



Wednesday, 21 July 2021

Parliament met at 2.14 p.m. in Parliament House, Kampala.

PRAYERS

(The Deputy Speaker, Ms Anita Among, in the Chair.)

The House was called to order.

COMMUNICATION FROM THE CHAIR

THE DEPUTY SPEAKER: Honourable members, I welcome you to today's sitting. As you are aware, His Excellency the President of the Republic of Uganda, in exercise of his executive authority under the Constitution of the Republic of Uganda, retired Ms Jane Kibirige in public interest and consequently appointed hon. Adolf Mwesige as Clerk to the Parliament of Uganda.

As Parliament, we would like to appreciate Ms Kibirige for the service she rendered to this institution of Parliament and the country at large; thank you, Madam Kibirige. Because the formalities of the appointment are not yet completed, I have in the interim appointed Mr Waiswa Henry, the Deputy Clerk in Charge of Corporate Affairs, to handle the duties of the Clerk to Parliament, to avoid a vacuum as we wait for the appointment of hon. Adolf Mwesige to be concluded.

Honourable members, as you are aware, on 27 April 2021, one of the nine Members of the East African Legislative Assembly (EALA), hon. Mathias Kasamba, passed on and his demise left a vacancy. He had been elected on 28 February 2017 on the National Resistance Movement (NRM) ticket and he assumed office on 18 December 2017.

Pursuant to section 8(1) of the East African Legislative Assembly Elections Act, 2012, the Speaker of EALA notified the Speaker of the Parliament of Uganda on 18 May 2021 about the vacancy. Therefore, in line with section 8(2) of the East African Legislative Assembly Elections Act, 2012, upon notification of the vacancy, which has been done, a by-election must be held by the Parliament of Uganda within 90 days from the date we received the letter.

Regarding the procedure of filling the vacancy at the East African Legislative Assembly, I implore Members to address their minds to the East African Court of Justice's decisions –

1. In the case of Prof. Peter Anyang' Nyong'o and Others v. the Attorney-General of Kenya and the Secretary General of the East African Community (Ref No.1 of 2006);
2. Democratic Party and Mukasa Mbidde v. the Attorney-General of Uganda and the Secretary-General of the East African Community (Ref No.6 of 2011);
3. Among Anita Annet v. the Secretary-General of the East African Community and the Attorney-General of Uganda (Ref No.6 of 2012).

Those are the authorities that guide us in the election of Members to the East African Legislative Assembly.

In summary, the decisions on those requirements for the elections for the seats are decided upon by the national assembly of the representatives of the partner states of the East African Legislative Assembly.

Therefore, in compliance with paragraph No.9 of Appendix B of the Rules of Procedure, I am nominating a vetting committee for your approval, to exercise the mandate given under paragraph No.11 of the same appendix. When you look at that paragraph, it tells you that the Speaker shall nominate 20 Members of Parliament to vet the candidates.

The nominees for the vetting committee of the East African Legislative Assembly candidates shall be –

1. Hon. Fox Odoi – Chairperson
2. Hon. Enos Asiimwe
3. Hon. Gyaviira Semwanga
4. Hon. Laker Sharon Balmoyi
5. Hon. Wilson Kajwengye
6. Hon. Sylvia Nayebale
7. Hon. Boniface Okot
8. Hon. Yusuf Mutembule
9. Hon. Isaac Ssejjoba
10. Hon. Rose Obiga
11. Hon. Lokwang Hillary
12. Hon. Teddy Nambooze
13. Hon. Muwanga Kivumbi
14. Hon. Joan Achom Aलोbo
15. Hon. Peter Okot
16. Hon. Asuman Basalirwa
17. Hon. Joseph Koluo
18. Hon. Elijah Mushemeza
19. Hon. Linda Auma.

I have already issued a notification for the days of nomination and if the names are approved by this House, the members shall sit to execute their mandate on Friday, 23rd July 2021 and report back to the House on Monday.

I implore all of you to acquaint yourselves with the provisions of the Treaty for the Establishment of the East African Community, Rule 12 and Appendix B of our Rules of Procedure, to ensure that we have a smooth election for our representative of the East African Legislative Assembly.

Honourable members, we are set to receive a statement on the status of Government's intervention against the COVID-19 pandemic from the Leader of Government Business in the House. I urge you to listen attentively for us to have a meaningful debate.

I have also been notified that the honourable Leader of the Opposition intends to move a motion for the House to adopt the recommendations in respect of the debate on the Prime Minister's statement. The Clerk should take note and call this item at the appropriate time.

We were also programmed to receive an interim report from the Parliament COVID-19 Taskforce, led by hon. Abdu Katuntu. However, I have been informed that the teams are still in the field. Now that

we have committees in place, I instruct the committee led by hon. Katuntu to present their report on Thursday next week without fail.

We shall also be receiving responses to urgent questions that were raised on 14 July, from the various ministers. I thank you for your kind attention.

I now invite the House to take a decision on the membership of the verification committee that I have presented. I invite the Clerk-at-Table to read out the list of Members again for a decision to be taken.

The names of the verification committee include the following:

1. Hon. Enos Asiimwe
2. Hon. Derrick Orono
3. Hon. Gyaviira Ssemwanga
4. Hon. Laker Sharon
5. Hon. William Kajwengye
6. Hon. Sylvia Nayebale
7. Hon. Boniface Okot
8. Hon. Yusuf Mutembuli
9. Hon. Isaac Ssejjoba
10. Hon. Rose Obigah
11. Hon. Hillary Lokwang
12. Hon. Teddy Nambooze
13. Hon. Muwanga Kivumbi
14. Hon. Joan Acom Alobo
15. Hon. Peter Okot
16. Hon. Asuman Basalirwa
17. Hon. Joseph Andrew Koluo
18. Hon. Elijah Dickens Mushemeza and
19. Hon. Linda Auma.

THE DEPUTY SPEAKER: Those are the names of the Members.

2.27

THE GOVERNMENT CHIEF WHIP (Mr Thomas Tayebwa): Madam Speaker, just a correction on the name of hon. Kangwagye. He is hon. Wilson Kangwagye, not William.

THE DEPUTY SPEAKER: Kajwengye, not Kangwagye.

MR TAYEBWA: It is Wilson Kajwengye and not William Kajwengye, from Nyabushozi County.

THE DEPUTY SPEAKER: Correction received. I now put the question that the verification committee for the EALA candidates be approved.

(Question put and agreed to.)

MR SSEWUNGU: Thank you, Madam Speaker. I thank you for the communication you have made. However, I have two procedural issues to raise.

The first is about the Clerk to Parliament. I have been a member of an accountability committee in Parliament. What we heard from the President is that she was retiring in public interest. The little law I know is that if someone retires in public interest, then they must have committed some offences. Could this be a fact? If so, Madam Speaker, why haven't we heard about it? Of course, the President

can transfer his people like civil servants, as the rules provide. However, we want to know what the offences are against Madam Kibirige - the ones that might have made her miss her retirement benefits.

The other procedural issue is that I am tired of being on radio and failing to respond to questions regarding the whereabouts of the Speaker of Parliament. We want to know the fate of the head of this institution. Why? We are over 520 Members of Parliament - even if he is down, we must know that he is down.

When Madam Kadaga was sick one time, the House was informed. In this case, no one is coming out to tell the public what is happening to the Speaker of Parliament. Is he being held incommunicado? We would like to know! What is the fate of the Rt Hon. Jacob Oulanyah? Even the Acholi are so quiet; they are not talking about their son. *(Laughter)* Parliament is quiet. We cannot keep there without knowing his fate.

Wouldn't it be procedurally okay, Madam Speaker, for you to inform us about the fate of the Speaker of Parliament? Otherwise, even my mother is asking me, "Where is the Speaker you elected?" We do not know what is happening to this big man - the head of this institution –*(Interruption)*

MR OLANYA: Thank you, honourable member. Madam Speaker, hon. Ssewungu raises a very important matter. Wherever we come from in northern Uganda, people normally ask where the Rt Hon. Speaker of Parliament is. However, we have so far failed to inform our people about where the Speaker is. We normally follow this on social media but we do not know exactly where the Speaker is.

The information I would like to give to my colleague is that this a very important concern and you need to clarify –

THE DEPUTY SPEAKER: There is a point of order from hon. Ayoo.

MR SSEWUNGU: Madam Speaker, I was raising a point of procedure, so he cannot raise a point of order against it. It is a procedural matter and the honourable member is a senior member -

THE DEPUTY SPEAKER: Hon. Ssewungu, can you conclude?

MR SSEWUNGU: Madam Speaker, as I conclude, I would like to say that even when Boris Johnson became sick, his Government informed the public and Parliament. In Cameroon, they have a President who is never in their country but whenever he goes out, the country is aware. So, can we know the fate of the Rt Hon. Speaker of Parliament, Jacob Oulanyah? That is the procedural matter I had to raise. Thank you, Madam Speaker.

THE DEPUTY SPEAKER: Thank you very much, hon. Ssewungu. I really request that we go into a very serious debate on what the Rt Hon. Prime Minister is going to present.

Just to allay your fears – hon. Ssewungu, I am talking to you – one, there is a Speaker in this House and the Speaker is here. *(Applause)* There is no vacuum.

Secondly, on the issue of Madam Kibirige, the appointing authority has powers to disappoint. So, that question can only be sent to the President, not to the Speaker of the House.

Rt Hon. Prime Minister, can you present your statement on the status of Government's response.

STATEMENT ON THE STATUS OF GOVERNMENT'S INTERVENTION AGAINST THE COVID-19 PANDEMIC

2.33

THE PRIME MINISTER AND LEADER OF GOVERNMENT BUSINESS (Ms Robinah Nabbanja): Madam Speaker –

THE DEPUTY SPEAKER: Members, maintain some silence as the Leader of Government Business presents.

MS NABBANJA: I would like to start by thanking you, Madam Speaker, for giving me this opportunity to update you and honourable colleagues about the ongoing response to the COVID-19 pandemic.

Permit me to appreciate Parliament for the support, timely provision of resources for the response, monitoring and above all educating the public about the COVID-19 prevention measures.

Madam Speaker, I would like to appreciate the national taskforce on COVID-19, the Ministry of Health and the parliamentary taskforce that have been in the field to follow up on the response.

The war against COVID-19 is a tough one, which has engulfed the whole world and our country for 16 consecutive months now. However, this is a war we can only win when we are united and working together for a common purpose, and for the generations ahead of us.

I would like to, in a special way, thank His Excellency the President for the visionary leadership he has consistently provided to the country in the fight against COVID-19 right from the beginning. Uganda is definitely lucky to have him as President. *(Applause)*

Let me also acknowledge and appreciate the general public for their resilience and support in this fight. It is encouraging to note that, currently, Ugandans have seriously taken the issue and they are following the Standard Operating Procedures (SOPs) such as wearing masks and other measures required to prevent the spread of COVID-19.

Further, we are grateful to all our frontline workers in health, security and all other essential services. As a nation, we thank you for standing in service of your countrymen and countrywomen.

As of 20 July 2021, the country had registered 91,162 confirmed cases of COVID-19, with 70,377 recoveries and 2,425 deaths, bringing the total fatality rate to 2.49 among those affected. Currently, there are 746 patients admitted at health facilities. These are very disturbing figures. We, however, hope that the current wave is on the downward trend. As a nation, we must remain vigilant, resolute and consistent in the observance of and compliance with all SOPs at all times.

Madam Speaker, allow me to request Members to stand up and observe a minute of silence for the souls that have departed due to COVID-19.

(Members rose and observed a moment of silence.)

MS NABBANJA: As you are all aware, on 18 June 2021, His Excellency the President, guided by scientists and the prevailing COVID-19 trends at the time, announced a second lockdown. This was meant to reverse the rapid spread of the pandemic. I am glad to report that the daily caseload, including the rate of hospitalisation, have significantly dropped in the past two weeks. This is what the lockdown was intended for - to slow down –*(Interruption)*

MR MOSES OKOT: Madam Speaker, I do not know whether it is procedurally right for the Prime Minister to give us a different document while she reads another one. The intention of this report is for debate. However, I do not think I will be able to substantially debate the report that the Prime Minister is reading, which is different in text and form from the one that I have.

THE DEPUTY SPEAKER: I am following the same report. She is actually reading the report but placing emphasis on some things. Madam Prime Minister, can you now read the report as it is.

MS NABBANJA: I updated this report to match the current trend. The figures are the only ones that are different.

THE DEPUTY SPEAKER: Rt Hon. Prime Minister, please read the report as it is.

MS NABBANJA: Okay. *(Members rose_)*

THE DEPUTY SPEAKER: The report is going to be read as it is. Can you, please, sit down? Madam Prime Minister, read the report, please.

MR CHEMASWET: Madam Speaker, is it procedurally right for us to proceed with business when we are not getting anything because of the poor public address system? In fact, I am dozing because I am not hearing anything from behind here. I think the people in front are a bit lucky because they can hear what the Prime Minister is saying. We do not also have the report.

THE DEPUTY SPEAKER: Thank you for that information. Clerk, can you sort that out.

MS NABBANJA: Can I proceed?

THE DEPUTY SPEAKER: Please, just hold on for a minute so that the Members behind are able to hear you.

Honourable member, do you want to raise a point of procedure while we are sorting out issues because some people are not hearing? Wait until everyone can hear what you are saying.

Madam Prime Minister, you can now go ahead.

MS NABBANJA: Honourable members, the updated report is also in your system.

THE DEPUTY SPEAKER: Honourable members, there was a report that was uploaded the other day. Today, there is a report, which is dated 21 July 2021. That is the report being read. Is that the report you are reading, Madam Prime Minister?

MS NABBANJA: Yes.

2.43

THE LEADER OF THE OPPOSITION (Mr Mathias Mpuuga): Madam Speaker, I thank you for your indulgence. I have listened to the Prime Minister's submission relating to Members' concerns on the additions she has made to her statement. They were not received prior, according to our rules, and the rules have no provision for an additional or doctored report. It is only the Speaker to guide this House as to whether –

I received the additional copy about 15 minutes ago. I am just trying to contend with the additional contents. I would like to put it to the Prime Minister that it is an act of disingenuity to try and move the House to debate matters in haste, as if her statement is a matter of urgent national importance that she had no prior knowledge of.

I would like to ask the Speaker to guide the House and demand that the Prime Minister sticks to her original statement. If she has additional issues, she should bring them out as clarification. Otherwise, the confusion she is bringing to the House has no space in the rules.

THE DEPUTY SPEAKER: Leader of the Opposition, you will remember that when we adjourned the House, we agreed that the Prime Minister should go and adjust her report to respond to the questions that were raised in regard to COVID-19. Unless, we are saying that that is not captured, then she should stick to her original report and answer those questions afresh.

Honourable members, you should also appreciate that if she is reporting in terms of figures, the figure she reported on Thursday last week is different from today's figure. I think that can be adjusted. Is that agreed?

MS NABBANJA: Thank you very much, Madam Speaker, for your wise ruling. I am glad to report that the daily caseload, including hospitalisation, has significantly dropped in the past two weeks. This is what the lockdown was intended for - to slow down the rapid transmission and restore our health system that had been overstretched and degraded by the huge numbers of patients.

Evidence from elsewhere, and from the fundamentals of infectious diseases control, show that lockdowns and restrictions on movement of persons slow down and reverse the rate of transmission. With the long incubation period of the virus of 14 days, our scientists and the Ministry of Health had predicted that the reversal may happen after three to four weeks.

Preliminary epidemiological and clinical data shows that we may have passed the peak of the current wave. However, we must be cautious on this apparent downward trend, given the COVID-19 unpredictable micro-dynamics dictated by community and social interactions which vary. The Ministry of Health, working closely with the local governments, are monitoring this situation closely.

Madam Speaker, in the 42 days' lockdown, the Government is doing the following:

- i) Enhancing measures to interrupt transmission of COVID-19 among healthcare workers and the communities.
- ii) Strengthening measures to control transmission within communities through the district and village COVID-19 taskforces.
- iii) Streamlining and strengthening home-based care for COVID-19.
- iv) Continuing with vaccination.
- v) Addressing gaps that were identified in the last wave such as enhancing oxygen availability, strengthening port health at border points of entry, increasing the number of vehicles for surveillance, and training more health workers on critical care.

Since the country's entry into the second wave of the COVID-19 pandemic, which is driven by the presence of the Delta variant, there is an increased demand for care of people with COVID-19. The Ministry of Health continues to implement the home-based care strategy, which started in the first wave. This strategy reduces pressure on health facilities from overload with patients who have no symptoms, or those who are mildly sick and do not require sophisticated clinical care and can be monitored in their homes.

In this regard, the Ministry of Local Government received Shs 52 billion to facilitate the COVID-19 response at local levels across the country. The disbursement of funds was as follows:

- i) District local governments - Shs 150 million;
- ii) Cities - Shs 150 million;
- iii) Municipalities - Shs 100 million;

- iv) Village Health Teams (VHTs) - Shs 300,000 per village;
- v) Village taskforce - Shs 100,000 per village.

This will support their implementation of the community-based engagement strategy for the COVID-19 response, as well as the enforcement of the presidential directive at district and community levels. The objective is to ensure that all people in Uganda are aware, organised and empowered to participate actively in the prevention and control of the pandemic.

Madam Speaker, unlike the first wave where the majority of severe and critical cases were above the age of 60 years, the second wave is characterised by a shift to high numbers of cases among the age group below 40 years. The rapid rise in the number of cases has had an overwhelming impact on the provision of clinical care.

There have been significant increases admitted in isolation facilities – *(Interruption)*-

MR OLANYA: Thank you, Madam Speaker. The Rt Hon. Prime Minister is making us more confused. You guided very well that the Rt Hon. Prime Minister should first read the old report and then emphasise any additional information. However, what the Prime Minister is reading is completely different from the documents we have.

Madam Speaker, I request that the Prime Minister reads the first document and then supplements with any other information she may have. Otherwise, we are getting more confused and we are not following what is going on. I beg to move.

THE DEPUTY SPEAKER: Hon. Olanya, do you have the new report? It has been uploaded. Please, check on your iPad. Members, we have agreed that the Leader of the Opposition has a right to reply. He is going to reply and respond to what is being presented.

MR MPUUGA: Madam Speaker, to settle the nerves of the House, we need to draw the boundary for the Rt Hon. Prime Minister so that we can avoid overlapping statements, which are not available to Members.

Just like you had guided, Madam Speaker, I thought she had picked her old copy. In fact, we agreed that in her response to the debate, she would use that space to bridge the gap between the information available to Members hitherto and the additional information. Otherwise, she is increasingly sowing seeds of confusion and making the entire presentation look scattered. Madam Speaker, if she had stuck to your guidance, we would be far, I suppose.

MS NABBANJA: Madam Speaker, the issues of COVID-19 keep evolving. There are some issues that were asked the other time and you guided that I should embed them in my report; I am answering the same.

Madam Speaker, I request you to provide –

THE DEPUTY SPEAKER: Honourable members, in this very House, while I was chairing, I told the Prime Minister to avoid repeating these kinds of things; I told her, “Can you go and include what has been raised in your report.” So, respect the decision that was taken because that was the basis of sending back the report.

In my opinion, I would like you to check where the old report was uploaded because that is where the new report is uploaded. Members, do you have the new report?

MS ATIM: Madam Speaker, is it in order for honourable members to keep confusing the House without referring to any specific date of the report they are talking about? I have a report that was

shared on 14 July 2021. What our Rt Hon. Prime Minister is presenting is not any different; they are only different in the data but not in content. Thank you.

THE DEPUTY SPEAKER: Members, first take your seats. There was an old report uploaded on 14 July 2021. Is that true or false? There is also a report that was uploaded on 21 July 2021.

Madam Clerk, can you tell us whether you uploaded the report or not? Hold on a moment, honourable members; let us sort out these things one by one. Members, can you allow me chair this House because you asked for an update of the report? Prime Minister, please go ahead.

MS NABBANJA: Thank you very much, Madam Speaker. In May 2021, for example, admissions reached 10 to 20 new cases daily and this increased to an average of 120 cases daily. The majority of the admitted cases had severe and critical conditions that required high dependency or intensive care support. This drastically increased the oxygen requirement. Each COVID-19 patient –

THE DEPUTY SPEAKER: Members in the House, I request that you take note of what has been added. Let us follow what is happening, unless you are saying that we should still adjourn the House because of this very important issue. I am not allowing any procedural matter. Can we first listen.

MS NABBANJA: Madam Speaker, the other day –

THE DEPUTY SPEAKER: Can we listen to the report, debate it and bring up the issues in the report. Listen to the report.

MS AOL: Madam Speaker, when we say it is uploaded, do we already have iPads?

MS NABBANJA: Madam Speaker, let me give an explanation. The other time, Members said that they wanted copies of the lists of beneficiaries. I have come with the copies; these were not in the last report. Allow me to present. The other time, I had not come with lists of beneficiaries but they are here. Members, allow me to make my presentation.

Madam Speaker, I request that you make a ruling and we move on.

THE DEPUTY SPEAKER: Can I have order in the House! Members, I am going to make my ruling on this. Let us listen to the report and take note of it. I would like to tell you that whichever Member is going to continue disrupting the House, I will apply rule 79 of our Rules of Procedure.

Rt Hon. Prime Minister, can you please read the report.

MS NABBANJA: Madam Speaker, thank you very much for the wise ruling. In May 2021, for example, admissions were between 10 to 20 new cases daily and this increased to an average of 120 cases daily. The majority of those admitted had severe and critical conditions and required high dependency or intensive care support. This drastically increased the oxygen requirement. Each COVID-19 patient consumes four to six cylinders of oxygen per day as opposed to one to two cylinders per day for a non-COVID patient. In some extreme cases, patients with severe lung damage would even require up to 12 cylinders of oxygen per day.

Madam Speaker, the Government has been addressing the issue of oxygen and aims at a permanent solution. In the meantime, Government and its partners have procured several oxygen cylinders to supplement the needs of the Intensive Care Unit (ICU) facilities.

Oxygen from the Pressure Swing Adsorption system has been in use in Uganda for a long time. This oxygen is produced in a gaseous form and is cumbersome to distribute to the entire country. To address this, the Government has begun a process of procuring and installing cryogenic (liquid)

oxygen plants whose oxygen purity is as high as 99.7 per cent. The shift to liquid oxygen is guided by the high purity levels, the ability for production and storage of high volumes of oxygen, and the less cumbersome way of transportation in cryogenic oxygen tanks to fill cylinders at the facilities.

Cryogenic Oxygen plants will be installed in all regional referral hospitals and at the National Medical Stores (NMS) to serve the needs of the national and specialized hospitals for both COVID-19 and non-COVID-19 patients. Four units will be installed at the National Medical Stores to produce 5,000 cylinders per day.

Government is also procuring seven cryogenic oxygen trucks to deliver oxygen to general hospitals and health centres IV. This will eliminate the cumbersome process of carrying cylinders to and from the health facilities. Cryogenic trucks carry liquid oxygen at very high pressures and huge volumes, which can be converted to gas at the facilities and filled into the cylinders. Over 6,000 cylinders will be procured and distributed to all facilities for this purpose.

Madam Speaker, I am happy to report that I received 300 cylinders today from Nile Breweries. The requirement for huge amounts of oxygen and medical supplies, including medicines and personal protective equipment for healthcare workers, has driven the cost of COVID-19 treatment way above what an average Ugandan can afford in the private healthcare facilities.

Some private healthcare providers were reported to be charging exorbitant prices. The Ministry of Health and my office engaged them to understand the dynamics and support reduction of prices. It was discovered that the cost drivers were personal protective gear especially the coveralls, huge amounts of oxygen required for the critically ill, multiple drugs required for those with several other ailments, and the necessary laboratory tests to monitor the patient's condition.

It was resolved that the private facilities should stick to the Ministry of Health guidelines for the management of COVID-19 patients and avoid unnecessary costs which increase the burden to the patient.

In the absence of an effective treatment, vaccination remains an important control measure for the COVID-19 pandemic. If all eligible persons are vaccinated, we can open our economy and avoid the lockdowns which have driven our population into more poverty. Government is, therefore, using a multi-pronged approach to secure vaccines for the 20 million remaining eligible individuals through the following acquisition options:

- i) Direct purchase of vaccines through the COVAX facility;
- ii) Direct purchase of vaccines through the African Union;
- iii) Direct purchase of vaccines from the open market.

Various vaccines have been listed for use in Uganda, including AstraZeneca, Covishield, Pfizer, Johnson & Johnson, Moderna, Sinopharm and Sinovac. In the context of global scarcity of vaccines, Government, through our missions abroad, is aggressively searching for available sources and will procure the vaccines that we can access. Many of you will recall that in the budget speech, Shs 560 billion was allocated to COVID-19 vaccinations. The Ministry of Finance can confirm this and its availability. This may not be enough and this august House may be called upon to provide additional resources as may be required.

Madam Speaker, when His Excellency the President announced the second lockdown to prevent the rapid spread of COVID-19 on 18 June 2021, he mentioned that Government was aware that the lockdown measures were likely to negatively affect the poor and the vulnerable persons across the entire country. In order to address this, His Excellency the President directed me, as Prime Minister, and the Minister of Gender, Labour and Social Development to –

- a) Identify the groups that depend on daily earnings in urban areas;
- b) Identify interventions to take care of their needs.

I wish to inform you that since that directive was made, Government undertook a verification exercise of the vulnerable people in Kampala Metropolitan Area, all cities and municipalities, and the Ministry of Finance released Shs 53.5 billion to provide relief to those who were considered.

I now provide a progress report as below:

1. Total number of targeted beneficiaries - 501,107 across cities and municipalities.
2. Total number of beneficiaries paid as at 4.00 p.m. yesterday - 413,504 beneficiary records had been submitted to the bank and paid out, which represents 82.5 per cent, and that totals to Shs 41,350,000,400.
3. Failed submissions and payments - out of the 501,107 records submitted to the ministry, a total of 87,603 records did not pass the verification requirements by telecom databases due to the following reasons:
 - a. Invalid national identity numbers presented;
 - b. Telephone numbers registered under different names from the national identity names;
 - c. Non-existent/unregistered telephone numbers;
 - d. Non-Mobile Money registered numbers (at payment level by Bank).

The failed numbers have been sent back to the cities/municipalities for correction before payment can be done. The town clerks have been guided and trained by the Ministry of Gender, Labour and Social Development and NITA-U on what to do.

Accordingly, and in light of the directive from Cabinet, the following categories of people have been the beneficiaries of the cash transfer - the Nabbanja cash:

- a) Bus/taxi drivers, conductors
- b) Baggage carriers, wheelbarrow pushers, touts, traffic guides and loaders in taxis/bus parks and stages and other major commercial centres such as Kikuubo;
- c) Barmen, DJs, barmaids, waiters and bouncers;
- d) Bar, gym and restaurant workers;
- e) Food vendors in bus, taxi parks and arcades;
- f) Artists (musicians, comedians etc.)
- g) Boda boda riders, special hire drivers and Uber drivers;
- h) Salon and massage parlour workers;
- i) Teachers and support staff in private schools, and teachers in Government schools not on Government payroll;
- j) Car washers;
- k) Slum dwellers/ghetto residents;
- l) Street and food vendors, shoe shiners and cobblers.

This emergency intervention was a short-term relief and not meant to address the high poverty levels, which can only be dealt with in the long term.

I humbly request that you explain to your people this intervention of extending support to the immediate COVID-19 vulnerable caused by the lockdown in the Kampala Metropolitan Area, cities and municipalities, so that they understand that we are not discriminating against them. As we continue to mobilise resources, other vulnerable categories may be considered. Besides, other Government programmes such as the Women Fund, *Emyooga*, Operation Wealth Creation, Youth

Fund, SAGE and the Disability Grant will continue to support other vulnerable groups. In addition, the Parish Model Programme is on course this first quarter.

Madam Speaker, this exercise of providing relief support to our people has shown us that we need to invest in collecting, analysing and documenting data about our citizens accurately. For example, in the process of verifying beneficiaries, we found out that some people's telephone numbers were registered under different names from those with their National Identification Numbers (NINs). In some cases, beneficiaries submitted telephone numbers not registered on Mobile Money while in other cases, beneficiaries had telephone numbers that are not registered with the telecom companies. Such gaps and inconsistencies caused the delay and affected this exercise dearly.

This is the first time Government is carrying out an intervention of this nature in a short time and in such magnitude. Therefore, challenges are bound to happen. The important thing is that lessons have been learnt and we shall do better in similar programmes in the future.

Madam Speaker, regarding the management of transport and movement of essential vehicles in essential sectors, the Ministry of Works and Transport together with NITA (U) developed an online application where details of all persons and vehicles permitted to move during the lockdown have been managed. Under this system, 28,916 movement permits out of 36,479 applications have been issued. Some of the 7,173 applications are pending approval while others were rejected. Those rejected did not meet the strict criteria of complying with essential services.

In addition, the Ministry of Works and Transport continues to facilitate travels for emergencies such as medical appointments and burials. To facilitate cross-border trade, His Excellency the President directed that Entebbe International Airport remains open. This continues to be the case while following strict SOPs such as routine disinfection of premises, installation of automatic sanitizers, mandatory PCR COVID-19 tests for airline crew and testing of travellers.

Enforcement to ensure that all schools and institutions of learning remain closed for 42 days has been effectively undertaken and a crackdown on the errant ones continues. The Ministry of Education and Sports, together with the Ministry of Health, are developing a comprehensive plan for a phased reopening as we work towards mass vaccination. The Ministry of Education and Sports has put in place alternative learning initiatives and will continue to perfect them for the rural areas.

I would like to conclude by saying something about the National COVID-19 Fund, which was established by His Excellency the President to mobilise donations for the COVID-19 response. Through that effort, Shs 29 billion was raised and we thank all Ugandans and friends of Uganda from all walks of life who contributed to this call. This donation was banked on the COVID-19 account opened in Stanbic Bank and transferred to the Consolidated Fund.

On 28 May 2020, the appointed management of the fund met His Excellency the President and agreed to use Shs 23.9 billion of the funds to purchase 282 double cabin vehicles to give at least a vehicle to each district, municipality and city in Uganda to support the activities of their response to COVID-19. Another Shs 3.3 billion was earmarked to construct a blood bank at Soroti Regional Referral Hospital while Shs 2.4 billion has been earmarked to construct port health facilities at Kyanika and Vurra, while Busia and Malaba are being constructed under Government of Uganda funding.

Madam Speaker, I am pleased to inform you that 121 out of the 282 vehicles have already arrived in the country. They are undergoing clearance including provision of number plates while the rest are in transit and are expected any time soon.

In addition, I would also like to inform you that at the start of the response to the COVID-19 pandemic in March 2020, the Government decided to procure an additional 38 ambulances to add to the existing fleet to support emergency medical services. By the end of last year, these ambulances,

which include three water ambulances, had arrived and are currently in use in various parts of the country as per the Emergency Medical Services (EMS) policy and strategy.

Madam Speaker, as I told you earlier, this is an updated report as of today. I am aware of the presence of the Parliamentary Task Force on COVID-19 in the field. Obviously, the Government is aware of those gaps that need to be addressed. There is no system without challenges globally and Government is committed to put in place mechanisms to address these challenges.

In regard to the management of COVID-19, we are not using all hospitals as isolation facilities. There are numerous other patients that require medical care for other conditions. As such, the general hospitals, health centres III and IV have been reserved for such cases. In any case, even the isolation facilities in the regional referral hospitals are away from the areas where other conditions are treated. That is why the Ministry of Health emphasises the need to admit only severe and critical cases that require specialised care while the rest can be treated at home.

I would like to end by sincerely thanking you, honourable Members, for the support you have consistently given to the response towards this pandemic. Together, we shall win this war. Madam Speaker, as you guided last time, allow me to lay on the Table a copy of the beneficiaries from Gulu City who have benefited from this COVID-19 Relief Fund.

THE DEPUTY SPEAKER: Thank you.

MS NABBANJA: I will bring them at once. You can see how big the volume is. This one is only Nakawa Division. I have decided to bring a flash disk containing all the information of the beneficiaries we have given this money to.

Madam Speaker, like I told you, we are struggling and we must fight corruption to the latter. We are in an era of accountability and transparency. Allow me to lay on the Table these documents. *(Applause)*

THE DEPUTY SPEAKER: Members, as the Prime Minister lays the list of the beneficiaries of the so called “Nabbanja Cash” on the Table, I would like to order the Public Accounts Committee (Local Government) and the Public Accounts Committee (Central Government) to scrutinise those documents, confirm whether those are the right beneficiaries and report back to this House. The report has been presented.

MS NABBANJA: Madam Speaker, allow me to thank you, especially for the guidance you gave. Thank you very much.

THE DEPUTY SPEAKER: Honourable members, you have heard the report from the Prime Minister. Before I invite the debate, you are aware that the Leader of the Opposition has a right to reply. Can we have the Leader of the Opposition.

3.23

THE LEADER OF THE OPPOSITION (Mr Mathias Mpuuga): Thank you, Madam Speaker, for your kind indulgence. I would like to appreciate my dear sister, the Prime Minister, for hazarding to present this report in whatever form it is. We shall take it. With time, we shall appreciate your methods of work and adjust accordingly or invite you to stick to the tenets of the House. I will use very few minutes to make a commentary on the presentation of the Prime Minister to this House.

On 14 July 2021, we received the response of the Prime Minister by way of circulation. It should be noted that from the onset, the statement is indicative of the appalling approach of Government in the management of COVID-19. Its response is largely deficient of the required momentous strides that merit commendation. Rather, it deserves condemnation. I should have done so, but as a matter of

courtesy to the honourable Prime Minister, I am hesitant to say that. I would have condemned her but I will reserve the condemnation for another day.

Every citizen is feeling the wrath of having a Government that makes incomprehensible planning and decisions, as I am going to highlight briefly. Let me comment on the overall Government response. If I was a terrible human being, I would have called it Government posturing. It is evident that Government's response focuses on ad hoc interventions in health and citizen protection, neglecting dividends that would arise from a comprehensive review of undertakings in other sectors such as education, infrastructure, security, taxation, decentralisation, among others.

Given that the country is operating under a pandemic cloud, it would be prudent to leverage opportunities arising from the new normal to enhance preventive and curative health interventions as well as social protection. These have for long been neglected and time has come for us to comprehend the consequences before us.

While other sectors are important, the first call for any competent government would have been to augment the health sector so as to preserve life and livelihoods. I am emphasizing to preserve life and livelihoods. This should be visible in the Government responses.

A responsible government, and a competent one at that, would –

- a) Democratically engage Parliament in determining a logical comprehensive and legitimate national response plan. Parliament is now consuming rumours.
- b) Consolidate savings made across sectors during the lockdown periods such as workshops, travel, Government sponsorships in tertiary institutions and capitation grants, among others, so as to channel them to critical response interventions in a national response plan.
- c) Target tax interventions such as waivers of PAYE for essential workers like medical personnel and teachers so as to increase their disposable income, rental tax to make accommodation affordable, and VAT adjustments particularly on utilities among others as a means of sustaining livelihoods.
- d) Halt implementation of new projects such as the Parish Development model and allocations geared towards implementation of a national response plan.
- e) Negotiate with external partners to deter non-critical projects and commitments so as to free Government of Uganda funding towards pandemic management.
- f) Resuscitate decentralisation through devolving powers, authority and public funds from the central Government to local governments so as to ensure effective pandemic management in the communities.

Let me briefly comment on funding for the COVID-19 resurgence. The Prime Minister disclosed to this Parliament that by March 2021, Government had developed a resurgence plan. Despite repeated calls for a costed plan, Government was adamant in laying it before Parliament so as to inform budgeting.

Madam Speaker, you are aware that when we were debating this financial year's budget, we implored Government to be clear on the key allocations to health targeting COVID-19 but it was generalised provision, not particular provisions.

Parliament, which holds powers of the purse, is still unaware on the extent of the plan, save for a disclosed component of health, which is in the range of Shs 1.32 trillion. The bulk of the allocations

are towards the pillar of logistics which consist of laboratory supplies, personal protective equipment, oxygen, patient care among others. The rest of the pillars include coordination, surveillance, laboratory, case management, communication, among others.

It would have been helpful to disaggregate the allocations in each pillar so as to establish what has been prioritised. The House is questioning the priorities of Government. Aggregation raises risk of funding of wasteful items.

THE DEPUTY SPEAKER: Can you furnish the Prime Minister with a copy of your response? She does not have a copy.

MR MPUUGA: Unlike her, I circulated the copies –*(Interjections)*– They are on the system. Thank you for your indulgence, Madam Speaker. I am always available to help my sister in case of any gaps.

I was saying that it would have been helpful to disaggregate Government priorities to avoid wasteful expenditure. Remember during the first COVID-19 response, monies were allocated to advertising on billboards when people were under lockdown. We had arrears accruing to media houses because of misallocations. That should have been avoidable where allocations were transparent and shared.

We can generally observe that focus of the resurgence plan is on curative rather than preventive services. This is deduced from the minimal allocation towards surveillance and vaccination, which are understood to be effective in deterring the spread of COVID-19. For instance, out of the Shs 1.32 trillion, I only figure out Shs 2.62 billion allocated towards vaccination. This is far short of Shs 1.4 trillion that was indicated in the National Development Vaccination Plan as the estimated cost for national rollout for vaccines.

The statement further indicates that for the period July to December 2021, Shs 372.87 billion was required to fund activities of Ministry of Health. Unfortunately, this proposed allocation is not disaggregated; it is, therefore, difficult to appreciate what it is meant to do. Furthermore, the statement is silent on whether the funds were included in the approved budget for financial year 2021/22 or not.

In the event that the funds were not included within the approved budget, it would be prudent for the Committee on Health to scrutinise the whole resurgence plan and guide the House on the next course of action.

Though not comprehensively done, we commend Government for an attempt to review the approved budget to suppress particular expenditures that are deemed nugatory in the circumstances. However, the last time we checked, the funds so far raised from the suppression only yielded Shs 600 billion, away from a target of Shs 2.55 trillion.

The funds are targeted towards supplementary budgets for COVID-19 emergency and a review of the supplementary indicates that the health sector was to receive Shs 206 billion, about 34 per cent out of the total Shs 600 billion. Majority of the funds are towards the presidency, defence, police and intelligence services, among others. Going by the recent past requests through supplementary budgets, the funds are usually targeted towards routine activities that can be accommodated within the approved budgets, which is why we are questioning what Government is spending from the suppressed expenditures.

In the interim, before Parliament considers the resurgence plan, every additional penny mobilised should be geared towards vaccination and critical underfunded items in the health sector. These are game changers in normalising the citizenry's lives and the economy. We are aware that the Government cannot handle COVID-19 by simply allocating for this and that. Vaccination to us is the game changer.

Commenting further about vaccination, the Prime Minister is right to be concerned with the low vaccination rate of four per cent of the initial target of 21.9 million eligible population. With this progress, we can only cover the target population in 12 years, probably around 2033. This is largely attributed to over relying on the donor-driven COVAX facility and donations from countries such as Norway, India and China, among others. This miser approach of acquiring vaccines is alarming and shameful. It is an indictment on the ability of Government to guarantee lives of Ugandans during the pandemic.

Direct orders to manufacturers are almost negligible. Apart from an order placed to Serum Institute of India for AstraZeneca, it seems no other payment has been made. Remember, it was a total of Shs 18.5 billion that Government paid out to confirm the supplies.

Instead of owning up to its failure in making full payment in time, Government instead is blaming the Indian Government for restricting vaccine exports. How come countries that had paid up were able to access their vaccines? Nothing stopped Government from making payments to other manufacturers as our neighbours, Kenya, did and so many other countries did, to the private suppliers.

The Prime Minister would love to inform Parliament that they were stopped from making orders from other suppliers. Instead, Government just recently remitted funds through the cost sharing framework of the COVAX facility, as well as initiated legal requirements to procure Johnson & Johnson vaccines through Afri-Exim Bank and the African Union. This is the signature tortoise emergency response of Government and we hesitate to be part of that approach.

During the recent reading of the budget speech 2021, it was highlighted that Shs 560 billion would be provided for purchase of COVID-19 vaccines. Unfortunately, this allocation is not traceable in the approved budget for financial year 2021/22. What is traceable is the fact that the Ministry of Health had indicated that in financial year 2021/22, it had a funding gap of Shs 500 billion to purchase COVID-19 vaccines but in the actual allocation, it is non-existent and non-traceable.

With these contradictions, it is difficult to determine with certainty whether funds have been committed or set aside for vaccines purchase. We hear rumours in the corridors about possibilities; we want confirmation in quantities and dates.

As I conclude, I will say that for a while, the country has been gripped with deficiencies in beds, oxygen cylinders, personal protective equipment and ambulances. To the contrary and void of reality, the Prime Minister reports that the country has a reasonable bed capacity to manage the pandemic; it is in her statement. However, had the country had sufficient bed capacity, why would people go for home-based care as a priority with all the attendant risks?

It is vital to note that just a month ago, the President made an undertaking that Government was to install 300-bed field hospitals per regional referral hospital. We construed this to be a Government assurance. We await for progress to date on this emergency.

The President also informed the nation of a looming shortage of 22,800 cylinders of oxygen per day. While the global fund intervened to install seven oxygen plants in Kampala, Arua, Hoima, Fort portal, Mbarara, Lira and Mbale hospitals, most health facilities in Uganda continue to be constrained by insufficient oxygen supply. Unfortunately, the Prime Minister is silent on how many health facilities lack adequate oxygen supply and what interventions are to be taken to fill the gap.

In the recent past when a funding gap of Shs 1.4 trillion for procurement of oxygen cylinders in the 14 regional referral hospitals was presented, Parliament promptly made the funds available. This is an indication that critical affordable funding gaps can be filled without necessarily relying on external funding and especially donors.

Unfortunately, it has been observed that the health sector almost entirely relied on external funding for its development budget. In the just concluded financial year 2020/2021 budget, out of the approved total development budget of Shs 1.4 trillion, external funding accounts for 85 per cent; the Government of Uganda development funding was a paltry Shs 2.5 billion. The country needs to reprioritise.

The country has, for years, grappled with shortage of functional ambulances. This has been highlighted during the second wave. It is worrying to note that only 45 per cent of health facilities in Uganda have an ambulance. The majority of the ambulances are non-Government ambulances.

During the first wave, the Ministry of Health extended a request to Members of Parliament to volunteer their constituency ambulances to complement those of Government. The citizenry also donated towards purchase of ambulances.

Instead of addressing ambulance shortage, cash donations from the populace were used to procure 282 pick-up trucks. This is misguided judgement and ill-guided expediency on the political leadership of a suffering nation. *(Applause)*

The deficiencies in public health facilities, Madam Speaker, in terms of beds, oxygen and ambulances, among others, have been filled by private health facilities. This is attributed to the fact that Government has been relegated to a regulator and fronting the private sector as the true service provider. This has, in effect, escalated the cost of healthcare for the citizenry.

In normal times, it had been realised that out-of-pocket per capita expenditure had risen from Shs 41,025 in financial year 2008/2009 to Shs 62,031 in financial year 2019/2020. This is not affordable by a majority of the citizens.

To make matters worse, during this COVID-19 pandemic, treatment costs have soared to over Shs 3 million per day. Sadly, the Prime Minister falls short of articulating which interventions have been undertaken by Government, in collaboration with private health facilities, in making COVID-19 treatment affordable. However, she has made a general statement that is inconclusive and bears no direction. *(Applause)*

In a bid to save lives, Madam Speaker, it is our considered view that the Government extends support to private health facilities in form of incentives such as tax waivers on utilities, deployment of medical personnel, joint procurement of drugs and supply of oxygen. This would subsidise the cost of medical care in private facilities.

Madam Speaker, I am about to conclude my statement; bear with me. Let me speak about recentralisation of service delivery under COVID-19.

Article 176 of the Constitution of the Republic of Uganda provides for a decentralisation system of governance. It empowers local governments to plan, initiate and execute policies in respect of all matters affecting their jurisdictions.

Madam Speaker, whereas local governments exist, the central Government has for long adopted a divergent recentralised system in intent and stature. Local governments have been robbed of the constitutionally devolved functions, powers and responsibilities. This has largely been actualised through budget allocations. For instance, in the supplementary budget funding for COVID-19 for financial year 2021/2022, local governments were allocated only Shs 52.82 billion out of a total of Shs 600 billion. This translates to only eight per cent.

Furthermore, Kampala City, the epicentre of the second wave, was not given any supplementary allocation. For the local governments that were considered, each received less than Shs 800 million,

yet the Office of the President was granted supplementary allocation of Shs 6.9 billion. Based on the supplementary allocations, the epicentre of COVID-19 is in the Office of the President and it deserves better consideration than local governments.

Madam Speaker, the relegation of local governments has been exemplified in the management of the COVID-19 pandemic. Local governments must plead and wait for supplies of vaccines, ambulances, drugs and personal protective equipment from the central Government.

Recentralisation of devolved functions is unconstitutional and the main cause of the lukewarm COVID-19 response of local governments.

Madam Speaker, of late, Resident District Commissioners (RDCs), with the support of security forces, have, in contravention of Article 183(1)(a) of the Constitution, been positioned to be the de facto political heads of local governments in the response to COVID-19. Their actions are unconstitutional and *ultra vires* the law. This has led to unlawful restriction of COVID-19 response meetings. So, RDCs can stop local governments from convening to deliberate on their constitutional obligation towards their citizens because the centre has recalled their powers unconstitutionally. It is no wonder that all local governments are ill-prepared to manage the pandemic.

In a bid to facilitate local governments in managing the pandemic, Parliament should, with immediate effect, be informed of the COVID-19 response funding gaps in the country. They should expeditiously be scrutinised by the appropriate committee of Parliament and the House guides on a recommended course of action.

Let me comment on the project spearheaded by the Rt Hon. Prime Minister, that is, the support to indigents - the “hon. Nabbanja fund” or whatever it is. It is quite unfortunate that focus on the COVID-19 response is being reduced to only Shs 100,000 as a cash transfer to the vulnerable workers. The cash assistance has been derived from a proposed minimum expenditure food basket, which includes posho, beans, soap and cooking oil. One wonders whether the food basket is equivalent to the recommended balanced diet, nutrients or calories that a person requires to sustain life and boost immunity against COVID-19.

Whereas the cash relief gesture is welcome, Madam Speaker, its implementation is pretty much discriminative – and I heard the Prime Minister trying to justify the discrimination. Last year, the Uganda Bureau of Statistics established that Uganda has 5.11 million vulnerable workers. Unfortunately, the same institution – I think – has been pressured to consent and facilitate registration of only 501,107 vulnerable workers. This means that 90 per cent of the vulnerable workers are excluded from the relief intervention, even with vivid statistics available to the Prime Minister and her Government to respond.

There are reservations regarding the criteria that the national COVID-19 taskforce used to identify the 13 categories that she mentioned earlier. Irrespective of the criteria, most workers or individuals are not registered in a centralised place nor regulated under associations that would act as centres of enrolment and verification of beneficiaries. Many are outside the realm of trade licences that would require them to be captured in the records of Town Clerks, as was guided by the taskforce leaders chaired by the Prime Minister.

The categorisation is conveniently selective. For instance, the shop attendants in the closed arcades are not included. They earn a daily living. Of late, market traders raised concern that even though they were allowed to operate, majority of the customers cannot reach their stalls due to traffic restrictions and lack of earnings. They are not different from categories that have been considered, such as car washers, who wash few cars, boda boda riders whose returns from cargo transportation are far less than the proceeds from passengers, as well as musicians and comedians, who earn minimal commission from online platforms.

Justification for inclusion of these was premised on their earnings being substantially reduced during the lockdown. This, therefore, raises issues of fairness in categorisation of beneficiaries.

Madam Speaker, outcries have also been heard from university students who were unable to return to their homes due to the inflated transport costs and limited days of travel. These, too, are vulnerable but have been excluded. The minister responsible for gender indicated that such vulnerable persons, who are not workers, would be catered for later, without any commitment to a timeframe. Therefore, the categorisation of vulnerable beneficiaries as agreed by Cabinet promotes exclusion and entrenches inequalities. It also exposes the vulnerable persons such as the terminally ill that depend on support from workers to the risk of death.

Apart from food, the cash relief did not consider other costs of daily living such as rent, water, electricity and medical care. These costs ought to have been incorporated in the computation of the cash transfer amount. How would one cook the food without water or energy? Where would they cook and eat from when they are evicted from their homes because of rent? There are COVID-19 patients in some households; will they be treated on the Shs 100,000, yet hospitals are charging medical fees of up to Shs 3 million daily and we know the thin spread of Government facilities throughout the country?

The beneficiaries of the households are expected to have MTN or Airtel mobile money lines as well as National Identification Numbers (NINs). It was indicated that one may access the cash relief with just a NIN at a mobile Post Bank van. The distribution mechanism raises a transparency concern. No competitive procurement process was undertaken to award contracts to Post Bank and the telecom companies. So, how were they chosen to be the ones to deliver relief to the citizens?

The registration process of the beneficiaries was hijacked by regime apologists, particularly RDCs, in disregard of the local leaders. This affirms that Government only appreciates the role of local leaders when they are involved in general elections. In such exercises, they are deemed to be competent and among the lead stakeholders but not in identifying the vulnerable persons that they lead daily.

Consequently, the beneficiary enrolment process has been flawed, exposed to manipulation for patronage and political gains. This is not news for it has been evident in the recent enrolment of musicians, promoters, bouncers and ghetto youths during and after the election period.

It is our considered opinion that every vulnerable person is considered for the cash relief and they should widen it to incorporate utilities, rent, and a minimum medical care package for the citizens.

Irrespective of the continuance of the lockdown, community based models that are hinged on the local council system should be used to record, maintain and update registers of vulnerable people within their respective communities. This would reduce response time in future lockdowns or if a disaster befalls an area. The registration of vulnerable people should not be an emergency. They should be in existence for a record to be called up whenever required.

It is worth noting that there are some vulnerable persons who would not be categorised as so if they were able to access benefits that accrued to them. In this regard, the President is urged to assent to the NSSF Bill so that savers access their mid-term payments. This would lessen the economic impact of COVID-19 in the eligible households of the 1.5 million members of NSSF. There is no point for the contributors to die of hunger and stress only for their dependents to access and enjoy their savings.

One wonders why NSSF would entirely transfer the burden of assisting these contributors to Government that seek to exploit their contributions. We believed that the Prime Minister would probably, in her response, inform the country why the President has not up to now assented to the Bill that was passed by the Tenth Parliament.

Let me make my comment on accountability of past COVID-19 interventions. Since the financial year 2019/2020, several interventions have been funded in response to COVID-19. Regrettably, a lot of it has been wolfed through systemic corruption tendencies of Government. Unfortunately, the Prime Minister was silent on the vice and the risk it poses on the second wave of the COVID-19 response.

In 2020, the Budget Monitoring and Accountability Unit reported that verified deliveries are fewer than what was paid for. For instance, Joint Medical Stores delivered 1,000 beds, but the monitoring team was only able to verify 331 beds. In other instances, it was noted that M/s Silverbacks Pharmacy was fully paid before making deliveries that were quoted as inflated. The company was contracted to provide two oxygen plants and 450 cylinders at Shs 6.4 billion and yet earlier, at the same cost, it delivered oxygen plants in 13 regional referral hospitals. Whatever changed in a very short time, probably the Prime Minister or the Minister of Health, at an opportune moment, should be able to explain to the country the sudden change of costing for these facilities.

Separately, the Auditor-General, in his recent report of February 2021, noted that flouting of procurement regulations, mismanagement of quarantine centres, mismanagement of cash donations, ghost receipts of in-kind donations and mischarges, among others. These were problematic and noted as accounting gaps.

Based on the above, the public is generally concerned and very suspicious that Government will continue to prey on public funds. Borrowing a leaf from one of the recent transparency conditions on accessing International Monetary Fund loans, all details of contracts of COVID-19 procurements should be published on the website of the Ministry of Finance, Planning and Economic Development. The published list of procurements should detail winning bidders of contracts of any money above Shs 500 million for works as well as above Shs 200 million for goods and services. The list should detail the items procured, method of procurement, service provider, the shareholders, contract value, status of procurement, source of funding, among others. These will give confidence to the citizens that there is a government that cares and it is accountable.

Lastly, the Prime Minister rightly observed that globally, there is no perfect system. I agree with her statement. Unfortunately, however, Ugandans are not subscribed to a global system; they subscribe their taxes to the Government of Uganda and that Government should respond without referring us to other jurisdictions; if you were compared with what other governments have done, the Prime Minister would throw in the towel tomorrow.

I thank you, Madam Speaker, for listening to our view and considered approach to this problem as a response to the Government's current wobbly position. I beg to submit. *(Applause)*

THE DEPUTY SPEAKER: Thank you, Leader of the Opposition. We have heard the response from the Leader of the Opposition. Since what is being dwelled on is mostly health, before we go to the debate, I would like to hear from the Minister of Health on what is happening.

When you are submitting, honourable minister, I would like you to bring in the issue of ambulances; how far you have gone with ambulances in all the districts? Two, the allowances for the health workers and whether they have been sent to those people. Three, whether the purchase of the 280 pick-ups is not a mischarge. Finally, the plans you have for vaccines, because the only solution we have for COVID-19 is purely vaccines.

I also have a petition in my office from national and international students who did not travel back to their homes after the closure. Rt Hon. Prime Minister, we need to see what to do about those students. Honourable Minister of Health, we want to hear from you before we start the debate.

4.02

THE MINISTER OF HEALTH (Dr Jane Aceng): Madam Speaker, allow me to thank you for this opportunity to respond to a few issues. I will start by appreciating the Rt Hon. Prime Minister who has clearly given answers to most of these issues in her statement, and clarified on many of the issues that are being brought to light.

Madam Speaker, I have listened very attentively to – *(Mr Ssewungu rose)*

THE DEPUTY SPEAKER: Hon. Ssewungu, Members would like to debate this issue. Are you raising a point of order because the Leader of the Opposition was not appreciated? We are teaching these young people bad manners. I know - okay, Leader of the Opposition, thank you for the report. Now, take your sit. It was a very exhaustive report. Thank you.

DR ACENG: Madam Speaker, allow me first of all to start by highlighting a few issues that came up in the report of the Leader of the Opposition, on the resurgence plan. Rt Hon. Prime Minister, apart from the parliamentary taskforce on COVID-19 that requested me for a response plan, I have never received a letter requesting for the response plan.

In any case, the Leader of the Opposition makes mention that the Ministry of Health indicated the total cost of the response plan in the budget. Madam Speaker, how would I have come up with that figure if there was no response plan and it was not disaggregated? I would like to assume that the Leader of the Opposition meant a holistic response plan, covering all sectors and in that case, we can bring a response plan that covers the entire country but it will not be from the Ministry of Health.

The response plan definitely prioritises logistics because we require that for management of patients. However, that does not mean that the Government has not catered for prevention. Madam Speaker, we have made all efforts to secure vaccines. Vaccines are not available on the market. The global demand outweighs the production and many of the rich countries have paid for many months to come. It is, therefore, difficult for many African countries to secure vaccines. That is why the Rt Hon. Prime Minister said that the Government is following a multipronged approach, including direct procurement from the manufacturers and all available sources, like the COVAX facility and the African Union.

Madam Speaker, it is true that the Government allocated Shs 560 billion for vaccines. To date, Shs 101 billion has been provided. We have so far only managed to pay Shs 3 billion to the African Union, which communicated that they will be able to release two million doses of the Johnson & Johnson vaccine to us. We have not paid to any other supplier because the vaccines are not available.

In the Rt Hon. Prime Minister's statement, she indicated that vaccination is a priority, and Government resolved that it is a priority, so that we can open up the economy. The Government is making all efforts to secure vaccines, including tasking our missions abroad to work with the manufacturers and identify available sources so that we can pay for the vaccines.

Madam Speaker, you have asked whether the purchase of the 282 vehicles was not a mistake. I would like to state it clearly -

THE DEPUTY SPEAKER: I did not say that it was a mistake per se' but a mischarge. "Mischarge" is an accounting word.

DR ACENG: Madam Speaker, the funds to procure these vehicles was a call by His Excellency the President. The money was received by the taskforce that was appointed and the money was banked in the fund account that was opened. It was then transferred to the Consolidated Fund. It was only after the committee chaired by His Excellency sat, that funds were allocated to the various components that were read by the Rt Hon. Prime Minister.

Madam Speaker, from the beginning of the pandemic, the World Health Organisation (WHO) was hiring 200 vehicles to support the districts - for surveillance, transporting samples to Kampala and for other activities. It was extremely prudent that pick-up cars are procured to facilitate districts in order to carry out surveillance. Ambulances are not used for surveillance and they cannot transport samples. Therefore, the pickups were not a mischarge and the districts will definitely appreciate them.

Madam Speaker, in the first supplementary that was allocated to the Ministry of Health, funding was provided for 30 ambulances, in addition to the existing ambulances. These were procured - including three boat ambulances - and deployed as per the emergency medical services policy and strategy.

Allow me to inform this august House, Madam Speaker, that ambulances are not deployed per district and neither are they deployed per facility. According to the policy, ambulances are deployed per region and are managed through the regional referral hospitals. Currently, there is a network of ambulances that are ferrying patients from facility to facility and to the centre.

Madam Speaker, you also mentioned health workers. Allow me to inform you that allowances are paid to health workers who are taking care of patients in the isolation facilities. In addition, there are also surveillance officers and laboratory officers. All these health workers have been paid their contract sums of salaries and allowances. However, this is a continuous issue; it does not end because the allowances are paid per day and the Government will continue to pay as the pandemic evolves.

Madam Speaker, on the issue of international students, you have allocated that to the rightful ministry and to the Prime Minister. I thank you for giving me the opportunity.

THE DEPUTY SPEAKER: Thank you, Minister of Health. Just for information purposes, it is not that we are blaming the Government but I would like you to appreciate that in every district, there is a vehicle. Ministry of Works has a vehicle and the Ministry of Health has a pick-up in the districts; the RDC's office, the CAO's office and the LC 5 all have pick-ups. Wouldn't those vehicles be used for surveillance? Wouldn't we use the money we are spending to buy pick-ups on other things? It is just food for thought for you.

Hon. Nabbanja, do you have anything to say before we have the debate? Okay, kindly take note of the questions. Members, I am putting the report to debate. I do not want you to rise on issues of clarification. If you are coming up, come and debate the report.

4.13

MR STEPHEN BAKA (NRM, Bukooli County North, Bugiri): Madam Speaker, I wish to thank the Prime Minister and the Leader of the Opposition for a statement well made. His statement was very elaborate as if it was a response to the State-of-the Nation Address; all the same, thank you very much.

I rise on the issue of the list of beneficiaries of the COVID-19 relief money. At what point did we agree, as the Government or Parliament, that the vulnerable people, who comprise of boda boda riders, those in UTODA, salon operators and massage parlours are only found in towns such as cities and municipalities, to the extent that only beneficiaries from cities and municipalities were recorded? By only selecting cities and municipalities, they left out the deserving vulnerable people from town councils and small towns of this country.

I pray, therefore, that the Prime Minister comes and tells us what happened. How did they agree at that level that only municipalities and cities would benefit from the money set aside for the vulnerable groups? I would like the Prime Minister to acknowledge that it was a mistake. She should go back and look for money so that our people in the villages across the country can benefit. The Prime Minister should not –

THE DEPUTY SPEAKER: Can other Members first sit as hon. Baka finishes his submission? Honourable members, can you sit down?

MR BAKA: Thank you, Madam Speaker. As I wind up, I request the Prime Minister and her team to go back and consider all deserving beneficiaries across the country, other than those in municipalities and cities, so that they get the money.

The House should not entertain the statement that there is no money; there is money because I heard a rumour that budget cuts are taking place and they are starting with Parliament. This matter should be brought for debate because these budget cuts should not be focused on Parliament only. They should be across Government, starting with State House, down to the municipalities and local governments, so that we have enough money. Our people should benefit and we should also revamp the health sector, which is limping, as we shall hear from the report of the ad hoc committee. I thank you very much, Madam Speaker.

4.16

MS SARAH OPENDI (NRM, Woman Representative, Tororo): Thank you, Madam Speaker. I would like to thank the Prime Minister and the Leader of the Opposition for their statements.

THE DEPUTY SPEAKER: Members, I am giving you only two minutes each because everybody wants to debate.

MS OPENDI: Madam Speaker, one of the issues that I would like to raise is on the town councils. While we are talking about town councils, there are those new town councils that have just been created but there are those that have existed for a very long time. In Malaba Town Council, for instance, - Madam Speaker, you have been there - most of the people survive through cross-border trade. Their businesses have now been affected because the border has actually been closed since the previous lockdown in 2020.

We have raised the issue of the small gate here. The Malaba Town Council that you knew is actually a ghost town now and most of the people do not have any means of livelihood. It was quite disappointing for my government to exclude such old town councils that have been in existence for a long time. I pray that despite the closure of this little token that the Government was giving, they should still consider these old town councils where people's livelihoods were affected.

I would like to close by also raising the issue - We are talking about lack of vaccines but while it is true that we do not have adequate vaccines from the suppliers, we have our own people here in the country that have come up with supportive treatments like Prof. Ogwang. We have all read about what has been happening. The National Drug Authority cleared Prof. Ogwang's Covidex as supportive treatment. This gentleman has been requesting the Government to support him with clinical trials but most importantly, mass production since this Covidex is not harmful to human health.

I would like to know from my government what support they are giving to Prof Ogwang. Most importantly, we all know that we passed the Indigenous and Complementary Medicine Bill, which is now an Act. We need to promote our own herbal medicines and not wait for vaccines which we do not even know whether they are effective enough in dealing with these new variants.

Lastly, Rt Hon. Prime Minister, we cannot wait for free vaccines. Why can't we accredit a few facilities so that those who can afford can get other types of vaccines from the private not-for-profit organisations - *(Member timed out.)*

THE DEPUTY SPEAKER: Members, just for your information, - I had asked one of the commissioners to deliver this message – Prof. Ogwang has donated to us 500 doses of Covidex to the House in appreciation of what the Government has helped him achieve.

Members, if you remain standing, I will not choose you. This is not a market.

4.29

MS BRENDA NABUKENYA (NUP, Woman Representative, Luweero): Thank you, Madam Speaker, for the opportunity. I stand to comment on the Prime Minister's report in regards to the education sector. I have listened and waited to hear the statistics and issues concerning continuity of education but all these were lacking.

In the previous lockdown, the Ministry of Education proposed a plan for preparedness and response in regards to COVID and emergencies in school. They went ahead and printed self-study materials for learners from secondary and primary schools and also broadcast lessons on radio. I would appreciate that.

However, in this second lockdown, the ministry has been silent. I got an opportunity to look through the self-study materials and I realised that each material was for first term for each and every class and every year. What if we were in second term? Are students in villages learning? Due to the digital divide, rural areas cannot access technology. That means virtual learning cannot be effected in rural areas.

Madam Speaker, the silence from the Ministry of Education is appalling; Ugandans want to know what is happening. Are our learners in rural areas actually learning? We have an idea - I think this plan was put in place with a notion that no one is left out. We want to know from the ministry what is happening.

On the teachers' welfare, this should be prioritised because it has a multiplier effect on retention and quality of education in schools. The President gave a directive that Shs 20 billion be allotted to private teachers through a scheme but the Prime Minister has not mentioned anything in that area. This country is going to be affected in future if the welfare of teachers is not prioritised.

Madam Speaker, we have sportsmen. This sector has been in lockdown for two years. Footballers and even those who participate in games and sports are not playing. I did not hear the Prime Minister include them among those who are supposed to benefit.

I think the criteria used to determine who is in the target group or who the vulnerable poor are is not accurate. It is very poor –(*Member timed out.*)

4.24

DR TIMOTHY BATUWA (FDC, Jinja South Division West, Jinja City): Thank you, Madam Speaker. Allow me address the House as the shadow Minister of Health.

First and foremost, I appreciate the speech made by the Leader of the Opposition; it was very informative. I want to assert and affirm that the lockdown does not cure COVID-19 and neither does it make the disease disappear. All that the lockdown does is to enable Government buy time such that it can mitigate the disease.

Madam Speaker, allow my office to bring it to your attention that as of now, there is no exit strategy that is visible to us and even to the public for this particular lockdown of 42 days. We seem to be in an indefinite lockdown.

During the first wave, COVID-19 was a disease that was visiting us. It was at the points of entry that whoever was coming in was getting tested, and that approach was right. This time round, due to laxity and the failure of the systems that were put in place, COVID-19 found its way to each and every village - *(Member timed out.)*- Madam Speaker, grant me some time since I am speaking as the shadow Minister of Health, and the other colleague spoke until she completed her speech.

Madam Speaker, in a situation like this, we hope to see mass testing. Where it is not possible, at least we hope to see a scaled-up testing mechanism for the high-volume areas, for example the people working in Kikuubo and in various malls. It is in these last weeks of the lockdown that we would see efforts of the Government to - *(Member timed out.)*

THE DEPUTY SPEAKER: I would like to recognise the arrival of Her Excellency the Vice-President of Uganda. You are welcome, Madam.

4.28

MR ABUBAKER KAWALYA (NUP, Rubaga Division North, Kampala): Thank you, Madam Speaker. I am the MP for Rubaga Division North as well as the Shadow Minister for Kampala and Metropolitan Affairs.

Madam Speaker, let me start by appreciating the report of the Leader of the Opposition and also appreciating the Rt Hon. Prime Minister, although we expected a lot of issues in her report that we have not heard about.

I do not know if the Prime Minister is aware of the exorbitant charges for Ugandans, especially those coming from abroad, when they reach Entebbe International Airport. They are being charged a lot of money but I have not heard any Government official talking about that. We are yet to receive communication from the relevant minister - *(Member timed out.)* - Madam Speaker, since this is my maiden speech, I request that you give me two more minutes.

In Kampala, being the epicentre of COVID-19, we have had a lot of challenges and one of them is the brutality that has been ordered by the Resident City Commissioner (RCC) of Kampala. I do not know whether the Office of the Prime Minister is aware of the way the RCC of Kampala beats up our people using goons, without allowing them to access their places of work, especially those who work in markets.

In Kampala, being the business centre of this country, most of our people get what to eat by accessing markets like St Balikudembe and others. However, we have seen the RCC of Kampala negligently ordering brutality onto our citizens. We expected such communication from the report of the Prime Minister.

The other issue is about ambulances. I have heard the Minister of Health talking about ambulances but it is quite humiliating that the capital city of this country manages only three ambulances at City Hall yet Kampala has a population of 1.7 million Ugandans who reside therein. We are yet to hear from the Minister of Health why they have failed to allocate a budget to Kampala because our predecessors in the Tenth Parliament had allocated Shs 2 billion – Currently, we have not heard them commit themselves on how much they are allocating to Kampala as far as the – *(Member timed out.)*

4.32

MS AGNES ATIM (NRM, Woman Representative, Amolatar): Madam Speaker, thank you for giving me the opportunity. I would also like to appreciate the statement made by our Prime Minister, which has highlighted the great efforts that Government has put in place to address this cause. I am here to make a comment on two issues.

First, on the issue of vaccination, our honourable Leader of the Opposition made a statement that could alarm the whole country. He said that at four per cent vaccination rate in the country, it means it would take 12 years. However, I would like to inform our honourable Leader of the Opposition that two minutes ago, when I checked data from the world research on COVID-19, it is showing that even India, which is producing the vaccines, has just vaccinated 6.3 per cent. At the moment, the average vaccination in the low income countries is just 1.1 per cent.

Therefore, I would like to request that we should not make statements that alarm the country. In the whole of East Africa, Uganda at four per cent is actually doing very well. Kenya has just vaccinated 1.1 per cent and Rwanda two per cent. I would like to thank our Government for doing all that it can to make sure that the vaccination programme is implemented as scheduled.

Secondly, my other issue is about funding the pandemic. In the same response by the Leader of the Opposition, he highlighted the issue of the emergency funding that the Rt Hon. Prime Minister highlighted - the Shs 372.8 billion as well as the resurgence plan of Shs 1.3 trillion. I carefully read that report, analysed and recognised that yes, there is only a budget of Shs 2.6 billion for vaccination but that does not mean that the Government has not prioritized it. My analysis of that report meant that that budget is small because there is already allocation for vaccination. That is why we saw that budget.

On that note, therefore, the emergency plan, in my view, and according to that report, would really be able to address the issue of home-based care and community response that has proven to work in our country.

I would also like to reiterate the presentation of the Prime Minister on the issue of ambulances being allocated to regional hospitals. I would like to hear from the Minister of Health. There are districts like Amolatar, which is a peninsula, covered by Lake Kyoga and Lake Kwana. Could it be possible that such island districts are considered irrespective of your health policy of allocating ambulances only to regional hospitals? As we talk now, 60 per cent of my district is cut off by water. For one to access another community, you need a boat to go there. This means that if anybody falls sick in those communities, there is no way for them to access these medical services.

Finally, Madam Speaker –*(Member timed out.)*

THE DEPUTY SPEAKER: Minister of Health, saying that the ambulances should be at the regional level is farfetched. We should have ambulances at the district levels. What was the essence of having district hospitals? Honourable minister, I am talking to you. Yes, we need ambulances at district levels.

Hon. Lucy Akello is on Zoom.

4.37

MS LUCY AKELLO (FDC, Woman Representative, Amuru): Madam Speaker, I do not know if you can hear me?

THE DEPUTY SPEAKER: Yes, I can hear you, hon. Akello.

MS LUCY AKELLO: Thank you very much for giving me this opportunity. Allow me to also convey my congratulatory message to you, this being my maiden speech, and also to thank all the Members and congratulate them.

Madam Speaker, following the report of the Prime Minister, I have three points to make. The first one is in regard to the travel permits that have been given. At one point, I heard that boda bodas were allowed to carry patients. I want to bring to your attention the fact that many of our medical workers

do not have vehicles. The assumption that the Office of the Prime Minister and the national task force had in mind is that all the medical workers have vehicles.

I have been getting my treatment from Mulago. Recently, when I went there, one of the doctors actually asked me to passionately ask the Prime Minister to consider the health workers, who are not allowed to use boda bodas, yet they do not have vehicles. These medical workers are forced to stay home because they cannot walk to their health facilities.

Secondly, with regards to the facilitation or the relief being given out, I want to add my voice to what hon. Sarah Opendi said about the border town councils. Amuru District is one of those that is grossly affected. Many of the women who have markets at the border cannot get money because the potential customers who cross over from South Sudan are not there. These categories of people must be considered.

Finally, with regards to what the Leader of the Opposition said about the assent to the NSSF Bill, I also want to bring it to the attention of the House and the whole country that in the Tenth Parliament, we passed the National Health Insurance Bill. I am wondering and I would like to ask the Prime Minister and Minister of Health how far this Bill has gone, and whether this would not be a solution to the high prices that the Ugandans are paying with regards to treatment of COVID-19.

Madam Speaker, thank you very much for giving me this opportunity to air my voice virtually. May God bless you.

THE DEPUTY SPEAKER: Thank you, hon. Lucy Akello.

4.40

MR WILSON KAJWENGYE (NRM, Nyabushozi County, Kiruhura): Thank you, Madam Speaker. I congratulate you, this being my first time to address this august House. I rise to support the statement given by the Rt Hon. Prime Minister. Under the circumstances, your team has done well. I only encourage us to do much better.

I acknowledge and I am very happy that during the 42 days announced by the President, we have noted a significant drop in the rate of hospitalisation in the past two weeks, as the report says. This is good and I encourage the frontline people to move forward.

Madam Speaker, I wish to mention that whatever has been raised is as important as protecting our frontline workers. Here, I mean providing them with personal protective equipment. Their lives are as important as the provision of oxygen or installation of cryogen or liquid gas or molecular oxygen. We must, in my view, provide our frontline workers – our health officials – with adequate protective gear. They must be budgeted for and provided as soon as possible.

I am saying this because I have just been with my district taskforce of Kiruhura. I also met the doctors of Kiruhura Health Centre IV but we, the Members of Parliament from the district, had to donate because they did not have sufficient PPEs.

I am happy that the Rt Hon. Prime Minister and her team are installing a cryogenic (liquid) plant oxygen whose purity –(Interruption)- This is very important.

I am also happy that they are procuring cars for delivering this liquid oxygen on time to regional hospitals. My concern is that we need to cut the red tape. This needed to be done yesterday. This is a war we are fighting and we must not allow bureaucrats to dictate.

I wish to thank the Prime Minister and her team for having met the team from private hospitals and for addressing the embarrassingly extortionate and exorbitant hospital charges levied by private health

facilities. Our people are crying, even today. I would like to call upon the Prime Minister and Cabinet to continue engaging with them to provide them with what they need, because our public healthcare system cannot handle the whole population. So, we must support these people but make sure they are not extortionate in charging our people.

I would like to applaud the proactive decision of directly purchasing vaccines from the COVAX facility through the African Union and the open market. This is extremely important. We should support the Prime Minister and her team to make sure this is done expeditiously.

I would like to call for fast-tracking and negating bureaucracy in implementing these robust decisions that you have to take. I also congratulate the Rt Hon. Prime Minister for having rejected substandard mosquito nets in Kasese. People should not take advantage of this situation to provide substandard equipment to our health –

As I conclude, let me talk about the issue of selecting vulnerable people. My constituency, Nyabushozi, has vulnerable people. They are actually not looking for Shs 100,000; they are looking for vaccines not only for COVID-19 but also for their sick animals suffering from Foot and Mouth Disease (FMD). That renders them vulnerable. I am happy that the ministers are in the field and –
(Member timed out.)

THE DEPUTY SPEAKER: Members, we have only 30 minutes to finish the debate.

4.46

MR JOSEPH SSEWUNGU (DP, Kalungu County West, Kalungu): Thank you, Madam Speaker. I am lucky that I have the chance to speak on this item after the honourable member from Kiruhura has spoken -

THE DEPUTY SPEAKER: Honourable members, you are all going to debate, even if it means finishing at 10.00 p.m.

MR SSEWUNGU: It is very interesting to hear the honourable member from Kiruhura cry about vulnerability, yet that is the President's home.

I would like to thank the Prime Minister and the Leader of the Opposition for the statements they have given to us. This is not really about just appreciation; I am doing it because it is the decorum of Parliament –*(Interruption)*.

MR KIMOSHO: Madam Speaker, hon. Ssewungu has just insinuated that people from the President's district are not supposed to cry about vulnerability. Is he in order to insinuate that people from the President's district are more privileged, yet they are also suffering like any others?

THE DEPUTY SPEAKER: Honourable members, I do not know why you are dragging the name of the President into this debate. Can we stop dragging the President's name into this debate. Debate on the issues that have been raised and we look for solutions.

MR SSUWUNGU: Madam Speaker, people need to be very attentive when we are talking. Sometimes they do not properly comprehend what we say.

Madam Speaker, to the Prime Minister I want to say that the issue of private school teachers has not been settled. Madam Prime Minister, unless you provide evidence to this Parliament, I can assure you that teachers in private schools have not been taken care of, going by your statement. Even the Shs 20 billion that was given to private school teachers has not taken course. The honourable Dr Muyingo is there and he can attest to that.

The question to the Minister of Health is: where is the Shs 18 billion we approved in a supplementary budget and released to you by the Ministry of Finance, Planning and Economic Development? I am asking this because the ministry was supposed to procure 2.5 million doses but it has not. I would like to thank the Leader of the Opposition in Parliament because that is an area he has handled very well. The minister is afraid because we are giving facts.

While in a committee meeting with the Minister of Health, she told us that they had given UNICEF Shs 40 billion to procure vaccines for this country. However, she is now saying that they have not procured anything and that they have not given anybody money to supply vaccines to us. Who is telling lies before this House?

The issue here is about vaccinating Ugandans - whether some people think that they won't die of bullets or the pandemic, Ugandans must be vaccinated. The money we have given to Ministry of Health is worth Shs 6 trillion –(Interruption)

MR SSEWANYANA: Thank you for giving way. The information I would like to give is in regard to an almost neglected sector - the business sector.

In your communication, Prime Minister, you didn't say anything about the business sector.

THE DEPUTY SPEAKER: Can you put on your mask?

MR SSEWANYANA: Thank you for caring for my life. (Laughter) What I am saying is that we did not hear any economic interventions being mentioned in the statement by the Prime Minister, yet the business community in Kampala is suffering. The interest rates are not going down. We do not know how they are going to handle the rent arrears after the 42 days.

During the first lockdown, Government came out very clearly and issued statements over the same, giving orders to commercial banks on how to handle loans extended to businessmen, and landlords on how to handle rent arrears. As we care for the private school teachers, let this be information to the House that the business community is also suffering the same fate; they are being neglected by the Government, led by Gen. Yoweri Kaguta Museveni and Madam Nabbanja. Thank you.

MR SSEWUNGU: As I conclude -

THE DEPUTY SPEAKER: Hon. Ssewungu, you gave out your time.

4.51

MS PROSSY AKAMPURIRA (NRM, Woman Representative, Rubanda): Thank you, Madam. First, I would like to thank the Prime Minister for the report that she presented to us.

Clearly, the Government is trying to do whatever it can to help its people but we cannot all appreciate it. The Leader of the Opposition brought out what, maybe, they think we can do but we want to request the Leader of the Opposition to also go out to our people and tell them the truth, that this COVID-19 is for all of us and that we need to work with the Government no matter what. There is no Opposition in COVID-19.

I would want to thank the Prime Minister for that report but I also request the Government to give opportunity to those private hospitals that can buy vaccines. I am a young mother and still giving birth. We go to hospitals and there are vaccines on sale for those who want. I request that if there are hospitals that can afford to buy these vaccines and vaccinate people –(Interruption)

MR OLANYA: Thank you. Madam Speaker, my colleague is talking as if our lovely Leader of the Opposition does not care about Ugandans. She is insinuating that the Leader of the Opposition is against everything the Government is doing.

The Leader of the Opposition was very clear and was giving the best directives that the Government should put in place in the fight against COVID-19. Is the honourable member, moreover a commissioner, in order to insinuate that the Leader of the Opposition does not care about the people of this country?

THE DEPUTY SPEAKER: Honourable member, the commissioner is just emphasising that COVID-19 does not know parties.

MS AKAMPURIRA: Thank you, Madam Speaker. I did not mean what you said, honourable member. Maybe you did not understand me clearly. I meant that COVID-19 is for all of us and we need to work together, whether in Government or Opposition.

My request is that the Government authorises private hospitals to get these vaccines and let the rich pay for them and the Government vaccinates the poor. As Members of Parliament, we can afford to pay but my people in Rubanda cannot. I request that the Government allows the private hospitals to get the vaccines for those who can pay and those who cannot afford should be vaccinated by the Government. Thank you.

4.55

MS LAURA KANUSHU (NRM, PWD Representative, National): Thank you, Madam Speaker. I must say that as persons with disabilities, it is difficult to catch the eye of the Speaker because we cannot line up, but thank you for giving me the opportunity.

I would like to appreciate the Prime Minister and Government for some of the persons with disabilities who received the relief funds. I want to refer to the Prime Minister's report. There was a statement made by the Minister of Gender, Labour and Social Development in the media and this was misunderstood by most of the clerks and the Resident City Commissioners. When some of our people with disabilities, who fall within the target categories, registered for the relief fund, they were told that they were not a vulnerable group because they had the disability grant.

I urge the Prime Minister to, in future, be very clear that this was not a poverty eradication programme but a relief fund targeting certain categories, of which people with disabilities were also beneficiaries. We have people with disabilities in markets. In most towns, the cobblers are people with disabilities. Next time, the Prime Minister should clarify so that our people are not tossed around.

Some people with disabilities have other health issues, for example epilepsy, albinism and mental illness; therefore, they are more prone to COVID-19. I appeal to the Minister of Health that as you vaccinate, please give people with disabilities the first priority because they already have underlying diseases.

On movement, which the Prime Minister's report also touches on, the President only gave directions for pregnant women. However, for a sick person with disability - security people should allow a disabled person to take a boda boda. This is because while you are telling people to walk, these people cannot walk. Therefore, let them be allowed, especially if they are going to hospitals, to use boda bodas.

The last time we were here, the Prime Minister talked about beds and she indicated that most of the beds would be manufactured here. I want to bring to your attention the Persons with Disabilities Act, 2020 and urge the Prime Minister to make sure that the beds that are going to be manufactured here

will be accessible to persons with disabilities. If I had a bed of this height and I am sick and disabled, I would not climb it and the law that provides for those beds is with us.

Lastly, I would like to request all Members of Parliament, especially those on the national COVID-19 taskforce, to make sure that persons with disabilities are included in the programmes – *(Member timed out)*

5.00

MS ROSE OBIGAH (NRM, Woman Representative, Terego): Thank you, Madam Speaker. I want to thank the Prime Minister for the presentation but straight away, I would like to borrow from the presentation of the Minister of Health.

Terego District does not have a district hospital, ambulance, pick-up car or motorcycles. Many of our brothers and sisters have perished from COVID-19 and other sickness and their bodies put under a “carpet” mortuary. We do not have any intensive care unit, yet we are managing over 150 COVID-19 cases.

I beg that Terego be considered as an emergency for construction of a district hospital and we should be given an ambulance and a fully-fledged intensive care unit quickly, if possible. I know the Government is working with scarce resources but consider us.

Lastly, Madam Speaker, I want to talk about the halt on giving out food relief because the food should first be tested by the Government. Many people are buying food but it is not tested, yet our people are calling us day and night and the money is only given in municipalities. In this instance, I beg that there should be an open roof given to us so that we can support our people in this desperate situation other than seeing them dying. Thank you.

5.02

MR RONALD BALIMWEZO (NUP, Nakawa Division East, Kampala): Madam Speaker, I appreciate you for giving me time. I have been surprised to hear that the vulnerable people of Nakawa Division have been given food. The Prime Minister has today –

THE DEPUTY SPEAKER: Did you hear very well? Was it food or cash?

MR BALIMWEZO: They have been given relief money to procure food. Today, the Rt Hon. Prime Minister has laid on the Table a list of their names.

Nakawa, located in Kampala City, which is the epicenter of COVID-19, has quite a number of vulnerable and poor families. We have over 200,000 vulnerable families but only 27,892 families were identified to benefit from the COVID-19 relief cash. I do not know the parameter that was used to identify those people.

Madam Speaker, I have traversed my constituency but I have just found a handful of them who have gotten that money. Whereas, I appreciate the use of ICT by the Government in making payments to vulnerable people, I believe this system has – *(Member timed out.)*- Madam Speaker, I pray that you accord me another two minutes because I have facts here that I am going to lay on the Table.

The Rt Hon. Prime Minister affirmed that for the avoidance of doubt, the system was designed to ensure that only one telephone number registered against a particular NIN can be paid.

Similarly, on page 30 of the original report, bullet No.9, the Prime Minister also asserted that the verification process ensured that duplicate and non-existent beneficiaries, NINs and telephone numbers were weeded out. Madam Speaker, I have evidence of a one Gavin Opira of telephone No.

0759722955, who received relief cash twice. I have talked to this fellow and he has accepted to declare – *Interruption*)

MR LUTTAMAGUZI: Thank you, honourable member, for giving way and thank you, Madam Speaker.

The additional information I want to give is that the Rt Hon. Prime Minister said that the Government borrowed \$1 billion from the International Monetary Fund. In addition to that, the UK Government gave Uganda Shs 1 trillion. When you add \$1 billion to Shs 1 trillion, that is equivalent to almost Shs 4.6 trillion. The Rt Hon. Prime Minister is only talking about part - almost Shs 53 billion out of Shs 4.6 trillion.

Rt Hon. Prime Minister, come out and give clear accountability, not just these small monies you are talking about. I thank you, Madam Speaker.

MR BALIMWEZO: As I conclude, Madam Speaker –

THE DEPUTY SPEAKER: Your time is over. You gave out your time. The person on the microphone -

MR BALIMWEZO: Madam Speaker, I have evidence here –

THE DEPUTY SPEAKER: Can you take your seat?

5.07

MR EPHRAIM BIRAARO (NRM, Buhweju County West, Buhweju): Madam Speaker, I come from a rural constituency but I reside in urban Kampala –

THE DEPUTY SPEAKER: What is your name?

MR BIRAARO: Biraaro Ephraim Ganshanga, Buhweju West. I want to compare the situation of what I see in Kampala, where I stay, with the real village, where we come from. The selection of beneficiaries and the people to be considered leaves a lot to be desired.

We have got people with boda bodas, taxi operators and all the other businesses. However, our people in the villages have contracted loans from SACCOs and banks. The banks are running after them to pay back. They do not have consideration in giving them any leave, when they are not operating. Madam Speaker, much as I am proud of what the Government is doing, I request that they come up with a position on what these other business people in the villages are going through and find a strategy on what they can be able to do during the COVID-19 period. Thank you very much.

5.08

MS ANNA ADEKE (FDC, Woman Representative, Soroti): Thank you very much, Madam Speaker, for giving me an opportunity to contribute virtually. I would like to congratulate you upon the assumption of that great office. Congratulations. I just have two concerns this evening that I feel the Rt Hon. Prime Minister should address.

The first is the selective manner in which the GISOs collected names of beneficiaries. It has been done in a very divisive way and most of our people are reporting back that it has been done to favour only those whose names are registered in the famous yellow NRM book. Therefore, I want to know this from the Rt Hon. Prime Minister: is the NRM Government going to divisibly deliver services to our people? Are they only going to favour their party members? Otherwise, COVID-19 is not about parties.

Secondly, Madam Speaker, I heard a very interesting discussion on the Floor - a point that was raised by hon. Prossy Akampurira - about access to vaccines by people who can afford them. We all know the risk that Parliament will run into being classified as a group of people that are only going to favour the rich.

We know there is vaccine inequality that is ongoing. I want to know under which circumstances a wealthy businessman, who made a donation to the Government and which was received by the Rt Hon. Prime Minister, was able to vaccinate 2,000 of his employees. This is in light of the fact that frontline medical workers, who are fighting COVID-19, have not received vaccines. People living with comorbidities have not been prioritised yet they are at a higher risk than the general population.

Rt Hon. Prime Minister, under which circumstances did this businessman get 2,000 vaccines given to him and his employees? Is there vaccine equality or inequality? Is the statement that you are sending to Ugandans good? Are you saying that it is now a privilege for the rich who can afford it? This discussion must be made clear right from the start, so that we know what to tell our people. Thank you, Madam Speaker.

THE DEPUTY SPEAKER: Thank you, hon. Anne Adeke. The issue of only NRM supporters is a hearsay. That is subject to be confirmed. We cannot say that it is only NRM supporters who are being treated.

On the issue of the rich man, Ham, he bought vaccines for himself and his workers.

5.12

MR RONALD AFIDRA (NRM, Lower Madi County, Madi-Okollo): Thank you, Madam Speaker. Let me begin by congratulating you, the Prime Minister, the Vice-President and all the appointed ministers, both on Government and the Opposition sides, for ascending to positions of leadership.

I would like to put it on record that the Prime Minister, in her speech, has categorically told this country how the Government is running the issues regarding the pandemic effectively. I would like to congratulate you, Rt Hon. Prime Minister, for coming out clearly with the intervention of giving cash instead of food.

This has clearly shown the public and the country that the Government can effectively use the resources that are entrusted into their hands, and there is a lot of savings that the Government has made. This money that has been saved, I do believe, will be converted and used effectively in the other areas being mentioned here in the House.

I would like to bring it to your attention that I have just come back from my constituency. The House has clearly said that the categories of the people who have been highlighted by the Prime Minister to benefit from this relief were not inclusive of all. In my constituency, Lower Madi County, I have so many boda bodas who have challenged me that they are under the category of vulnerable people, but they have not received the relief. Therefore, my appeal is that Government extends the relief to all the districts where the categories of these beneficiaries exist –(Member timed out.)

5.14

MR JOEL SSENKYONYI (NUP, Nakawa Division West, Kampala): Thank you, Madam Speaker. For starters, I think the Prime Minister is being wishy washy as far as vaccination is concerned. When you look at her plans, she said we shall get some vaccines from COVAX and so on. Can we get some specificities?

The COVID-19 pandemic is all over the world, but countries elsewhere are opening up because they have vaccinated the majority of their population. Therefore, it looks like vaccination is the panacea.

Can we have a clear target and aim? There is an old adage that says, “If you aim at nothing, you will hit it each time you try”. I request the Prime Minister to have a clear aim as far as vaccination is concerned.

Two, the Prime Minister prognosticated that giving out of relief money to the vulnerable would have ended by 14th of this month. The 14th of July came, and she pushed the date to Friday, 16 July. Today is 21 July. In Nakawa where I come from, they targeted 27,673 people. As of today, only a half of those people have got this money.

It appears to me that the Prime Minister is not in charge because each time she is giving excuses of “you see, the lists are not organised” and so on. Madam Prime Minister, please be in charge. The buck stops with you.

Finally, the Prime Minister, in her statement, told us that there is a purchase of 282 double-cabin vehicles versus 38 ambulances. I think there is a problem with our priorities in this country. You do not need to be a professor of medicine to know that in a health emergency like we are having now, we need more ambulances than double-cabin trucks.

So, I invite the Prime Minister to major on majors and to minor on minors. I thank you.

5.16

MS SHAMIM MALENDE (NUP, Woman Representative, Kampala): Thank you, Madam Speaker –

THE DEPUTY SPEAKER: Maybe we can have five people for each microphone, because I cannot see the people.

MS MALENDE: Thank you, Madam Speaker. I rise to echo the voices of the people of Kampala, especially during this time when Kampala is the epicentre of the deadly COVID-19 pandemic. The people of Kampala are dying of COVID-19 and they are dying of hunger from their houses, yet they see no strategic plan that has been put in place by the Government as a way out. I expected the Prime Minister to address an exit plan.

Secondly, people are being arrested daily - people from the ghettos, the boda boda riders, taxi operators, market vendors; name it. They are being detained in congested police cells and prisons. I expected the Prime Minister to address the issue of congestion in police cells and prisons vis-à-vis the prevention of transmission of COVID-19. I beg to submit.

THE DEPUTY SPEAKER: Maintain social distance, Members.

5.18

MR JOHN FAITH MAGOLO (NRM, Bungokho County North, Mbale): Thank you, Madam Speaker. I am rising on issues from the report by the Prime Minister, on page 7, about the disbursement of resources to the lower local government - Shs 150 million to the districts, Shs 300,000 to Village Health Teams (VHTs), and Shs 100,000 to the village taskforces.

That information comes to us at a time when we are part of the taskforces in our districts. What I witnessed in the district taskforce was lamentation about lack of funding to these taskforces. As Members of Parliament, as usual we became the punch bags. We had to see how to fund part of the budget of the taskforces –*(Member timed out.)*

5.20

MS KENNY AUMA (UPC, Woman Representative, Kwanja): Thank you, Madam Speaker. I thank the Prime Minister for the statement issued on Government interventions on COVID-19 in Uganda.

Madam Speaker, I would like to inform this House that the Government measures undertaken to distribute the Shs 100,000 to the vulnerable Ugandans have not met their intended purpose. My constituency, which is not a beneficiary of this relief fund, has been ravaged by floods due to the rise of water levels from Lake Kwanja, Lake Kyoga and River Nile. This is the rationale for the relief support from the Office of the Prime Minister, which has been affected.

Honourable minister, I would like to make it very clear in this House that all the people of Uganda should be beneficiaries of this COVID-19 relief. However, it is unfortunate that they have not yet been given the opportunity.

Now, I would like to clarify that it is very important that the Government should come up with a comprehensive economic rescue plan to target the farmers, those in small businesses and the construction sector so that they can be equipped with loans –*(Member timed out.)*

5.21

MR GEOFFREY FETA (NRM, Ayivu East County, Arua City): I rise on two issues. One is in regard to the COVID-19 relief fund, which was allocated to the cities, divisions and municipalities.

Arua City targeted 3,877 people, which was only 38 per cent of Arua Municipality and not Ayivu Division. Ayivu Division has 46,355 households that should constitute 17,620 households to be targeted. I wish to draw the attention of the Prime Minister to this.

The second issue is, as we plan to buy ambulances in the country – *(Interruption)*

MR MOSES OKOT: Madam Speaker, is it in order for the august House of this great Republic of Uganda to conduct debate when the decorum of the House has been lost in such a manner and we think that we shall have any productive debate? I think the House is not in order and if it is so, I pray the House be adjourned for the next session for persons both from the Government side and the Opposition -

THE DEPUTY SPEAKER: You are the same person making the House out of order. Can you finish and we go to the next person?

MR FETA: Thank you, Madam Speaker. The second issue I was raising was about ambulances. As the Government is busy buying ambulances, they have been stolen and there is no report the police is giving to us. As we speak, in Arua Regional Referral Hospital, an ambulance was stolen in March and it is suspected to have been driven to Congo. Five months later, there is no report on this ambulance.

We expect the Minister of Internal Affairs to give us a report on why the police have not given us a report. I thank you.

5.24

MR JOEL LEKU (NRM, Terego West County, Terego): I rise on the issue of loan repayments. Madam Speaker, as you are aware, this country is run on loans. Our economy is down and the business people have their shops closed. The boda boda cyclists who had got motorcycles on loan are on the necks of the Members of Parliament now. They call us day in and day out to help repay their loans.

My prayer is that the Government issues a statement on these loan repayments to all the financial institutions so that during the 42 days, these people are not forced to pay loans.

Secondly, if you can remember, in the first lockdown of last year, organisations and individuals came out to give donations. Some of these donations were vehicles. Vehicles were given out and we do not know where these vehicles are -

THE DEPUTY SPEAKER: Honourable member, never press the microphone and ask to raise a point of order or anything when the microphone is on already. Is that okay? You can now first sit and wait.

Honourable members, we are repeating ourselves. Why don't we get a response from the ministers first because we are - why don't we get a response from the Prime Minister and the Minister of Health? Why don't we hear from the responsible ministers first? What we want are solutions. You will still give your maiden speeches, even during debate on the State-of-the-Nation Address. Therefore, let us have responses from the Prime Minister and the Minister of Health.

5.26

THE PRIME MINISTER AND LEADER OF GOVERNMENT BUSINESS (Ms Robinah Nabbanja): Madam Speaker, like you guided, allow me to request the honourable ministers who are present here, especially the Minister for Health, to come and provide answers to those questions that are geared towards her ministry; the Minister for Kampala Capital City Authority and the Minister of Gender Labour and Social Development. Thereafter, I will conclude with a resolution. Thank you so much.

5.26

THE MINISTER OF HEALTH (Dr Jane Aceng): Thank you very much, Madam Speaker. I will respond to the issues concerning health that were raised by the honourable members. Allow me, in this context, to begin with the issue of deployment of ambulances.

Before COVID-19, the Government had 178 type B ambulances deployed across the country; many of them were in the local governments. Unfortunately, the local governments cannot maintain them and they do not have the resources to run these vehicles.

The Tenth Parliament asked us to develop a better strategy of management of ambulances. A policy and strategy were developed and approved by the Government and the Government committed to look for funds to ensure that these ambulances remain functional and run across the country.

The Government directed the Ministry of Health to benchmark with different countries on how they run their ambulance systems. Seven countries in Africa were benchmarked and six countries in Asia and one in the developed world. A summary of what we discovered was what informed the development of the ambulance policy and strategy and hence the decision to run ambulances per region and also ensure that a call centre is established in the regional referral hospitals while ambulances are placed along the highway, paramedical staff are trained to run it, oxygen is available and that everybody –(Interruption)

MS OGWAL: Madam Speaker, I rise on a point of clarification. I am very interested in following up the issue of the ambulances because it caused a very big debate when Parliament decided to appropriate that donation of Shs 23 billion to buy pick-ups for hospitals' support.

Parliament took a decision that each and every district must first and foremost be given priority. Every district was supposed to get an ambulance from the appropriation of that money, which has appeared in the Prime Minister's report on page 21; I am interested in it. Secondly, it was decided that even hard-to-reach areas had to improvise so that ambulances reach them.

Since the Minister of Health is the one responding first, it would be appropriate for us - because some Members were not there. We would like to know the decision that Parliament took when we appropriated that money. Is it being implemented? Is the ambulance you are talking about supposed to cover each region in addition to what Parliament had already resolved? I am not following, Madam Speaker. That is why I am seeking this clarification.

THE DEPUTY SPEAKER: Honourable minister, give us clarification on what happened to the money that was appropriated for ambulances in the last Parliament.

MR OLANYA: Madam Speaker, I rise on a very important point of clarification. I would like the honourable minister to clarify to Ugandans what was on social media, that more than 80,000 Ugandans were vaccinated using fake drugs. Let the minister tell Ugandans the impact of those fake drugs.

Secondly, the National Medical Stores claimed that the other drugs that were procured were expired. Let the minister also clarify on this very important point. Our lives are very important and Ugandans are worried that they were vaccinated with fake drugs. Their impact needs to be known. Thank you, Madam Speaker.

THE DEPUTY SPEAKER: Honourable minister, you will also give that clarification when you talk about vaccination.

DR ACENG: Madam Speaker, on the issue of the ambulances that were supposed to be procured from the fund, you invited me here immediately after the Prime Minister gave her statement and I did respond to that, so I beg that you allow me to continue with other explanations. I can meet Hon. Cecilia Ogwal and give her the explanation. *(Interruption)* Should I continue or give way for information?

THE DEPUTY SPEAKER: I would like you to clarify on the money that was budgeted for ambulances per district.

MS OGWAL: Madam Speaker, this is not my personal matter; it was a serious national matter. As a Parliament, we decided that each and every one of the 146 districts then would get an ambulance. In addition, hard-to-reach areas were also supposed to have ambulances

All I am trying to ask is whether the one on regions is a new project or we are still following up the previous matter. This is because I have seen that very money on page 21 of the Prime Minister's statement, which means I am talking about the same thing. What has now happened to that money that we appropriated from the donations and Parliament had made a resolution on how to utilise it?

DR ACENG: Madam Speaker, His Excellency the President made a call to the general public to donate funds to support the COVID-19 response. Indeed, the public donated in kind and in cash. The cash donations came to Shs 29 billion and Shs 23 billion was allocated to procure vehicles.

Madam Speaker, you may recall that His Excellency the President appointed a team of COVID-19 donations fund chaired by Mr Emmanuel Katongole and others. The money was banked and later on taken to the Consolidated Fund. The team members sat with His Excellency the President and allocated the money. Shs 23 billion went towards the purchase of pick-ups, which was the vision of His Excellency to ensure that every district can comfortably carry out surveillance, transport samples and carry out other pillars in the COVID-19 response. About Shs 3 billion was allocated for construction – I may interchange the figures because I do not recall very well – of the blood bank at Soroti and another Shs 2 billion for port health at Kyanika and Vurra.

Ambulances cost as follows: Type B ambulances (basic) cost Shs 288 million before tax and type C (specialised ambulances) cost Shs 720 million for the medium size and Shs 354 million for a smaller size. The smaller one costs Shs 450 million and the medium one costs Shs 600 million per ambulance. The Ministry of Health would be happy to get funding allocated to procure these ambulances and allocate them as the Government determines.

Allow me to also respond to the issue that was raised from Amolatar. The Ministry of Health procured 11 boat ambulances. Once you procure them, delivery takes time because they come by ship and are bulky. To date, we have received three boat ambulances; one boat ambulance was allocated to cover Amolatar and other districts surrounded by water. There was another one allocated to Kalangala and another to Buvuma. The rest will be allocated when they are made available.

On the issue of Prof. Ogwang, the Government has engaged him severally and support is being allocated to him through the Ministry of Science and Technology. Government has allocated him funds and allowed him free use of the Government laboratory. The Government is also talking to Mbarara University to work with him and avoid any forms of litigation. The Government is supporting him to patent his innovation. The Ministry of Science and Technology can provide information at an appropriate time.

Madam Speaker, allow me now to talk about vaccines. Earlier on, I made it clear that vaccine access is a challenge and I want to repeat that there is a high global demand for vaccines and production does not meet the demand. Even if you have the money, you may not be able to buy any vaccine because you will not be able to get it whether from the open market or through the other sources.

I did indicate that Government has approved, for emergency use, several vaccines and I listed them. I also did indicate that Government has contacted all the manufactures of these vaccines with the objective of finding out whether they can allocate us vaccines and we pay directly. His Excellency the President has also written to all the manufacturers requesting them to provide vaccines for Uganda. The Government is doing all it takes to access the vaccines. We are not only relying on donations; we are actually ready to procure directly.

Madam Speaker, in relation to that, there was an issue of allowing the private sector to procure vaccines. This House may wish to know that no manufacturer wants to deal directly with private providers unless they are indemnified against side effects. As such, they are only willing to sign an indemnification agreement with Government to manufacturer. The Government has made efforts to work with all these manufacturers and sign the indemnification requirement.

Several private sector providers have attempted to buy vaccines only to fail and if they do buy vaccines, the costs will be high. Nobody has refused them to buy vaccines but we also want to ensure that fake vaccines are not brought on the market.

Regarding the issue of fake vaccines, the Ministry of Health made it very clear to the general public to access vaccines at designated sites. We repeated this in the form of statements and also on social media. Madam Speaker, when a group of people and institutions decide to get their vaccines outside the designated Government centres, it means they are taking their own risks. We shall continue to provide the designated centres and to alert Members accordingly.

Madam Speaker, there was an issue of mass testing or scale-up of testing. Allow me to inform this august House that one-off mass testing does not solve any problem because you may be negative today and turn positive tomorrow. All that would be wasted effort. The Government has indeed scaled up testing to all districts - districts have rapid diagnostic tests. People with signs and symptoms similar to COVID-19 are free to go and test and get treated accordingly.

On the issue of testing at the airport and the expense, I will relate that to what came up from one of the Members that COVID took us unawares. Madam Speaker, it is important that we appreciate those who are handling the pandemic. To date, there are 69,377 recoveries. If those handling the pandemic were doing nothing, we would not have had these recoveries. It is also good to give credit where it is due.

It was the Ministry of Health that informed the public that variants had been detected from those who were forging negative PCR tests and coming in through the airport. It was also the Ministry of Health that alerted the country that even some truck drivers are forging certificates and coming in and because of these forgeries, we had to institute testing at the airport and all the 63 border points of entry.

For us to concentrate on supporting the public because of the high cost of the PCR treatment, it was important that we engage the private sector. To request the private sector to set up within 24 hours at all these border points of entry is not cheap. To also set up in environments that are not theirs - the cost of \$65 is approximate to about Shs 200,000. This is being done to protect new variants that keep on coming up every day. If we get a new variant, we will definitely get other challenges.

Madam Speaker, the issue of health workers not being able to access hospitals because the boda bodas are not functional is not true. All health workers are given priority to access health facilities and that is why they are continuing to do their work in the health facilities.

THE DEPUTY SPEAKER: Honourable minister, the issue was that there are health workers that do not have cars and yet the boda bodas are denied to carry any passenger; so, they have that challenge.

DR ACENG: Yes, Madam Speaker, that is what I was responding to. They are given priority; even the enforcement officers on the ground are aware about this.

The National Health Insurance Bill was forwarded to H.E the President by this House. Therefore, I cannot comment unless the question is directed to him.

On the issue of protective gear in the districts to be provided in sufficient quantities, Madam Speaker, the districts have the mandate to order for this protective wear and also to project what they require. Sometimes we get challenges in that the same orders are recycled and sometimes there is under-ordering. The Ministry of Health and the National Medical Stores have been with the districts to support them to order adequately. However, you may also wish to know that the coveralls are not for use to provide general essential services. They are restricted to the isolation facilities and sometimes, some districts want to order for the coveralls.

Madam Speaker, there was a question on the Shs 18.5 billion that Parliament gave to procure vaccines and where it is. I want to say that to date, about Shs 41 billion has been allocated to the Ministry of Health to procure vaccines; Shs 18.5 through this august House and Shs 23 from the Contingency Fund.

Madam Speaker, you may also be aware that the Shs 18.5 billion delayed by one month before it was released, due to some technicalities. Due to that, we did not deposit on time. However, we have made attempts through several available opportunities - and I highlighted this - through the COVAX facility, African Union and direct procurement.

It is futile to pay money when you have not been allocated vaccines. However, if you have been put on the waiting list, you make the money available. Yes, UNICEF is a procuring agency and it has access to all these manufacturers. We did deposit the money with UNICEF that procures all our other traditional vaccines, for them to be able to pay at the earliest opportunity. UNICEF has Shs 8 billion to pay, and as I indicated earlier, we have already paid Shs 3 billion to the African Union, in the

interim, for two million doses of the Johnson & Johnson vaccines. They had indicated that they would give us these vaccines by August. We are waiting for a final communication regarding the availability of these vaccines.

Madam Speaker, the other question was about Terego Hospital. While it was not related to COVID-19, it came with many other questions. I do not know whether you are going to give me the opportunity to respond to those questions that you sent to me. Otherwise, the questions that were directed to me are over. I thank you.

THE DEPUTY SPEAKER: Honourable minister, there are questions that were sent to you for your response. Can you also –

MR AMOS OKOT: Madam Speaker, there is one important matter that the Minister of Health should answer. Maybe, you give me that opportunity to ask her. That question is about the home-based care system.

In the past, the ministry had put up gazetted isolation centres, where those who were either suspected or confirmed to be having COVID-19 would be isolated for testing and treatment. It is good they have come out with a good system called “home-based care system” but our people live in huts. Sometimes, you find only one house occupying all the family members. This situation has affected my area in Rogo, Wol Subcounty, Agago District, where one person who was infected with COVID-19 infected all the family members in one home because of this home-based care system.

I would like to implore the ministry to gazette areas for isolation, especially in rural areas, so that people who are infected are not taken care of from institutions of learning. This is a very serious matter because people are now sleeping in the bushes because of the fear that if somebody got COVID-19, the family cannot contain it.

The Ministry of Health should gazette places in the different districts in addition to the referral hospitals. Thank you.

THE DEPUTY SPEAKER: The issue has been understood. We need isolation centres at the district level.

I want to assure you that if you continue with clarification and information, you will not get what you want.

5.56

MR PAUL OMARA (Independent, Otuke County, Otuke): Thank you very much, Madam Speaker. I would like to thank the Rt Hon. Prime Minister for her report and the rejoinder from the Leader of the Opposition. I only have three observations to make.

First, support to the district taskforces. I was in my constituency in Otuke and realised that as much as the district taskforces were trying, they do not have the money to procure fuel to travel to the countryside to watch over the people being treated under the home-based care system. I would like to request the Rt Hon. Prime Minister to make sure that money matches the action.

Secondly -

THE DEPUTY SPEAKER: Hon. Omara, we had said that we get responses first. That is one of the issues for which we expect a response because the report is saying that the money has been sent to the district taskforces. Can we have responses first?

5.57

MS JANE PACUTO (NRM, Woman Representative, Pakwach): Thank you, Madam Speaker, for giving me the opportunity. This being my maiden speech when you are chairing this House, I want to take this opportunity to officially congratulate you and our Prime Minister and the entire Cabinet upon being elected and appointed to those positions, respectively.

I want to thank the Prime Minister for the good report presented. I also would like to thank the Government for the deliberate effort to ensure that even health centres IV are supplied with oxygen cylinders.

However, Rt Hon. Prime Minister, since you are here with the Minister of Health - this report is going to help Members of Parliament to respond to queries raised by the electorate. I need just some small clarification about the 6,000 cylinders that the Government intends to buy. I would like to know something about them so that when I go to my constituency, I am able to say that the Government is going to give these cylinders within such period.

In your report, you did not indicate the timeframe when the country should expect these 6,000 cylinders. Is it in this quarter or in the course of the financial year? Please, Ugandans need to be given that timeframe. Thank you.

THE DEPUTY SPEAKER: Members, we are not opening the debate. You will bring that issue after the honourable minister has finished. I am saying we are not reopening the debate. Let us have a response from the minister.

DR ACENG: Thank you very much, Madam Speaker. Allow me to respond to the issue raised by hon. Rose Obigah. Her concerns are on the lack of a mortuary at Arua Regional Referral Hospital, the absence of a district hospital in Terego District, and the lack of oxygen cylinders in the grade four health 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 adequate and so, it was reflected as an unfunded priority. The hospital will prioritise this in their capital development budget for the next financial year.

Terego is a new district, which started operating in the financial year 2020/2021 with a great deal of infrastructure yet to be put in place. The district has a population of 199,303 people. Currently, there are two health centres IV - Omugo Health IV and Imvepi Health Centre IV. These two facilities are going to be equipped and human resources recruited to provide the required services to the population. However, this recruitment must be undertaken by the local government. So, it is not the Ministry of Health's responsibility.

Considering that the population is approximately 200,000, this can be adequately covered by the two health centres IV in line with the Ministry of Health policy on 100,000 population per health centre IV.

On the issue of lack of oxygen cylinders at the health centres IV, the Ministry of Health is at the various stages of receiving oxygen cylinders. I cannot give a definite date on which all the cylinders will come. Three hundred have been procured and will be received soon. Another 600 have been procured and are in transit. For another 1,000, we are yet to be given the date of delivery. They will be coming in phases. Oxygen cylinders and other equipment will be distributed to all health facilities up to the level of health centre IV.

Madam Speaker, allow me to continue with the other questions that were raised. The next question was concerning 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 state the roles of each Ministry, Department and Agency (MDA).

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 as well as monitoring and evaluation of service delivery.

Many a times, questions concerning health facilities under the district local governments are misdirected to the Ministry of Health. I humbly request honourable members to direct the questions to the right ministry. In this regard, it is important to note that the district health service delivery is, by law, under the management of Kanungu District Local Government, which should ensure that the services are fully functional.

Kanungu District has a total of 17 subcounties. There are two hospitals - Kambuga Hospital in Kambuga Town Council and Bwindi Community Hospital in Kayonza Subcounty. It has two health centres IV - Kanungu Health Centre IV in Kanungu Town Council and Kihhi Health Centre IV in Kihhi Town Council. There are 15 health centres III and 39 health centres II. Five health centres II are being upgraded to health centres III, and this began in financial year 2018/2019; these include Matanda Health Centre II, Kirema Health Centre II, Ntungamo Health Centre II in Butogota Town Council, Bugongi Health Centre II and Kineba Health Centre II.

The PHC wage allocation for Kanungu for the financial year 2020/2021 was Shs 6.2 billion, while for the financial year 2021/2022 it is Shs 6.5 billion.

Despite the challenges, the Kanungu District Health Service is functional as per the district performance reports. For example, during the financial year 2020/2021, the district achieved the following outputs: health centres II, OPD – 129 people; health centres III – 1309,000 people; health centres IV – 36,000 people; hospitals – 58,000 people. This gives a total of 361,400 people seen. The deliveries alone were 7,940 and cesarean sections had 1,639. Referrals that came in from other units were 1,143. Madam Speaker, this, therefore, means that despite the challenges, the health service is functional.

There was another question from hon. Christine Ndiwalana, MP Bukomansimbi North. Her concern was 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 obviously a strain on the bed availability in all treatment facilities. The public treatment facilities were full and, therefore, patients ended up in private facilities.

The Ministry of Health has since engaged the owners of the private health facilities with the objective of supporting them to reduce the costs charged.

The following resolutions were arrived at:

1. 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 and drugs that were under research, therefore raising the cost of treatment.
2. It was necessary to carry out regular quality assurance audits with the Uganda Medical and Dental Practitioners Council, the nursing council and the pharmacy council. The Ministry of

Health, in conjunction with the private sector, agreed to this. This is to ensure that they adhere to the standards and treatment protocols and refrain from inflating medical bills.

3. Government is also considering the possibility of supporting supply of oxygen to the private sector as this was one of the major cost drivers.

Madam Speaker, you may wish to know that court ruled on Thursday, 8 July 2021 that the 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 to make recommendations to the Minister of Health regarding reasonable fees chargeable by hospitals for treatment and management of persons suffering from COVID-19.

Following the court ruling, the Uganda Medical and Dental Practitioners Council has engaged with the private sector and the private sector has come up with their proposed fees. Dialogue is ongoing. The Uganda Medical and Dental Practitioners Council 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 *-(Interruption)*

MR MPUUGA: Kindly, take a clarification on the subject matter before you take leave of it. Do you have timelines for these consultations?

Apparently, the concern is that people are paying through the nose? Your statement speaks to the future tense. What are you doing about the immediate solution? COVID-19 is ravaging people's pockets. In the interim, what is there?

MS ACENG: Madam Speaker, since court ruled that the Ministry of Health and the Attorney-General do this, allow me to consult with the Attorney-General about how quick we can conclude this matter. Otherwise, we have begun our processes, engaged the sectors and we have tentative figures. We shall engage with the Attorney-General and I will provide a written response to the issue.

THE DEPUTY SPEAKER: Can we have response on Thursday, when we are debating the Katuntu report?

DR ACENG: Yes. May I continue?

THE DEPUTY SPEAKER: Yes, please.

DR ACENG: Hon. Atkins Katusabe, Member of Parliament for Bukonzo West, raised concern about 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 national and regional referral hospitals, not only for COVID-19 but also for non-COVID-19 cases.

Twenty per cent of COVID-19 cases are moderate, severe and critical and require critical care. One of the major components for COVID-19 management is oxygen therapy. Therefore, it is extremely important that it is made available for both COVID-19 cases and non-COVID-19 cases.

As the honourable Prime Minister indicated in her statement, the Government is set to procure cryogenic oxygen plants and install them in all the regional referral hospitals and at National Medical Stores to cover for the central level. The production capacity at the National Medical Stores will be 5,000 cylinders per day and the production capacity in each of the regional referral hospitals will be 618 cylinders per day.

However, what the country requires for COVID-19 and non-COVID-19 cases in the various facilities may be more. So, the Government is going ahead to procure cryogenic oxygen tanks that can deliver oxygen to the various facilities including the general hospitals and the health centres IV.

As I mentioned earlier, a total of 6,320 cylinders have been procured and are in transit. They were procured by the Government of Uganda, Global Fund, Clinton Health Access Initiative (CHAI) and UNICEF. The Government is also set to procure an additional 16,075 cylinders, which will be distributed nationwide and the cryogenic oxygen trucks will ferry liquid oxygen, vaporise it and fill the tanks at the facilities.

THE DEPUTY SPEAKER: Rt Hon. Prime Minister, as you leave, tomorrow there will be the first Prime Minister's Time for this session. We expect you and all your ministers here to respond to non COVID-19 issues. The remaining COVID-19 issues will be discussed on Thursday together with hon. Katuntu's report.

DR ACENG: Madam Speaker, the next question was on the plight of Yumbe Hospital, which was raised by hon. Izama Siraji, Member of Parliament for Aringa County.

On 24 March 2021, the Ministry of Health wrote to the Secretary to the Treasury, requesting for allocation of vote codes for Kayunga and Yumbe regional referral hospitals for financial year 2021/2022 and additional funding of Shs 5 billion to functionalise Yumbe Regional Referral Hospital. As you are aware, Yumbe was renovated and expanded to a 200-bed capacity. The facility was commissioned by His Excellency the President of the Republic of Uganda and since then was declared a regional referral hospital.

I have written to the chairpersons of the districts in the catchment areas to nominate members for the hospital boards. The Ministry of Public Service has also approved the staffing structure and recruitment will commence as soon as funds have been availed.

The Ministry of Finance, Planning and Economic Development has allocated vote 182 to Yumbe Regional Referral Hospital but has not allocated a budget for the hospital. The hospital is ready to be functionalised as a regional referral but it awaits this funding.

The sixth question was on the deplorable state of Nakaseke Hospital, raised by hon. Luttaguzi Ssemakula, Member of Parliament for Nakaseke South. Nakaseke Hospital is a general hospital and by law, it is under the jurisdiction of Nakaseke District Local Government, which should ensure that the hospital is fully functional.

The PCH non-wage for Nakaseke for financial year 2020/2021 was Shs 249,187,165 while for financial year 2021/2022 it is Shs 364,793,000. This is in addition to funds released for essential medicines, health supplies and the wage bill.

Between 2013 and 2015, Nakaseke General Hospital was renovated and equipped alongside eight other hospitals under the Uganda Health System Strengthening Project that was funded by the World Bank.

The scope of work at Nakaseke included construction of a new outpatient department, with an x-ray, ultrasound, physiotherapy, and ART clinic; a teenage centre, general clinics, a new casualty block, an operating theatre, refurbishment and expansion of existing wards; there was a T-block constructed, including all inpatient wards, labour suit, mortuary. In addition, an isolation ward, two operating rooms, eight self-contained private rooms and a private outpatient facility were constructed.

The Government refurbished the existing outpatient department blocks with a dental clinic, laboratory, pharmacy, antenatal and men's health clinic. Two units of staff houses were renovated. The

walkway was paved and connected to the various wards. The hospital was also fenced off. The lagoon and the sewerage system were renovated.

The 144,000-litre steel overhead water tank with a solar and electric power borehole were installed. Attendants' kitchens, laundry and waste pits were also constructed.

The administration block, however, was not renovated due to limitation of financing. The hospital received medical equipment of various types, including digital x-ray machines, dental equipment, adult patient beds with mattresses, delivery beds including those for PWDs, operating tables, laundry equipment and autoclaves. The hospital also received various assorted medical equipment.

Madam Speaker, as mandated by the Ministry of Health, the hospital was fully renovated, well equipped and funds provided for operational costs. Furthermore, the hospital received additional funds through the results-based financing scheme. It is, therefore, imperative that the district local government ensures proper functionality of the hospital and maintenance of this equipment, including provision of quality health services to the people.

The seventh question, Madam Speaker, was raised by hon. Katabazi Francis, MP Kalungu East. The concern was the preference of the local community to home-based medical treatment over hospital-based care due to fear of exposure to COVID-19 and other hospital-acquired infections.

The health ministry developed a community engagement strategy, a community surveillance strategy, home-based care guidelines and it disseminated these to all districts. Also, the health ministry re-oriented all district local governments. The health ministry supported the districts to orient the established district taskforces, which are responsible for coordinating the district response.

Madam Speaker, the population is big and the World Health Organisation guided that not all patients should be admitted to health facilities. We admit only the severe and critical and moderate cases with comorbidities because these require specialised care. Mild cases and asymptomatic cases are encouraged to stay at home so that health workers can concentrate on giving care to the critically ill. Admission of other cases would take away the efforts of the health workers whose attention should otherwise be fixed on those who are critically ill.

The district taskforces have now assigned a district home-based care coordinator and a village health team member to move door to door and provide feedback and updates on community engagement interventions through the established structure, from the parish to the higher levels. These interventions are definitely under the Ministry of Local Government and the district local governments. However, the Ministry of Health has also gone ahead to engage our implementing partners on the ground to support these efforts. We will continue to support the local governments to ensure that the strategy works better.

The COVID-19 guidelines are very clear and simple for the districts to understand. Initiation of treatment is guided and overseen by a recommended health worker. Patients are advised to seek care from a skilled health worker whenever they feel unwell. Also, the village health teams will be able to refer them accordingly. There are plans to ensure that every village health team member has a pulse oximeter to monitor the oxygen levels of those under home-based care.

The last question was on severe disruption of healthcare services in Butiaba Subcounty due to closure of Butiaba Health Centre III. This was raised by hon. Bigirwa Norah. Again, I will say that Butiaba Health Centre III is a primary health care facility under the local government. Therefore, the local government should ensure that the services and health workers are relocated to a nearby facility as the issue of the floods is addressed by the responsible ministry.

I beg to submit.

THE DEPUTY SPEAKER: Thank you very much, honourable minister. The question of the ambulances still stands and we pray that in the next session, we will have an appropriate answer on that issue. Since we budgeted for them, - each of us have constituencies - we need our ambulances in the districts.

Honourable members, we have people who have not debated. We still have a very important report that will clear everything in this House and that is the report of Thursday. I, therefore, request that the ministers who have not submitted wait and submit on both the Katuntu report and this report that has been presented.

Members who have not debated will debate on Thursday, together with debate on that report - I am referring to Thursday next week. Tomorrow is Prime Minister's Time. We will not discuss COVID-related issues.

We will have Prime Minister's Time tomorrow - question and answer on non-COVID matters. On Thursday, when Parliament's taskforce brings its report, we will debate what is pending.

It is also not good to debate such very important issues when you have this number of people in the House. I, therefore, adjourn the House to tomorrow, same time.

(The House rose at 6.27 p.m. and adjourned until Thursday, 22 July 2021 at 2.00 p.m.)