz-message/acceptance-speech-of-the-executive-director, 2.

“Gov’t Might Take Another 8 Years before Registering All Ugandans.” The Independent Uganda, May 15, 2021, https://www.the-independent.co.ug/govt-might-take-another-8-years-before-registering-all-ugandans/.

Death registration was estimated to be around 24% in 2016, but this number has likely gone down in the past five years. Uganda Bureau of Statistics and ICF, “Uganda Demographic and Health Survey 2016,” 44.

Among the recommendations from a diagnostic conducted by the World Bank’s Identification for Development team was the need to transition away from a campaign based model to a continuous operating model. World Bank, "ID4D Diagnostic Report: Uganda,” 41.


Please see Annex 1.


Hansard Parliamentary Debates (Uganda), March 11, 2020, 11.


Sam Waswa, “Rosemary Kisekibo Takes Over as NIRA ED,” The Independent, “Gov’t Might Take Another 8 Years before Registering All Ugandans.”

Kenneth Kazibwe, “NIRA to Phase out Current National IDs for Electronic Cards.”


Hansard Parliamentary Debates (Uganda), March 11, 2020, 12.

Registration of Persons Act, Section 69(5).

Kenneth Kazibwe, “NIRA to Phase out Current National IDs for Electronic Cards.”


The Independent, “Gov’t Might Take Another 8 Years before Registering All Ugandans.”


Laws, Treaties, and Regulations


The Registration of Persons Regulations (No. 67), 2015.

The Registration of Persons Regulations (No. 9), 2016.


Government of Uganda


Dr. Diana Atwine, Permanent Secretary for Health. “Notice On Physical Verification Exercise for Pensioners Under Ministry of Health Head Quarters,” 2019. https://www.health.go.ug/download-attachment/1DizjEMJpe0m3g2_GWKTQcINyRgwwReGOWi5vIlp9TI.

How a National Security Approach to Uganda’s National Digital ID Has Led to Wholesale Exclusion of Women and Older Persons

REPORT OF THE AUDITOR GENERAL ON THE FINANCIAL STATEMENTS OF THE NATIONAL IDENTIFICATION AND REGISTRATION AUTHORITY FOR THE YEAR ENDED 30TH JUNE 2019,

December 2019.

INFORMATION REQUIRED ON EACH DEPOSITOR (SINGLE CUSTOMER VIEW),

2019.

RESOLUTIONS OF PARLIAMENT ON THE REPORT OF THE COMMITTEE ON GENDER, LABOUR AND SOCIAL DEVELOPMENT ON THE SOCIAL ASSISTANCE GRANT FOR EMPOWERMENT (SAGE) SCHEME,

November 28, 2018.

REPORT OF THE COMMITTEE ON DEFENCE AND INTERNAL AFFAIRS ON THE INQUIRY INTO THE PROCUREMENT OF EQUIPMENT FOR THE NATIONAL SECURITY INFORMATION SYSTEM PROJECT (NSIS)/THE NATIONAL ID PROJECT,

May 10, 2012.

REPORT OF THE COMMITTEE ON DEFENCE AND INTERNAL AFFAIRS ON THE REGISTRATION OF PERSONS BILL, 2014 (INCLUDING MINORITY REPORT),

December 2014.

REPORT OF THE COMMITTEE ON DEFENCE AND INTERNAL AFFAIRS ON THE LEARNERS’ PROJECT UNDER THE NATIONAL IDENTIFICATION AND REGISTRATION AUTHORITY (NIRA),

March 2018.

REPORT OF THE SECTORAL COMMITTEE ON DEFENCE AND INTERNAL AFFAIRS ON THE PETITION AND OVERSIGHT VISITS ON OPERATIONS OF THE NATIONAL IDENTIFICATION AND REGISTRATION AUTHORITY,

January 2019.

REPORT OF THE COMMITTEE ON GENDER, LABOUR AND SOCIAL DEVELOPMENT ON THE SOCIAL ASSISTANCE GRANT FOR EMPOWERMENT SCHEME (SAGE),

November 2018.


acceptance-speech-of-the-executive-director.


———. “Progress Update on the Preparations for the Roll out of Senior Citizens Grant to All Districts,” December 2019.


**Regional and International Agencies, Organizations and Bodies**


Press and Media


According to the ‘Report of the Committee on Defence and Internal Affairs on the inquiry into the procurement of equipment for the National Security Information System (NSIS)/the National ID Project’ published in 2012 (the “NSIS Procurement Report of 2012”), the Ministry of Internal Affairs (MIA) and Ministry of Finance, Planning and Economic Development (MOFPED) began to develop strategies for a ‘national data bank’ as early as 2004. An aborted tender process led to a contract with Face Technologies, a South African company, that was cancelled in 2006.

However, the Government of Uganda (GoU) did not begin spending significant amounts of money on equipment for the development of a national ID system until early 2010, when President Museveni directed the MIA to coordinate with the Electoral Commission (EC) to develop a national ID system by leveraging the voter registration process for then-upcoming 2011 national elections. A month later, in March 2010, the GoU entered into a ‘single sourcing procurement’ contract with Mühlbauer ID Services GmbH, a German corporation, for “supply of the technology and other related services” for the NSIS.

Since March 2010, the GoU has spent more than UGX 745 billion (approximately $206 million USD at current exchange rates, or $260 million USD using average annual exchange rates) to develop, implement, and maintain a national ID system.

Bureaucratic mandates related to Uganda’s national digital ID system have shifted, Ndaga Muntu has replaced the NSIS Project, and NIRA has emerged as a new agency under the MIA. Accordingly, tracing the Government of Uganda’s expenditures on national ID systems across the MOFPED’s National Budget Performance Reports requires an analysis of expenditures in various ministries and agencies over time. Specifically, amounts budgeted and spent on national ID projects appear as “machinery and equipment” purchases within the in the MIA’s Policy, Planning and Support line item in the FY 2009/10 National Budget Performance Report, as “NSIS Project” expenditures under the MIA in the FY 2010/11 report, as “NSIS Project” expenditures within the National Citizenship and Immigration Control’s budget in the FY 2011/12–2016/17 reports, and as NIRA expenditures in the FY 2017/18–2019/20 reports. Budgets and expenditures for CRVS services have similarly migrated from the Uganda Registration Services Bureau (URSB) to NIRA over the past decade.

The Government of Uganda’s budgetary periods run from July 1 to June 30. Table 1 below provides a summary of amounts budgeted for and spent on national ID systems and CRVS systems from July 1, 2009 to June 30, 2020, according to the 11 MOFPED National Budget Performance Reports published for financial years 2009/10 through 2019/20. As Table 1 shows, although the Government of Uganda spent more than 745 UGX billion on national ID systems over the relevant period, it spent only 13.3 billion UGX on CRVS services during the same period (equivalent to 1.8% of national ID expenditures).

Expenditures on national ID systems are also significant when compared to spending on MDAs that deliver vital services and provide economic and social rights to Ugandans. For example, the Government of Uganda spent 881.1 UGX billion on the Ministry of Health over the same period (if funds from international donors are included, the Ministry of Health spent 4,102.9 trillion UGX), and 770.1 billion UGX on the Ministry of Gender, Labour and Social Development (MGLSD). Within MGLSD’s budget, expenditures on ‘Social Protection for Vulnerable Groups’—a line item that includes SAGE benefits—were

**ANNEX: THE COSTS OF NDAGA MUNTU**

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only 356.1 billion UGX over this period, or 47.7% of expenditures on national ID systems.

The 745.4 billion UGX of expenditures on national ID systems captured in Table 1 are underinclusive, and thus represent a lower bound for the Government of Uganda’s actual expenditures on national ID systems, since some expenditures documented elsewhere are missing from—or buried in other line items within—the MOFPED National Budget Performance Reports. According to the NSIS Procurement Report of 2012, the MIA “bypassed” the Public Procurement and Disposal Authority when it negotiated the March 2010 contract with Mühlbauer for 181 billion UGX (€ 64 EUR million), and made an initial payment of €23 EUR million to Mühlbauer shortly after the contract was signed in spring 2010. However, only 27.6 billion UGX (approximately €11 EUR million based on March 2010 exchange rates) of expenditures on the national ID project are identifiable in the FY 2009/10 National Budget Performance Report. Even this (incomplete) 27.6 billion UGX expenditure is difficult to locate within the FY 2009/10 report; the report never mentions the Mühlbauer contract, much less the up-front payment of € 23 EUR million made to Mühlbauer. Additionally, the NSIS Procurement Report of 2012 notes that, as of December 31, 2011, the Government of Uganda had paid Mühlbauer more 150 billion UGX under the procurement contract. By contrast, the total expenditures on national ID systems through June 30, 2012 that are captured in the MOFPED National Budget Performance Report line items listed in Table 1 are 130.8 billion UGX.

While it is possible that MOFPED amortized certain payments to Mühlbauer over several financial years, there are no notes in the National Budget Performance Reports suggesting this is the case. In fact, the National Budget Performance Reports never

Table 1: National ID and CRVS budgets and expenditures, FY 2009/10 - FY 2019/20

<table>
<thead>
<tr>
<th>(UGX in billions)</th>
<th>Relevant line items(s)</th>
<th>Relevant sub-categories within line item</th>
<th>Relevant financial years for line item</th>
<th>Total: FY 2009/10 - 2019/20</th>
<th>Budget as % of budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>National ID</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vote 009: Ministry of Internal Affairs</td>
<td>Policy, planning, and support</td>
<td>Machinery and equipment</td>
<td>2009/10</td>
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<td>Citizenship and immigration services</td>
<td>NSIS Project</td>
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<td>56.2</td>
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<td>Vote 120: NCIC</td>
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<td>NSIS Project</td>
<td>2011/12 - 2016/17</td>
<td>451.4</td>
<td>518.4</td>
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<tr>
<td>Vote 309: NIRA</td>
<td>All except CRVS services</td>
<td>All</td>
<td>2017/18 - 2019/20</td>
<td>190.0</td>
<td>143.2</td>
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<tr>
<td><strong>Total National ID amounts</strong></td>
<td></td>
<td></td>
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<td>727.7</td>
<td>745.4</td>
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<td><strong>USD millions, est.</strong></td>
<td></td>
<td></td>
<td></td>
<td>2242.1</td>
<td>2260.3</td>
</tr>
<tr>
<td>CRVS</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Vote 119: URSB</td>
<td>Directorate of Civil Registration</td>
<td>All</td>
<td>2011/10 - 2016/17</td>
<td>2.6</td>
<td>2.9</td>
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<td>Vote 119: URSB</td>
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<td>All</td>
<td>2017/18 - 2019/20</td>
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<td>3.2</td>
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<tr>
<td>Vote 309: NIRA</td>
<td>Civil Registration Services</td>
<td>All</td>
<td>2018/19 - 2019/20</td>
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<td>7.1</td>
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<tr>
<td><strong>Total CRVS amounts</strong></td>
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<td>15.1</td>
<td>13.3</td>
</tr>
<tr>
<td>USD millions, est.</td>
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<td></td>
<td>54.3</td>
<td>53.9</td>
</tr>
<tr>
<td>CRVS as a % of National ID</td>
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<td></td>
<td></td>
<td>2.1%</td>
<td>1.8%</td>
</tr>
<tr>
<td>Comparative expenditures</td>
<td></td>
<td></td>
<td></td>
<td>116,747.9</td>
<td>118,695.9</td>
</tr>
<tr>
<td>GDP expenditures excluding donor funds (central + local)</td>
<td></td>
<td></td>
<td></td>
<td>84,254.6</td>
<td>93,864.0</td>
</tr>
<tr>
<td>Central government</td>
<td></td>
<td></td>
<td></td>
<td>32,493.3</td>
<td>24,884.5</td>
</tr>
<tr>
<td>Local governments</td>
<td></td>
<td></td>
<td></td>
<td>9,002.5</td>
<td>9,033.3</td>
</tr>
<tr>
<td>Health (central + local)</td>
<td></td>
<td></td>
<td></td>
<td>3,906.6</td>
<td>881.1</td>
</tr>
<tr>
<td>Vote 014: Ministry of Health</td>
<td></td>
<td></td>
<td></td>
<td>920.2</td>
<td>770.1</td>
</tr>
<tr>
<td>Vote 018: MoGLSD</td>
<td></td>
<td></td>
<td></td>
<td>497.4</td>
<td>356.1</td>
</tr>
<tr>
<td>Additional expenditures funded by donors</td>
<td></td>
<td></td>
<td></td>
<td>48,540.8</td>
<td>20,520.2</td>
</tr>
<tr>
<td>Ministry of Health (including donors)</td>
<td></td>
<td></td>
<td></td>
<td>6,802.0</td>
<td>4,102.9</td>
</tr>
</tbody>
</table>


(1) Estimates based on UGX/USD daily spot exchange rates, averaged within each calendar year. Average annual exchange rates are applied to annual expenditures, resulting in an annual weighted-average exchange rate. Because annual budgets and expenditures vary, weighted average exchange rates applied to budgeted amounts and expenditures are different. The exchange rate for FY 2009/10 is an estimate, as daily historical exchange rates are not available for all dates during that financial year.


(2) There are no identifiable budget allocations for CRVS services in the FY 2009/10 Annual Budget Performance Report.

(3) Expenditures exclude all contributions from international donors, interest payments, arrears, taxes, and non-tax revenue retained and spent by budgeted “votes.”

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describe the Mühlbauer contract, nor do they label any payments to Mühlbauer by name. Accordingly, the 745.4 billion UGX expenditure figure on national ID systems in Table 1 should be viewed as conservative and underinclusive of actual amounts spent by the Government of Uganda on national ID.

For comparison, the Office of the Auditor General (OAG) has conducted two independent reviews of NIRA’s operations, a Value for Money (VfM) review in 2018 and an audit of NIRA’s financial accounts that was done in 2019. During the VfM review, the OAG confirmed that between FY 2014/15 and FY 2017/18 the National ID project had cost 288 billion UGX. Meanwhile, the Auditor confirmed that for the 2018/19 FY an approved budget of 53 billion UGX out of which 44 billion UGX was released.

**Budget and expenditure trends**

Although national ID budgets and expenditures began appearing in various line items of the National Budget Performance Report as early as financial year 2009/10, these amounts reached their peaks between FY 2013/14 and FY 2016/17. According to the NSIS Procurement Report of 2012, all amounts owed under the March 2010 contract were due by mid-2012. Thus, amounts budgeted or spent on national ID after FY 2011/12 should not include any portion of the original Mühlbauer contract value. In FY 2013/14, actual expenditures on national ID were UGX 167.3 billion, versus a budget of 28.9 billion UGX. This 479.3% deviation from budget likely stems from the launch of the NSIS project, but goes almost entirely unexplained in the National Budget Performance Report: significant overages relative to the budget are attributed to “the approved suplementary [sic] release versus the original approved budget.” In addition to being terse about the uses of funds related to national ID initiatives, the National Budget Performance Reports do make some passing allusions to obligations to third-party contractors involved in the national ID rollout. For example, in the FY 2014/15 report, higher expenditures relative to budget are partly explained as a “supplementary release made towards settlement of contractual obligations.” Whether these “contractual obligations” relate to subsequent contracts with Mühlbauer (or amendments to its original contract) or other third-party contractors is not clear.
Table 2: National ID and CRVS budget and expenditure trends

<table>
<thead>
<tr>
<th>Financial Year (1 July – 30 June)</th>
<th>Combined</th>
</tr>
</thead>
<tbody>
<tr>
<td>National ID budgeted amount</td>
<td>0.6</td>
</tr>
<tr>
<td>National ID actual expenditures</td>
<td>27.6</td>
</tr>
<tr>
<td>Expenditures as a % of budget</td>
<td>4836.8%</td>
</tr>
<tr>
<td>CRVS budgeted amount</td>
<td>--</td>
</tr>
<tr>
<td>CRVS actual expenditures</td>
<td>--</td>
</tr>
<tr>
<td>CRVS as a % of budget</td>
<td>--</td>
</tr>
</tbody>
</table>

Source: MoPFED National Budget Performance Reports.

2 Committee on Defence and Internal Affairs, 3.
4 Committee on Defence and Internal Affairs, “Report of the Committee on Defence and Internal Affairs on the Inquiry into the Procurement of Equipment for the National Security Information System Project (NSIS)/the National ID Project,” 5.
5 Committee on Defence and Internal Affairs, 5.
6 This expenditure shows up as “machinery and equipment” under the “Policy, planning and support” line item of the MIA budget. MOFPED, FY 2009/10 Annual Budget Performance Report, 375.
12 Committee on Defence and Internal Affairs, “Report of the Committee on Defence and Internal Affairs on the Inquiry into the Procurement of Equipment for the National Security Information System Project (NSIS)/the National ID Project,” 65.

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