



**PARLIAMENT OF UGANDA**

**INTERIM REPORT OF THE PARLIAMENTARY  
SUB-COMMITTEE ON HEALTH ON COVID-19**

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**MAY, 2020**

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## 1. INTRODUCTION

Rt. Hon. Speaker and Honourable Members,

The Rt. Hon. Speaker nominated eight (8) Members and two (2) technical staff to the Parliamentary Health Sub-Committee on COVID-19 to assess the preparedness of Government to combat the outbreak of the pandemic and advise the House and Government on the appropriate course of action.

The Committee would like to thank the Rt. Honourable Speaker and Parliament for the opportunity to represent the House in the fight against COVID-19.

In a special way, the Committee would like to thank His Excellency the President for his visionary, strategic and unique leadership that has made Uganda to shine in the region in combating the COVID-19 pandemic.

In light of this assignment, the Committee has so far covered part of the Central, South-Western, Eastern, Midwest sub-regions and hereby presents an interim report of the findings and proposed recommendations.

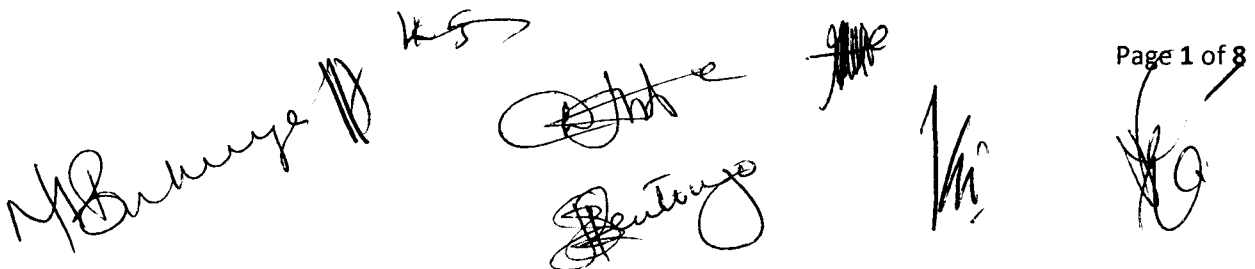
## 2. FINDINGS AND PROPOSED RECOMMENDATIONS

In the Committee's assessment, the following are some of the issues that we considered; whether there was adequate personal protective equipment (PPE) for frontline workers such as health workers, security personnel and others; whether the available infrastructure such as Quarantine Centres, Treatment Centres (TCs), Intensive Care Units (ICUs), at the various health facilities is adequate to handle the pandemic; screening, laboratory testing and contact tracing; the functionality of district task forces; whether there was adherence to health promotion and COVID preventive measures such as hand washing and social distancing in communities; the level of preparedness at border districts; the logistical and funding needs at the facilities;

### 2.1 PERSONAL PROTECTIVE GEAR

Whereas personal protective equipment is the only guarantee for health workers and security personnel's protection against viral transmission, there is acute shortage of masks, hand gloves, foot ware, disposable aprons, disinfectants and sanitizers across the board.

In some facilities, health workers buy their own items for example at Kawempe National Referral Hospital. At Masaka Regional Referral Hospital which has five (5) COVID-19 cases was supplied with only two (2) pieces of N-95 masks, Bwera Hospital has never received any supplies while in some facilities, health

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workers improvise through recycling of masks for days as supplies have not been received.

## **2.2 INFRASTRUCTURE**

### **2.2.1 Quarantine Centres**

All districts visited have established quarantine centres which are mainly in schools. However, apart from Hoima, other districts are using classrooms and they are not separating the travelers and suspect cases from the people who violate the presidential guidelines. Quarantine centres are acting as both quarantine and detention centres as seen in Busia and Kasese.

There is congestion in the classrooms working as quarantine centres despite the social distancing guidelines which leads acceleration of infections. Both male and female suspects are mixed up in same residences and this will likely lead to unwanted pregnancies, increase in HIV and other Sexually Transmitted Infections (STIs).

The centres lack water, mattresses, access to sanitary facilities and people in quarantine centres buy their own food. None of the quarantine centres had received any material or financial support from the centre.

### **2.1.2 Treatment Centres**

Ministry of Health directed Regional Referral Hospitals (RRH) and District General Hospitals (DGH) to establish treatment centres. However, this has been done in only few facilities.

In Kasese, the treatment centre was long established for the management of Ebola outbreaks and was converted into COVID treatment centre therefore there is good preparedness. There is a well- established treatment centre at Fort Portal constructed and managed by development partners. Other districts have only make-shift treatment centres.

### **2.1.3. Intensive Care Units (ICUs)**

Apart from Jinja and Mbarara, the rest of the RRHs do not have space for the proposed ten (10) Intensive Care Unit beds.

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## **2.3. TESTING AND CONTACT TRACING**

### **2.3.1 Screening, Laboratory Testing and Contact Tracing**

All facilities visited had systems in place to screen people. However, most facilities lacked the equipment such as temperatures guns.

Testing for COVID-19 is centralized at Uganda Virus Research Institute with a turnaround time of 24-72 hours yet there is an increasing threat of truck drivers who are allowed to continue with their movements throughout the country before getting the results.

Testing Kits are also in short supply and transportation of the samples is a challenge.

There have been efforts to trace the contacts however, full contact tracing is difficult to achieve.

## **2.4. FUNCTIONALITY OF DISTRICT TASKFORCES**

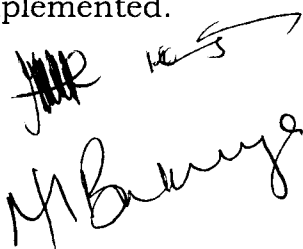
All the districts visited have operational District Taskforces to coordinate response to COVID-19 pandemic.

All districts visited have received funds to support the COVID fight. However, due to the contradictory guidelines issued by Ministry of Local Government and Ministry of Finance, some districts are finding difficulties in spending the money.

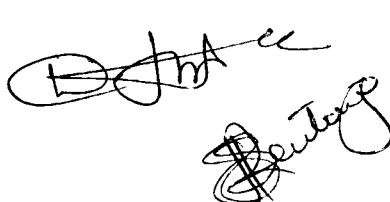
Whereas Ministry of Finance guided that releases be spent as follows; 50% for allowances, 30% on fuel and 20% on welfare, the Ministry of Local Government guided that facilitation on allowances should not exceed 10%, sub-committees should not exceed 20%, fuel should not exceed 40%, vehicle maintenance should not exceed 20% and the remaining 10% should be utilized on information and communication related activities.

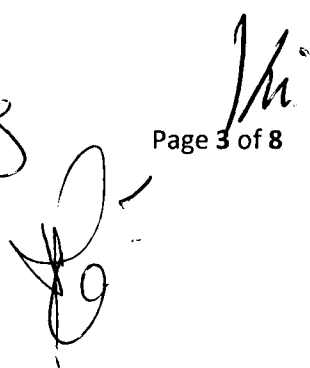
There is confusion of roles in respect to the District Health Officers (DHOs) and Resident District Commissioners (RDCs) especially in the management of quarantine centres. For example in Busia, the DHO was not allowed to access the quarantine centre.

The Presidential directive requiring all the fleet of vehicles in the districts to be under the management of the DHO in most districts has not been implemented.

  
M. Bwalya







- There is unclear reporting and communication channels between the District Task Force and the National Task Force/ Ministry of Health.

In terms of financing, all districts regardless of population, size, location and unique challenges were allocated UGX 165m for COVID for the next three months. This was done regardless of the fact that each district having its own budget according to the prevailing needs. For example, Kasese (popn 1,000,000), was allocated the same amount like Butambala district (popn 108,000).

## **2.5. HEALTH PROMOTION AND PREVENTION**

There is general adherence to the prevention and health promotion practices and messages amongst most communities and health facilities visited. Hand washing, social distancing, use of masks, hand sanitizers and disinfectants is observed.

There are initiatives to use public address system in sensitizing the communities through talk shows, community risk communication in many districts. However, in some townships, there is no evidence of social distancing and hand washing. For example in Busia, Kasese and many other trading centres social distancing was not being observed.

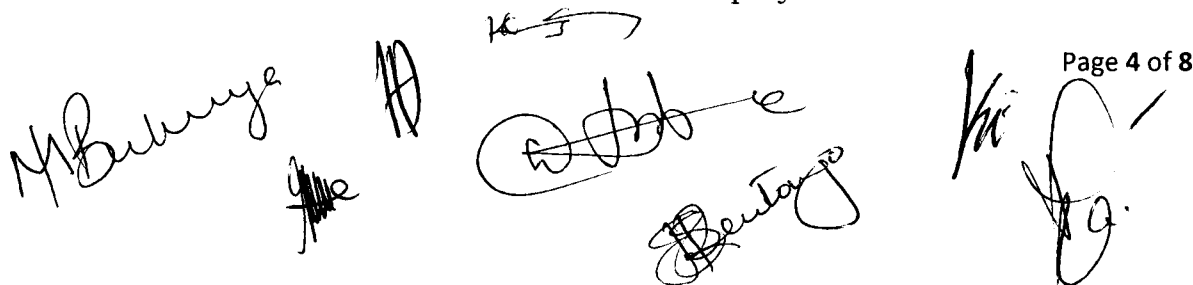
## **2.6. BORDER DISTRICTS**

Border districts have the biggest challenge in controlling and managing COVID-19 because of the multiple illegal entry points and inter-connectivity of populations. There are inadequate security personnel to manage the long border stretches for example Busia –Malaba- Lwakhakha (76km), Mpondwe in Kasese and Busunga in Bundibugyo).

There were allegations of bribery where security personnel are given money to allow people enter the country illegally which is likely to increase the infection from neighbouring countries.

## **2.7. HUMAN RESOURCE AND WELFARE**

Much as Ministry of Health was given money to recruit staff, save for Jinja and Mbale RRHs, the recruited staff are not yet deployed meaning that the existing staff is stretched. Most facilities have re-deployed staff from different

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Page 4 of 8

- departments of their units to specifically manage COVID -19 in some health facilities. This has worsened health service delivery at the lower health facilities.

Due to lockdown restrictions, health workers find it difficult to get to their work stations yet there is no accommodation at the facilities.

Despite Parliament approving UGX 80,000 per person per day as risk allowance, most Health Workers and security personnel at the forefront of handling COVID-19 related issues have not received their allowances to date.

The general attendance to patients with the different non-COVID conditions such as HIV, pregnancy, immunization, Non-Communicable Diseases among others has significantly dropped in facilities visited.

## 2.8. PROVISION OF FOOD FOR THE VULNERABLE

While the Committee was moving in different districts, it was evident that there was a general outcry for food relief from the population to the extent of surrounding the Parliamentary bus expecting to be given food. This was corroborated with information from members of the district task force

**Rt. Hon. Speaker and Hon. Members, recall that Parliament appropriated UGX 94bn to the health sector with a recurrent expenditure of UGX 50bn and Capital Development of UGX 44bn. The sector has also received USD 15M from World Bank and USD 5M from Global Fund amongst other sources.**

Also for the COVID response, Parliament appropriated UGX 30bn for UPDF, UGX 38bn for Police, Uganda Prison Services UGX 4bn, UGX 1.8bn for ISO, UGX 460m for ESO and UGX 1.7bn for Citizens and Immigration (totaling UGX 77bn).

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### 3. RECOMMENDATIONS

The Committee therefore recommends that:-

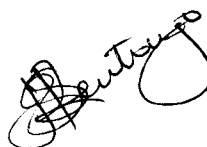
- (i) Ministry of Health should immediately supply health facilities both private and public with adequate personal protective equipment.
- (ii) All security personnel involved in the COVID-19 response should be immediately provided with protective gear.
- (iii) The Ministry of Health should issue clear guidelines and Standard Operating Procedures for Quarantine Centres.
- (iv) The Ministry of Health should immediately release financial resources to manage quarantine centres
- (v) Security should desist from using quarantine centres as detention centres.
- (vi) Ministry of Health should establish field laboratories for testing COVID-19 at the border points in the short term and at Regional Referral Hospitals in the medium term.
- (vii) The Scientific Adhoc Committee of the National Task Force should fast-track the approval of use of rapid testing kits in the testing of COVID-19
- (viii) Whereas Government has done well with health promotion using electronic and print media, there is need for continuous sensitization and deepening of messages into the rural areas using the local leaders and Village Health Teams with Information Education and Communication materials translated in local languages.
- (ix) There is need for increased sensitization and risk communication within border communities.
- (x) Border and vast districts should be given priority in allocation of vehicles and other resources for the COVID-19 response.
- (xi) Funding for districts should be based on the size, population and uniqueness of the area.
- (xii) There should be adequate security deployment to assist in enforcing directives on cross border movements
- (xiii) Health workers and security personnel should be adequately facilitated using funds as approved by Parliament
- (xiv) Food and other items donated at national level should trickle down to the districts.
- (xv) In the long term, government should construct accommodation for health workers at the facilities.
- (xvi) All districts should adhere to the Presidential directive of bringing all district vehicles into one pool under the management of the District Health Officers.

- (xvii) In the long term RRHs should have permanent treatment centres for such pandemics.

### **CONCLUSION**

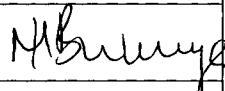


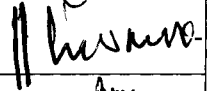

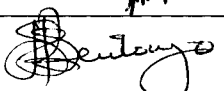
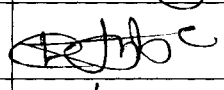

Finally Rt. Honourable Speaker, all the monies allocated for COVID-19 to all sectors at all levels should be strictly followed up.

I beg to submit.





## MEMBERSHIP OF THE HEALTH SUB-COMMITTEE ON COVID-19

NO	NAME	CONSTITUENCY	SIGNATURE
1	<b>Hon. Bukenya Iga Michael- Chairperson</b>	<b>Bukuya County</b>	
2	<b>Hon. Baguma Spellanza- Vice Chairperson</b>	DWR Kyenjojo	
3	Hon. Ssembatya Edward Ndawula	Katikamu South	
4	Hon. Lyomoki Sam	Workers Rep	
5	Hon. Rwakimari Beatrice	DWR Ntungamo	
6	Hon. Ssentongo Robina Nakasirye	DWR Kyotera	
7	Hon. Baseke Fred	Ntenjeru South	
8	Hon. Kinobere Herbert	Kibuku County	

Am. I

Telephone : 256 41 4707 000  
: 256 41 4232 095  
Fax : 256 41 4230 163  
: 256 41 4343 023  
: 256 41 4341 286  
Email : [finance@finance.go.ug](mailto:finance@finance.go.ug)  
Website : [www.finance.go.ug](http://www.finance.go.ug)



THE REPUBLIC OF UGANDA

Ministry of Finance, Planning &  
Economic Development  
Plot 2-12, Apollo Kaggwa Road  
P.O. Box 8147  
Kampala  
UGANDA

In any correspondence on  
this subject please quote: No. BPD 86/268/05

14<sup>th</sup> April, 2020

All Local Government Accounting Officers

## **WARRANTING OF QUARTER FOUR (Q4) EXPENDITURE LIMITS FOR LOCAL GOVERNMENTS FOR FY 2019/20**

Reference is made to my circular ref: MET. 50/268/01 dated 8<sup>th</sup> April 2020, communicating the Quarter Four Expenditure Limits for wage, Non-Wage, Development, and Local Revenue.

In line with the above circular, the expenditure limits for Wage, Non-Wage, Development, Pension and Gratuity are already uploaded on the Integrated Financial Management System (IFMS). Additionally, the expenditure limits for Local Revenue for Quarter 4 FY 2019/20 have been loaded in line with the breakdown provided by your respective Local Governments, and the categorization of the approved budgets for FY 2019/20.

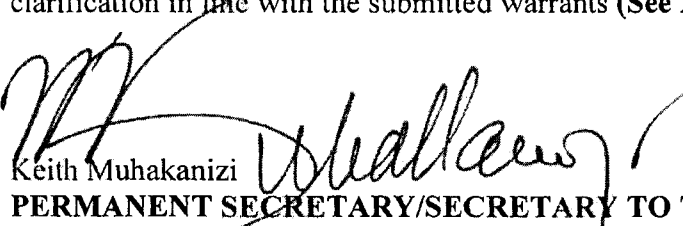
You are therefore required to immediately embark on warranting the above funds to avoid returning unspent balances at the end of the Financial Year to the Consolidated Fund. The warranting exercise during this quarter should be completed by **Monday, 20<sup>th</sup> April 2020**, to ensure timely payment of salaries, Pension, Gratuity and all pending payments for service providers within your respective Local Governments. Officers in this Ministry are required to ensure that all submitted warrants are reviewed by **Friday, 24<sup>th</sup> April 2020**.

Please note that, the above limits included **Ushs 165,530,299** supplementary that was provided for combating the Covid-19 pandemic for each District Local Government. In line with the guidance from the Health Sector, these funds should be warranted under the Health Department as follows;

- **50% for 211103, Allowances**
- **30% for 227004, Fuel and Lubricants,**
- **20% for 221009, Welfare and Entertainment.**

The purpose of this letter therefore, is to inform you that we have released 100% of all your budget categories and you should ensure that you pay all service providers as programmed in the budget. You are further requested to ensure completion of the warranting processes for Quarter 4 FY 2019/20 by **24<sup>th</sup> April 2020**, to facilitate implementation of all planned activities in your respective Local Governments. **Please note that partial warranting will not be entertained during the quarter.**

Attached too are clusters indicating your responsible desk Officers in case of any clarification in line with the submitted warrants (**See Annex 1**).

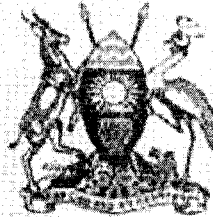
  
Keith Muhakanizi

**PERMANENT SECRETARY/SECRETARY TO THE TREASURY**

**Cc:** The Permanent Secretary, Ministry of Local Government  
The Permanent Secretary, Ministry of Health  
The Accountant General  
All District Chairpersons  
All Resident District Commissioners  
All Municipal Mayors

*Amex II*

TELEPHONES-GENERAL LINE 01444333/434224  
 MINISTER 0414341774  
 MINISTER OF STATE 0414342564  
 PERMANENT SECRETARY 0414342613  
 DIRECTOR LOCAL GOVT ADMIN 0414342651  
 DIRECTOR LOCAL GOVT INSP 0414342794  
 CHIEF SECRETARY FINANC & ADMIN 0414342812  
 COMMISSIONER LOCAL CHNCL DEV 0414342860  
 COMMISSIONER URBAN ADMIN 0414342787  
 COMMISSIONER URBAN INSP 0414342812  
 COMMISSIONER DIST INSPCT 0414342819  
 COMMISSIONER DIST ADMIN 0414342824  
 COORDINATOR LGMPD 0414342741  
 PUBLICITY COORDINATOR DIST 0414342711  
 NAT FACILITATOR-CAHP & STATP 0414342703  
 ASSISTANT COMMISSIONER POLICY & PLANNING 0414342754  
 FAX No: MINISTER 0414342737  
 PERMANENT SECRETARY 0414342613



MINISTRY OF LOCAL GOVERNMENT

P. O. BOX 7037

KAMPALA

UGANDA

E-mail: [ps@molg.go.ug](mailto:ps@molg.go.ug)

Website: <http://www.molg.go.ug>

IN CASE OF ANY CORRESPONDENCE ON

THIS SUBJECT PLEASE QUOTE REF ADME/001/0001

14<sup>th</sup> April 2020

All Chief Administrative Officers

## MANAGEMENT OF RESOURCES RECEIVED FOR THE FIGHT AGAINST THE SPREAD OF COVID -19 VIRUS

Reference is made to the above captioned subject.

As you are aware, the Ministry of Finance, Planning and Economic Development has released emergency funds to support the fight against the Covid-19.

In order to standardize the Emergence response activities in this period, the Ministry of Local Government in consultation with Ministry of Health is providing the following guidelines;

- 1) The District Task Forces are expected to have Sub Committees that include:
  - i) Surveillance and Laboratory,
  - ii) Case Management (in Districts with COVID-19 Isolation/Treatment Centres),
  - iii) Risk Communication and Community Engagement, and
  - iv) Planning and Resource Mobilization.
- 2) The COVID-19 Emergency Response Funds sent to the Districts are for the following activities
  - i) Provision of fuel and allowance to surveillance teams for responding to alerts, contact tracing, taking off samples, sample transportation,
  - ii) Fueling of ambulances and allowances for drivers and medical personnel for transporting patients with emergencies and women in labour,
  - iii) Transport arrangements for Medical Staff who stay far from the Health Facilities. All health facilities should remain open to provide routine health care services to the population.
  - iv) Payment of risk allowance to the clinical staff for management of COVID -19 in the designated treatment Centres only.
  - v) Payment of allowances to Village Health Teams for risk communication activities as per the Operational Guidelines on COVID-19 for the VHTs.

*PRK*



- vi) Provision of food and other essential items for people under quarantine in the approved isolation centres. The District must ensure that quarantine centres are established according to the Ministry of Health guidelines.

In addition, the following should be noted as the above funds are being warranted

- i) Facilitation for DTF activities and allowances should not exceed 10% of the Total allocation.
  - ii) Facilitation of the Sub-committees who will be carrying out activities across the Local Government and at lower levels should not exceed 20%.
  - iii) Fuel for all operations should not exceed 40%.
  - iv) Vehicle Maintenance should not exceed 20%. However, all records for Vehicles repaired/serviced should be kept for future review.
  - v) The remaining 10% should be utilized for information and communication related activities as well as emerging necessities and essentials which are not provided for under any other allocation.
- 3) The staff allowances have been standardized across Districts as in the table below and must be paid on time.

No.	Activity	Amount per day	Remarks
i)	Community surveillance, contact tracing, follow up and psychosocial support by the District and Subcounty Surveillance Teams	50,000/=	To cater Allowance and Meals
ii)	Risk Communication in the Community (Village Health Team sensitization on COVID-19 using megaphones)	20,000/=	To cater for Safari Day Allowance, meals and transport for VHTs for upto 14 days only per VHT.
iii)	Clinical staff managing COVID-19 patients in the designated hospitals	80,000/=	Risk allowance. There must be evidence of attendance to patients for health worker to be paid

4) Funding for facilitation of the Resident District Commissioners' COVID-19 Response and Security, Isolation Centres and Surveillance have been provided under Office of the President and Resident District Commissioners are already informed.

5) A Number of Districts have received Donations which should also be managed as indicated below:-

- i) Every Donation should be channeled to the District Covid-19 Task Force.
- ii) The Donations should be acknowledged in writing and the District Task Force should then inform the National Task Force as per the Details of the Donation.

*Paul*



- iii) The Donations should be used in line with the Standard Operating Procedures (SOPs) as issued by the relevant Government Agencies.

6) While Managing the Resources received, I would like to draw your attention to Section 12, of the Public Service Act (2008) which stipulates the following obligations among others:

- i) Be transparent, accountable, impartial and professional.
- ii) Exhibit Expertise and Integrity and portray a good image of the Public Service.
- iii) Apply management techniques as may be prescribed to ensure economy, efficiency and cost effectiveness in service delivery.

In addition, you should apply the relevant provisions of the Public Finance and Management Act (2015) and all other laws relating to use of resources and let them be your guide as you execute the above important Task.

As Accounting Officers, you should also take note and bring to the attention of all stake holders the provisions of Article 164(2) of the Constitution which stipulates that "Any person holding a Political or Public Office who directs or concurs in the use of Public Funds contrary to existing instructions shall be accountable for any loss arising from the use and shall be required to make good the loss even if he or she has ceased to hold that office".

The purpose of this communication is to forward to you the above guidance for your urgent action accordingly.

**Ben Kumumanya**  
**PERMANENT SECRETARY**

- Cc: The Rt. Hon. Prime Minister
- Cc: Hon. Minister of Local Government
- Cc: Hon. Minister of Finance, Planning and Economic Development
- Cc: Hon. Minister of Health
- Cc: Hon. Minister of the Presidency
- Cc: The Head of Public Service and Secretary to Cabinet, Kampala
- Cc: All Permanent Secretaries
- Cc: Direct General Health Services
- Cc: All Resident District Commissioners
- Cc: All District Chairpersons
- Cc: All District Health Officers