



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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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

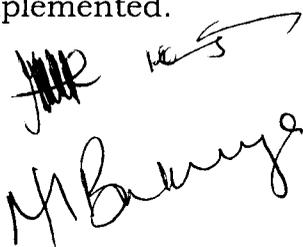
All the districts visited have operational District Taskforces to coordinate response to COVID-19 pandemic.

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.

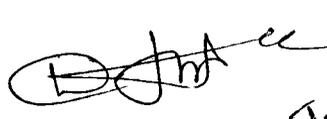
Whereas Ministry of Finance guided that releases be spent as follows; 50% for allowances, 30% on fuel and 20% on welfare, the Ministry of Local Government guided that facilitation on allowances should not exceed 10%, sub-committees should not exceed 20%, fuel should not exceed 40%, vehicle maintenance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










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- 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.

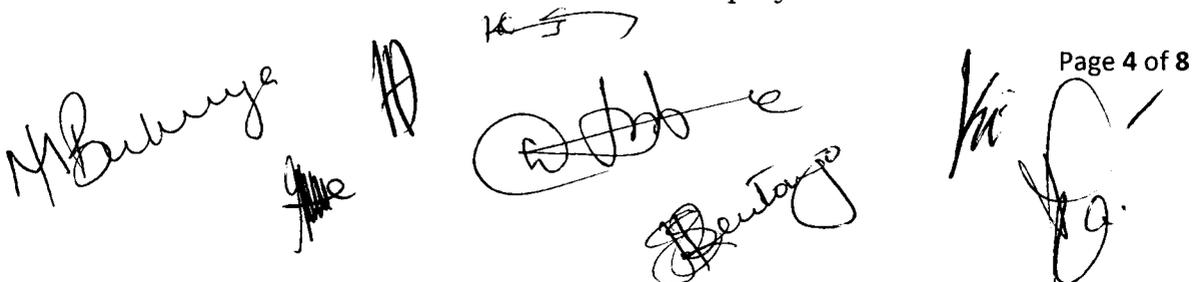
2.6. BORDER DISTRICTS

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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- 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.

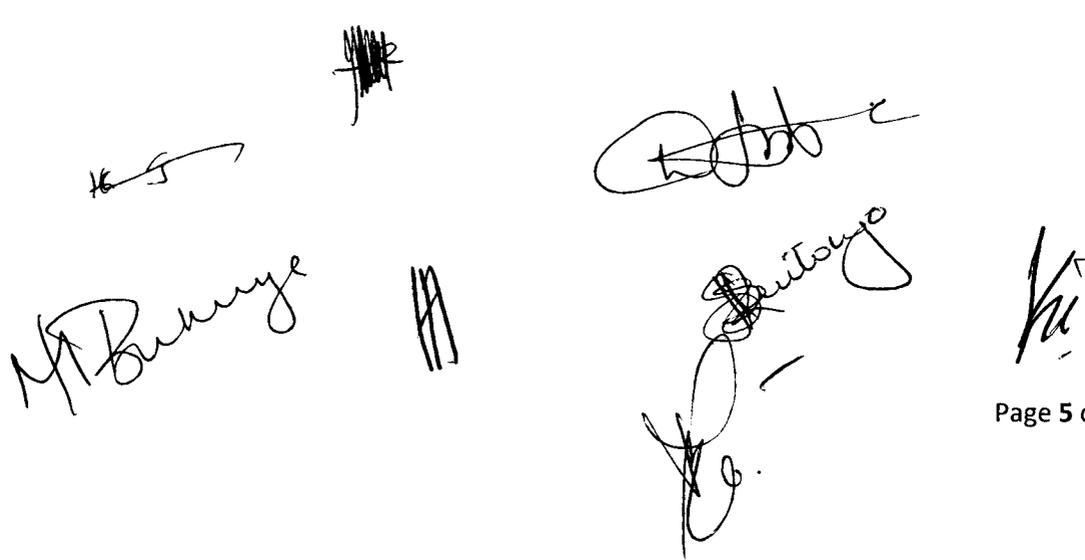
The general attendance to patients with the different non-COVID conditions such as HIV, pregnancy, immunization, Non-Communicable Diseases among others has significantly dropped in facilities visited.

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).

The block contains several handwritten signatures and initials. On the left, there is a signature that appears to be 'M. D. Bwalye'. In the center, there are some vertical lines and a scribble. To the right, there is a large, stylized signature that looks like 'D. D. D.' and another signature below it that includes the word 'Sautonyo'. On the far right, there is a signature that looks like 'K. U.'.

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.

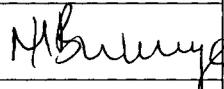
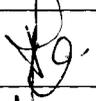
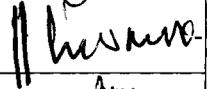
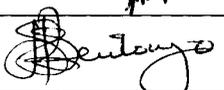
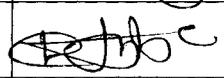
- (xvii) In the long term RRHs should have permanent treatment centres for such pandemics.

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	Hon. Bukunya Iga Michael- Chairperson	Bukuya County	
2	Hon. Baguma Spellanza- Vice Chairperson	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	

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UGANDA

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

14th 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 8th 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.

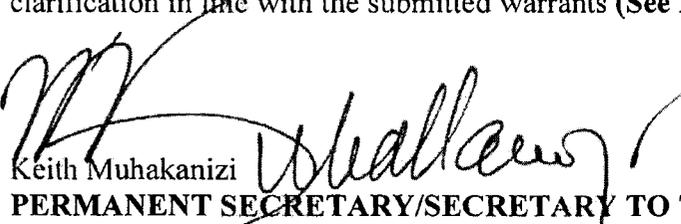
You are therefore required to immediately embark on warranting the above funds to avoid returning unspent balances at the end of the Financial Year to the Consolidated Fund. The warranting exercise during this quarter should be completed by **Monday, 20th April 2020**, to ensure timely payment of salaries, 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, 24th 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 **24th 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