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IN ANY CORRESPONDENCE ON
THE SUBJECT PLEASE QUOTE no. **MH/02/H** THE REPUBLIC OF UGANDA



21st July, 2021

Rt. Hon. Speaker
Parliament of Uganda
KAMPALA.

RE: RESPONSES TO URGENT QUESTIONS RAISED BY HON. MEMBERS OF PARLIAMENT

Reference is made to a letter ref: AB186/189/01 dated 16th July 2021 requesting me to submit responses to urgent questions raised by Hon. Members at the 7th Sitting of the 1st Meeting of the 1st Session of the 11th Parliament of Uganda held on Wednesday 14th July 2021;

The purpose of this letter therefore is to submit the responses to the issues raised.

Yours Sincerely

A handwritten signature in black ink, appearing to read "Aceng Jane Ruth Ocer".

Dr. Aceng Jane Ruth Ocer
MINISTER

- CC : Rt. Hon Prime Minister and Leader of Government Business
- CC : Government Chief Whip
- CC : Hon. Minister of State for Health (General Duties)
- CC : Hon. Minister of State for Health (PHC)
- CC : Permanent Secretary, Ministry of Health
- CC : Clerk to Parliament
- CC : Director General Health Services



**THE REPUBLIC OF UGANDA
MINISTRY OF HEALTH**

**STATEMENT TO PARLIAMENT ON THE CONCERN OVER SEVERE
DISRUPTION OF HEALTH CARE SERVICE DELIVERY IN BUTIABA SUB
COUNTY DUE TO CLOSURE OF BUTIABA HEALTH CENTRE III**

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Dr. Aceng Jane Ruth Ocero
MINISTER FOR HEALTH
21st July 2021

Rt. Hon. Speaker and Hon. Members,

Hon. Bigirwa Norah Nyendwoha (DWR Bulisa) on Thursday 15th April 2021 on the floor of Parliament raised a concern in regard to the severe disruption of health care service delivery in Butiaba sub county due to the closure of Butiaba Health Centre III, which was earlier displaced by floods and relocated to Butiaba Primary School and thereafter completely shut down on 18th March 2021.

Rt. Hon. Speaker and Hon. Members

Whereas the Ministry of Health has the mandate of ensuring that the population of Uganda is healthy and productive, the Local Government Act clearly states the roles of each Ministry, Department and Agency.

The fact that Butiaba Health Centre III is a Primary Health Care facility implies that by law it is under the management of Buliisa District Local Government. The Local Government should therefore ensure that the services and health workers are relocated to a nearby facility as the issue of floods is addressed by the responsible Ministry.

I beg to submit.



Dr. Aceng Jane Ruth Ocero

MINISTER FOR HEALTH

21st July 2021



**THE REPUBLIC OF UGANDA
MINISTRY OF HEALTH**

**STATEMENT TO PARLIAMENT REGARDING URGENT QUESTIONS
RAISED BY HON. MEMBERS AT THE 7TH SITTING OF THE 1ST MEETING
OF THE 1ST SESSION OF THE 11TH PARLIAMENT OF UGANDA HELD ON
WEDNESDAY 14TH JULY 2021.**

A handwritten signature in black ink, appearing to read 'Aceng Jane Ruth Ocero'.

**Dr. Aceng Jane Ruth Ocero
MINISTER FOR HEALTH
21st July 2021**

Rt. Hon. Speaker and Hon. Members

At the 7th Sitting of the 1st Meeting of the 1st Session of the 11th Parliament of Uganda held on Wednesday 14th July 2021, Hon. Members raised urgent questions which required responses from the Ministry of Health. I request that you permit me to respond to the questions as follows;

- 1. Hon. Obigah Rose (MP Terego District) raised Concern on Lack of a mortuary in Arua Regional Referral Hospital, Absence of a district hospital in Terego District and lack of cylinders in the Grade 4 units.**

It is indeed true that Arua Regional Referral Hospital does not have a modern mortuary as required. It has an old structure which can be renovated and a body fridge installed in it. The hospital had planned to procure the body fridge in the last financial year but the funding was not enough and was put as an unfunded priority.

The hospital will prioritize this in their Capital Development Budget in the next financial year.

Rt. Hon. Speaker and Hon. Members

Terego District is still a new district which started operating in the Financial Year 2020/2021 with a number of infrastructure yet to be put in place. The district has a population of 199, 303 people. Currently, there are two Health Centre IVs. These are facilities are: - Omugo HC IV and Imvepi HC IV.

These two facilities are going to be equipped and human resources recruited to provide the required services to the population. Considering that the population is approximately 200,000, this can be adequately covered by the two HC IVs in line with the Ministry of Health policy on 100,000 population per HC IV.



On the issue of lack of oxygen cylinders at Health Centre IVs, the Ministry of Health together with the partners have planned to strengthen the health services at all levels. Oxygen cylinders and other equipment for delivering oxygen are being procured and will be distributed to all health facilities upto HC IV.

Rt. Hon. Speaker and Hon. Members

II. Hon. Nyiringiyimana James (MP- Kinkizi West) raised concern on the deplorable state of health service delivery in Kanungu District.

While the Ministry of Health has the mandate of ensuring that the population of Uganda is healthy and productive, the Constitution of the Republic of Uganda and the Local Governments Act clearly states the roles of each Ministry, Department and Agency.

In the context of the District Local Governments, the key roles include; ensuring quality health service delivery, recruitment and management of personnel for the district health services, planning, budgeting, financial management and allocation for health services, supervision, inspection and monitoring and evaluation of service delivery.

Rt. Hon. Speaker and Hon. Members

It is important to note that the District health delivery services is by law under the management of Kanungu DLG which should ensure that the services are fully functional. Kanungu District has a total of 17 sub-counties. There are two hospitals: Kambuga Hospital in Kambuga Town council and Bwindi Community Hospital in Kanungu Kayonza Subcounty

It has 2 health center IV: Kanungu HC IV in Kanungu Town Council and Kihihi HC IV and Kihihi Town Council. There are 15 HC III and 39 HC II.



Five health center IIs are being upgraded to health center IIIs since FY 2018/19 and these are:

- i. Matanda HC II
- ii. Kirema HC II
- iii. Ntungamo HC II in Butogota Town Council
- iv. Bugongi HC II
- v. Kineba HC II

Rt. Hon. Speaker and Hon. Members

The PHC wage allocation for Kanungu for FY2020/21 was Ushs. 6,199,661,719 while the FY 2021/22 is 6,524,960,177.

Despite the challenges, the Kanungu district health services is functional as per the district performance reports. For example, during last FY 2020/21 the district achieved the following outputs;

The table below shows a Summary of functionality of health facilities in Kanungu District

Level	OPD attendance	IPD admissions	Deliveries	Caesarean sections	Referrals to unit	Referrals from unit
II	129,733	1,035	333		100	644
III	137,087	7,076	2,450	145	173	434
IV	36,309	6,195	2,422	531	75	25
Hospital	58,218	8,468	2,735	963	560	40
Total	361,347	22,774	7,940	1,639	908	1,143

**Rugyeyo HC III carries out Caesarean sections under a PPP with the tea companies in the area.*

Rt. Hon. Speaker and Hon. Members

III. Hon. Ndiwalana Christine (MP Bukomansimbi North) raised concern on the exorbitant medical bills levied by Private Health Service Providers for the management of COVID-19.

With the increasing number of severe and critically ill patients, there was a strain on bed availability in all treatment facilities. The public treatment facilities were full and therefore patients ended up in private facilities.

The Ministry of Health engaged the owners of the private health facilities in order to reduce the costs charged.

The following resolutions were arrived at:

- The private health facilities should adhere to the COVID-19 treatment guidelines developed by the Ministry of Health. This was because they were administering drugs that were not approved by the Ministry therefore raising the costs in treatment.
- Regular quality assurance audits will be carried out by Uganda Medical Dental Practitioners Council, Ministry of Health in conjunction with the Private Sector. This is to ensure that they adhere to the standards and treatment protocols and refrain from inflating medical bills.
- Government to explore possibilities of supporting supply of oxygen to the private sector as this was one of the major cost drivers.

Rt. Hon. Speaker and Hon. Members

The court ruled on Thursday 8th July 2021, that Health Minister and the Attorney General must intervene by making regulations for reasonable fees payable to hospitals for management and treatment of COVID-19 patients. The court also ordered the Uganda Medical and Dental Practitioners Council (UMDPC) to make recommendations to the Minister of Health regarding reasonable fees chargeable by hospitals for treatment and management of persons suffering from COVID-19.



The Ministry of Health with support from WHO had carried out a cost analysis for treating severe and critical COVID-19 patients in the Mulago Treatment Unit. The average cost of treatment of a severe patient per day is Shs. 788,516/- and for a critical patient Shs. 3,026,661/- per day.

The analysis indicates that the major cost drivers are medicines, medical supplies and laboratory tests. The details are shown below:

Input	Amount (UGX)	% of total costs	Amount (USD)	% of total costs
BASE CASE COST OUTCOMES				
Direct Costs				
Personnel (salaries & allowances)	705,003	5%	3,194,194	5%
Med. fees	5,804,883	53%	17,601,545	28%
Medical supplies	1,729,731	16%	11,109,535	13%
Laboratory tests	780,000	7%	7,469,187	12%
Radiology	210,000	2%	1,515,287	2%
Ventilation		0%	1,500,000	6%
Dialysis		0%	5,712,000	9%
Blood transfusion		0%	419,581	1%
Nutrition	980,000	9%	1,100,000	2%
Other costs	280,000	3%	1,380,000	2%
Emergency Transport	397,335	4%	151,658	1%
Sub-total	17,882,853		64,072,106	100%
Overhead Costs	157,781	1%	157,781	0.2%
Total costs per patient (UGX)	11,039,233		63,359,887	100%
Total costs per patient (USD)	2,863.80		16,949.32	
Total costs per patient per day (UGX)	788,316.67		3,026,661.28	
Total costs per patient per day (USD)	210.77		807.11	

Rt. Hon. Speaker and Hon. Members

Following the court ruling the UMDPC has engaged with the private sector. The private sector has come up with their proposed fees and dialogue is ongoing. The UMDPC will then make final recommendations to the Minister of Health regarding reasonable fees chargeable by the private hospitals for treatment and management of persons suffering from COVID-19.

Rt. Hon. Speaker and Hon. Members

IV. Hon. Katusabe Atkins (MP Bukonzo West) raised concern on the unreliable supply of medical oxygen in health facilities across the country.

The Ministry of Health is in the process of enhancing the existing oxygen production, supply, therapy equipment and accessories in all the National and Regional Referral Hospitals in Uganda and not only for the COVID-19 treatment, but also for Non-COVID-19 cases.

20% of the COVID-19 cases are moderate, severe and critical and require critical care. One of the major components for COVID-19 management is Oxygen therapy hence the need to enhance the production, supply and administration of Oxygen. In addition to COVID-19 management, Oxygen therapy is still required for other essential medical services.

Rt. Hon. Speaker and Hon. Members

Given the current situation of the COVID-19 pandemic, the requirement of oxygen for COVID-19 critical patients is extremely high. They consume between 4-6 cylinders and in extreme cases up to 12 cylinders per day. This demand was unprecedented. In addition, there was limited budget provided for prior preparation.

The Ministry of Health has carried out a quantification for oxygen needs for both COVID-19 and non-COVID-19 cases. Currently, the country is able to produce only 12.9% of the need including the contribution from the private sector. (Public Sector: 82.5%, Private Sector: 17.5%).

Rt. Hon. Speaker and Hon. Members

The oxygen cylinder cans required for the projected need is 23,780. The public health sector has about 1,385 oxygen cylinder cans. A total of 6,320 more cans have been procured and are in transit with funding from G.O.U, Global Fund,



CHAI and UNICEF. A total of 16,075 more-cylinder cans need to be procured to meet the demand.

The current nationwide daily production capacity of medical oxygen in public Hospitals is 1,101 cylinders as of 15th June 2021. The Oxygen is produced by the medical Oxygen plants that are located in the National and Regional Referral Hospitals.

The Oxygen plants at Mulago National Referral Hospital, Bombo Military General Hospital and at Mbarara Regional Referral Hospital (one of two plants) are connected directly to the piping networks in the respective hospitals. This configuration means that they run constantly for 24 hours per day and therefore the daily cylinder production rate has been calculated for a 24-hour period.

Rt. Hon. Speaker and Hon. Members

Allow me to inform this August House that the other plants in all the regional referral hospitals (14 including one at Mbarara) and another at Kawempe National Referral hospital are cylinder refill plants. The cylinder filling compressor runs at high pressure (150 bar) and should operate for only 12 hours a day to prevent damage. Under these ideal conditions, the capacity should be an estimated 1,311 cylinders per day, but due to factors such as the age of the plants, inconsistencies in periodic maintenance, power outages and shortage of manpower (plant operators and technicians), the plants are only operating at an average of 84% of installed capacity, which brings down the production to 1,101 cylinders per day.

Rt. Hon. Speaker and Hon. Members

Cabinet has directed that Cryogenic (Liquid) Oxygen plants be procured and installed in all Regional Referral Hospitals and National Medical Stores (NMS) to service the needs of the National and Specialized hospitals.



Regional Referral Hospitals will support the general hospitals and health center IVs in their catchment area. This procurement will be concluded this Financial Year.

The Cryogenic liquid plants shall be able to fill 618 Oxygen cylinders (6.8 m³) per day at each of the 15 RRHs and one in Bombo Military Hospital. The plant at NMS will produce an average of 5,000 cylinders per day that will be transported across the country using cryogenic trucks.

Rt. Hon. Speaker and Hon. Members

V. On the plight of Yumbe Hospital as raised by Hon. Ezama Siraji Bruhan (MP Aringa County).

On 24th March 2021, the Permanent Secretary, Ministry of Health wrote to the PSST, MoFPED requesting for the allocation of vote codes to Kayunga/Yumbe Regional Referral Hospitals for 2021/22 and additional funding of UGX 5.086Bn to functionalize Yumbe Regional Referral Hospital.

Yumbe RRH was renovated and expanded to a 200 bed hospital by the Ministry of Health. The facility was commissioned by H E the President of Uganda. H E the President declared it as a Regional Referral Hospital.

The Hon. Minister for Health wrote to the chairperson of the districts in the catchment areas to nominate members for the hospital board. The Ministry of Public Service has approved the staffing structure and recruitment will commence as soon as funds have been availed by MoFPED.

The MOFPED has allocated a vote (Vote No. 182) to Yumbe RRH but has not allocated a budget for the hospital.

The hospital is ready to functionalize as a Regional Referral Hospital but awaits funding from MoFPED.



Rt. Hon. Speaker and Hon. Members

VI. On the deplorable state of Nakaseke Hospital as raised by Hon. Luttamaguzi Semakula Paulson Kasana (MP Nakaseke South).

Nakaseke Hospital is a general hospital and by law it is under the management of Nakaseke District Local Government which should ensure that the hospital is fully functional. The PHC Non-wage allocation for Nakaseke for FY 2020/21 was UGX. 249,187,165 while FY 2021/22 is UGX. 364,793,083. This is in addition to the funds released for essential medicines and health supplies and the wage bill.

Between 2013 and 2015, Nakaseke General Hospital was renovated and equipped alongside other 8 Hospitals under the Uganda Health Systems Strengthening Project (UHSSP) that was funded by the World Bank.

The scope of Work at Nakaseke included: construction of a new Outpatient Department with x-ray, ultra sound, physiotherapy, ART clinic, teen centre and general clinics; a new casualty block with 01 operating room; refurbishment and expansion of existing wards (T-block)—including all in patient wards, labour suite, mortuary. In addition, an isolation ward, 2 operating theatre rooms, 08 self-contained private rooms and private OPD facilities were constructed. Government refurbished the existing OPD block with dental clinic, laboratory, pharmacy, antenatal and men's health clinics.

Two (02) units of staff houses were renovated; paved the packing yard and connecting walk ways; fenced off the hospital; renovated the lagoon and sewage system; and installed a 144,000 liter steel overhead water tank with a solar/electric powered borehole. Attendants kitchen and laundry and waste pits were also constructed.

The administrative block was not renovated due to limitation of financing.

The Hospital received medical equipment including: a digital x-ray; dental equipment, adult patient beds with mattresses (43), a delivery bed, a delivery bed for disabled mothers, and operating tables (03), laundry equipment and



auto claves. The hospital also received the following assorted medical equipment: bowl stands (20), instrument cupboards (04); examination couch-gynecology (02); instrument trolleys (11); patient trolleys (11) and filing cabinets (10) among others.

Rt. Hon. Speaker and Hon. Members, as mandated by the Ministry of Health, the hospital was fully renovated, well-equipped and provided with funds for medicines, staffing and operational costs. Furthermore, the hospital receives additional funds through the Results Based Financing scheme. It is the responsibility of the District Local Government to ensure proper maintenance of the hospital, and provision of quality health services.

VII. Hon. Katabazi Francis Katongole (MP Kalungu East) raised concern on the preference of the local community on Home-Based Medical Treatment over Hospital Based care due to fear of exposure to COVID-19 and other hospital acquired infections.

The Ministry of Health developed community engagement strategy, community surveillance and homebased care guidelines and disseminated these to all districts and reoriented all the district local governments.

The Ministry supported the districts to orient the established District Task Force, which is responsible for coordinating the district response.

The District Task Forces in turn assigned one District Home Based Care coordinator and one Village Health Team member to provide feedback and updates on community engagement interventions through the established structures from parish COVID-19 response to higher Local Government level.



Rt. Hon. Speaker and Hon. Members

Through strengthened collaborations and partnerships; Health partners have committed to support the implementation of community engagement interventions including Home Based Care and they have supported training of VHTs /Community Health Workers on community-based disease surveillance and home based care.

The Ministry of Health continuously sensitizes the communities on the need to seek treatment early. Signs and symptoms of worsening condition have been communicated to the general public and in addition, the MOH is in the process of procuring pulse oximeters for all VHTs to support in identification of those who are deteriorating.

In addition, there is an ambulance system to pick patients who may not be able to go the hospitals. The call numbers have been widely circulated to the population countrywide. This is a national ambulance service.

Rt. Hon. Speaker and Hon. Members

The Ministry of Health has developed guidelines on Home Based Care (HBC) which clearly specifies the symptoms of COVID-19, the requirements for HBC, the primary care support, who is eligible for HBC, the medicines that can be use during HBC and the warning symptoms that may require immediate referral.

The process of initiating a patient on Home Based Care is conducted as follows:

- i) Any form of home based treatment to be initiated or recommended is guided, supervised and overseen by a recommended health worker.
- ii) Patients are advised to immediately 1st seek care from a skilled health worker, preferably from a health facility whenever they feel unwell.
- iii) The VHTs / CHWs can support home based care in collaboration and with support from a qualified health worker.



- iv) Home based care for COVID- 19 is for asymptotic and mild cases that are not at high risk of developing severe disease. They must have demonstrated capacity to adhere to instructions, have a reliable caretaker and preferably with a conducive home environment.
- v) The health workers know the diseases and categories of patients that should benefit from home based care, that is why they must guide.
- vi) Health facilities practice a number of infection prevention and control measures (screening and triage at entrances, availing hand washing facilities, social distancing etc. , this is aimed at reducing chances of one acquiring infections from the hospital/ facility.

The skills to apply these Infection Prevention and control measures are transferred to the Community Health workers /VHTs and care givers through mentorship in order to protect themselves and protect the client as well.

I beg to Submit.



Dr. Aceng Jane Ruth Ocerro
MINISTER FOR HEALTH
21st July 2021