



L-R: Ntwetwe MP Yoweri Ssebikaali, Mbarara Woman MP Margaret Ayebare, chairperson of parliament health committee Dr Charles Ayume, Executive Director of Butabika Hospital Juliet Nakku and Gulu MP Sharon Laker during the committee's visit to the hospital in September

COVID-19 PANDEMIC: HOW

By Henry Sekanjako

Ever since Uganda registered her first case of COVID-19 in March last year, Parliament, whose major roles are to make laws, budget, oversight and representation, has been key in following up on Government's intervention in the fight against the virus that has left over 3,000 Ugandans dead.

From the onset, Parliament has constituted different ad hoc committees to monitor and evaluate Government's response to COVID-19 as a way of ensuring value for money and proper accountability of the public funds.

In accordance with Rule 8 (1,2 &3) of the Rules of Procedure of Parliament, the Deputy Speaker, Anita Among, in June this year, constituted a Parliamentary Taskforce on the National COVID-19 Response to inquire into Government's preparedness and response to COVID-19.

The parliamentary taskforce comprised Members of Parliament and was tasked with providing an assessment of the health impact of COVID-19 in different communities and the country at large, as well as assess the operation, administration and management of funds and other resources appropriated for them to manage the pandemic.

ACCOUNTABILITY

During its mission, the taskforce focused on COVID-19 expenditure and accountability by the Government. It should be noted that the Government has provided over sh4 trillion to finance COVID-19 related expenditure since the onset of the pandemic in March last year. Out of this, sh314b (7.8%) was provided in FY 2019/2020, sh2.7 trillion was for the financial year 2020/21 and sh932.58b has been provided for the current FY 2021/2022.

A total of sh1.1 trillion has been provided to finance interventions related to provision of direct health services, sh116b (2.9%) has been directed towards social protection-specific innovations and funds to vulnerable populations within cities and municipalities and another sh2.6 trillion (68.9%) provided to support interventions that have been implemented under the economic stimulus package.

To implement the various economic stimulus packages, the Government intended to minimise the negative impact of COVID-19 on the social and economic welfare of the economy with focus on household economic welfare for firms to survive the crisis and maintenance of financial stability to avoid the potential collapse of the economy.

Interventions such as Uganda Development Bank (UDB) recapitalisation, support to

SACCOs through the Microfinance Support Centre, Emyooga and the youth funds, Uganda Women Entrepreneurship Programme (UWEP) and provision of inputs and support for the e-voucher systems were well-intentioned to boost the private sector, protect the economy and provide certainty for businesses.

However, they were affected by lack of a transparent mechanism to ensure that the resources trickle down to the intended beneficiaries.

According to the MPs, many small and medium enterprises, women and youths have continued to suffer from the economic impacts of COVID-19 unabated.

For accountability of the funds, the taskforce, in its report to Parliament, asked the finance ministry to submit to Parliament full accountability backed by an authentic lists of beneficiaries of the funds appropriated in respect to the recapitalisation of UDB, totalling sh558.18b.

"The Government should provide to Parliament full accountability indicating the beneficiaries of the funds appropriated under the Youth Fund totalling sh130b, UWEP under gender ministry totalling sh29.51b and Emyooga through the Microfinance Support Centre, totalling sh260b," the MPs noted in their 179-page report.

The MPs were further asked to conduct sensitisation and awareness programmes on mass media to educate the population.

According to the scope and terms of reference, the geographical scope of the parliamentary taskforce covered the whole country and the MPs were expected to pull off the assignment in a limited period of time. The taskforce operated on a regional basis, where members travelled to all corners of the country to conduct a physical assessment of the situation on ground in the context of the management of the COVID-19 pandemic.

In performing its mandate, the taskforce held stakeholder meetings with different stakeholders, including from the health, finance and gender ministries. They also interfaced with officials from the National Medical Stores and private health care providers, among others.

COVID-19 restriction costs
In their report, the MPs observed the high cost of enforcement of COVID-19 containment measures by the Government. According to the MPs, whereas there is still a deficit in the required budgetary allocation towards procurement of the much-needed vaccines, to the tune of sh365.9b, the Government is still spending huge sums of money on COVID-19

The 40-member team, headed by Bugweri County MP Abdu Katuntu, was also asked by the Deputy Speaker to assess the

role of private health sector care providers in COVID-19 management, carry out field visits to assess the state of health

care systems in regional referral hospitals, selected general hospitals and lower health care facilities.

SH4 TRILLION The Government has provided over sh4 trillion to finance COVID-19-related expenditure since the onset of COVID-19.

3,000 The COVID-19 pandemic has left over 3,000 Ugandans dead.

SH88B The total cost for the 36,702,048 masks was sh88b.



A COVID-19 patient being taken for treatment. MPs say the money for isolation centres was not properly accounted for

PARLIAMENT PLAYED ITS ROLE

containment measures at the expense of mass vaccination.

The MPs indicated that in addition to the high cost of COVID-19 containment measures, during the financial year 2019/20, Parliament appropriated a sh2218b to support the establishment of 20 isolation centres in each district and to undertake surveillance as a means of slowing down the disease transmission. However, the legislators established that in most of the districts, no single isolation centre ever existed.

"The Government should submit detailed accountability to Parliament for sh22.18b appropriated to facilitate establishment of 20 isolation centres, indicating the location in each district, where such facilities were established," read the report.

However, in response, the health ministry said they did not plan to set up 20 isolation centres per district, but re-purposed mental health units into treatment centres in the 15 regional referral hospitals at the time.

Additional funding

In its findings, the parliamentary taskforce discovered discrepancies in COVID-19 expenditure for the financial year 2019/20.

According to the report, Parliament appropriated sh94.18b under supplementary budget schedule into the Ministry of Health.

The health ministry, in its submission to the taskforce,

MASKS

As a condition for lifting of the lockdown in May last year, Cabinet directed the health ministry to provide non-medical and reusable face masks for Ugandans.

At a cost of sh2,400 per fabric mask, the total cost for the 36,702,048 masks was sh88b. However, a review of accountability of Government to the Ministry of Health for the period between March 2020 and June 2021 revealed that a total of 90,99b was spent in respect to the procurement of masks for the communities, totalling to 35,323,287 and finalist learners totalling to 2,592,963. This, according to the report, brings community masks to 37,916,250.

However, the analysis of the taskforce revealed a discrepancy in both the reported number of fabric masks procured and distributed by 1,214,202 and the amount of money spent on the procurement of the fabric masks by sh2.9b.

indicated that by the end of FY 2019/20, a total of sh92.431b had been spent, leaving a balance of sh1.757b. The balance is reported to have been returned to the consolidated fund. The report indicated that a review of the actual expenditures submitted to the taskforce revealed a total of sh99.069b as having been sent, instead of the reported sh92.431b.

"The taskforce noted that this amount is over and above that appropriated by sh4.881b. The source of the additional funds, totalling to sh4.88b, remains unknown, it is not possible to spend more than what was appropriated," the MPs stated in their report.

The MPs recommended that the health ministry explains the source of additional expenditure

amounting to sh4.881b.

In response, the ministry acknowledged the discrepancy as noted by the taskforce and has since reconciled its position to reflect the actual expenditure.

The Ministry of Health, however, noted that the shortfall of 1,214,202 masks was due to additional masks distributed to districts due to discrepancies in the projected population figures from the Uganda Bureau of Statistics.

On the COVID-19 donations by members of the public, the taskforce established that a total of sh29.6b was collected as cash donations towards COVID-19 response.

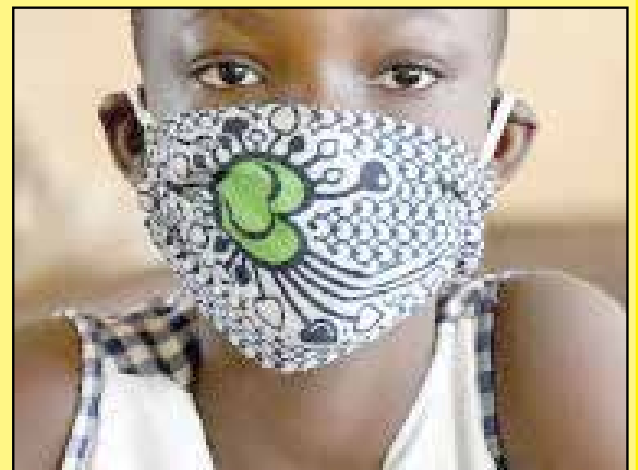
Out of this, sh23.9b was earmarked on procurement of 282 pick-up trucks, sh3.3b was

earmarked and spent towards the construction of a blood bank in Soroti district, while sh2.4b was spent on construction of health units at Vurra (Arua) and Cyanika (Kisoro) border posts.

In their report, however, the MPs discovered inadequacies in accountability of the funds, which they said were also pointed out by the Auditor General.

By the time of the report, a total of 121 vehicles, according to the report, had been imported into the country and were awaiting clearance of import taxes totalling sh9b by the Uganda Revenue Authority (URA).

The taskforce was informed that the Ministry of Health did not have a budget of sh9b to clear the import taxes and as a result, were still parked in URA customs



bonded warehouses, awaiting clearance. However, in its report, the taskforce recommended that the Government urgently resolves the impasse by either availing the funds required to clear the due taxes or settle for a tax waiver all together, with a view of having the vehicles cleared and deployed to serve the deserving population without any further delay. The MPs noted that all the procurements undertaken during the COVID-19 response were of emergency nature and, therefore, cases could have not allowed the procurement process.

"In the prevailing circumstances, a forensic audit should be conducted within two months to ascertain whether there was value for money," the MPs recommended.

MPS WANT CAOS, RDCS TO MANAGE EMYOOGA FUNDS

By Henry Sekanjako

Legislators have recommended that the Government places the Emyooga SACCOs funds under Chief Administrative Officers for better accountability of the funds.

The MPs also want the Government to empower the Resident District Commissioners to monitor disbursement and use of the funds, to avoid abuse of the resources.

"Emyooga programme is a key intervention in fighting poverty and promoting wealth creation through increasing access to financial services, capital and strengthening collective and sector participation," the MPs said.

"The preparation, coordination, communication, management, monitoring, accountability, financing frameworks and processes, however, need to be reviewed and strengthened to fully realise its potential benefits in driving socio-economic growth in Lango and Uganda as a whole," MPs from Lango sub-region recommended in their report.

In August, the Deputy Speaker of Parliament Anita Among, sent Parliament to the field for a week and directed MPs to visit their respective constituencies to monitor and evaluate the sh53b Emyooga programme.

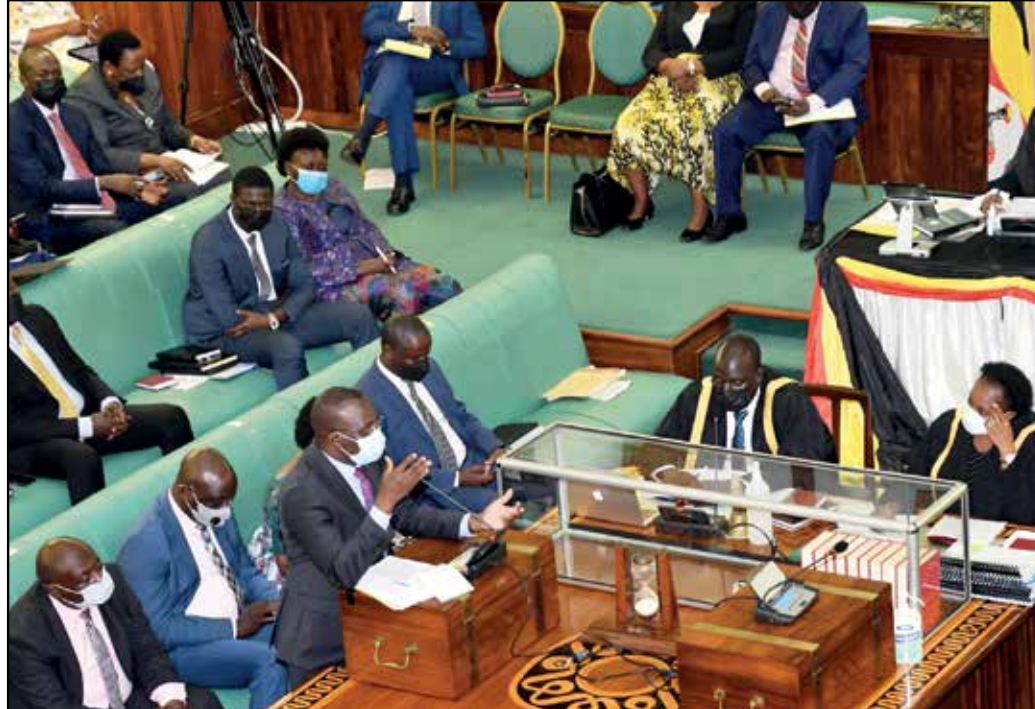
Introduced by the Government recently, the Emyooga is a poverty eradication programme, which was established as part of government's strategy to transform 68% of Ugandan homesteads from subsistence farming to market-oriented production.

MISSING MONEY

However, the MPs' evaluation of the programme has unearthed rot in the programme with majority of the intended beneficiaries missing out on the monies and others paying to get access to the funds.

According to the Emyooga report to Parliament by MPs from the Lango sub-region, some of the funds that were disbursed to different districts in the sub-region have been misused by the SACCOs leaders and beneficiaries.

In their report to Parliament, the MPs from Lango sub-region discovered a lot of discrepancies in Kole district.



Cabinet members in the House. In August, Deputy Speaker Among, sent Parliament to the field and directed MPs to visit their respective constituencies to monitor and evaluate the sh53b Emyooga programme

FUNDS

According to the Emyooga report to Parliament by MPs from the Lango sub-region, some of the funds that were disbursed to different districts in the sub-region have been misused by the SACCOs leaders and beneficiaries



Speaker Jacob Oulanyah



Deputy Speaker Anita Among

"Whereas it had been reported in the district commercial officers report that Opetia parish local leaders had repaid sh3m, these funds could not be traced in the bank accounts and the Kole North local leaders account only had a balance of sh265,939.48," according to the report submitted before Parliament recently.

In Otuke district, the MPs discovered that the Otuke County Veterans (Widows and Orphans) SACCOs, did not receive sh30m, although the Micro Finance Support Centre had indicated in their letter that funds totalling to sh560m, had been sent to the constituency, only sh530m was

received.

In Kole district, the MPs found out that bank statements of the different SACCOs were obtained and amounts withdrawn compared to the amount disbursed.

"It was noted that sh540.6m was withdrawn from the 16 SACCOs accounts in Kole North County. However, only sh409.5m was disbursed and received by the associations," the MPs noted in their report.

Still in Kole district, a total sh131m was found to be missing from the accounts withdrawn by the SACCOs leaders with authorisations from the district commercial officers through their

recommendation letters.

However, according to the report, no clear explanation was given as to where the funds were. According to the MPs, Kole North performing artists disbursed sh13m as a loan.

Sh30.5m was however, withdrawn from the account with sh17.5m unaccounted for. In Kole South local leaders account, sh35m had been withdrawn but only sh25m disbursed, with sh9.5m not accounted for.

"The same account received sh100m instead of sh50m, however sh50m was removed from the account citing an error from the bank," the MPs stated.

KICKBACKS

In Kole district, Lwala youth leaders and Okwerodot market vendors indicated that sh300,000 and sh400,000 was cut off from their loans respectively in the presence of the commercial officer.

The chairperson Kole North Veteran's SACCO, indicated that the commercial officer asked for a kickback of sh4m. However, sh2m was given. The chairperson, Kole North Tailor's SACCO, indicated that a kickback of sh1m was demanded by the commercial officer to whom they gave sh1m.

"The chairperson of the Kole North Youth Leaders SACCO indicated that the District Commercial Officer, asked for a kickback of sh2m, but sh1.5m was given to him," the MPs noted.

The MPs discovered that in Kole North County, most associations had not made any payments, and had a high default rate. Where the money had been returned, it could not be traced on the accounts. The legislators recommended that the SACCOs loan policies on repayment periods needs to be revised from four months to six or eight months to enable ample time for the beneficiaries to invest and get returns.

EXTORTION

In their report, the MPs also reported Several incidences of extortion and illegal fees collections from members, by SACCOs leaders.

In Amolatar district, it was reported that the associations were asked to pay sh40,000 into the district collection account.

In order to ensue Safeguards to the funds disbursed have been paid back, each association was required to have to save at least a third of the loan amount they needed, with a short repayment period of four months.

In Dokolo district, the MPs observed that the chairperson of Dokolo North Women Entrepreneurs SACCO at the start collected illegal fees such as sh5,000 for registration from each association, Sh40,000 from each Association for rent, sh25,000 from each Association for transport, sh5,000 from each individual members of the Association for loan pick up and sh20,000 from each individual.

SH3M The amount of money believed to have repaid by Opetia parish leaders

SH540.6M Amount of money withdrawn from 16 accounts in Kole North, but only sh409.5m was disbursed and received by the associations

SH17.5M Unaccounted for money out of sh30.5m withdrawn by performing artists

ALL ALLOWANCE ARREARS OF HEALTH WORKERS SHOULD BE PAID OFF WITHIN TWO WEEKS

By Henry Sekanjako

The legislators also want the Government to empower the Resident District Commissioners (RDCs) to monitor disbursement and use of the funds, to avoid abuse of the resources.

Parliament has asked the government to consider timely payment of hardship allowances to frontline health workers involved in the fight against COVID-19.

A recent report by the Parliamentary Taskforce on the National COVID-19 Response on COVID-19, following a visit to regional, district and lower health facilities, indicated that most of the health workers last received their risk allowance payments in December 2020.

The report which was adopted by Parliament early this month, recommends a special audit to ascertain the loopholes in management of the funds. "An audit of the appropriated allowance to the frontline staff should be conducted to ascertain whether these funds were received by the intended end users," the report states.

The taskforce committee which authored the report observed that health workers often received their risk allowances late, with some indicating that they had received pay in December 2020 during the first wave of the COVID-19 pandemic.

According to the MPs, the allowances were further subjected to a 30% tax. The report stated that 12 contact tracers under the Tororo surveillance team had not been paid at all for work done in the first wave.

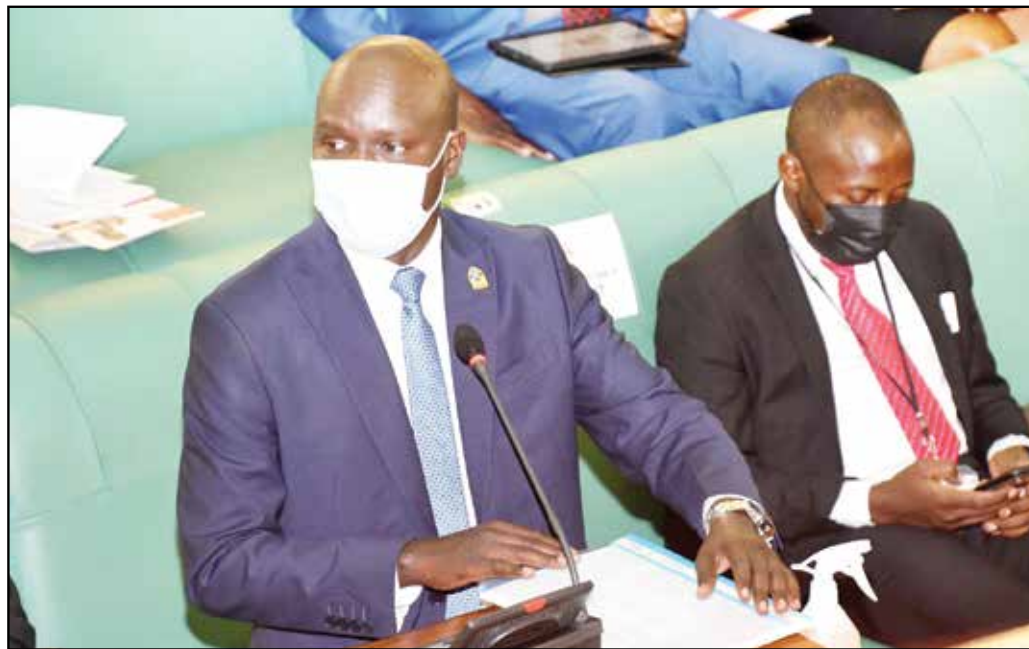
"Subsequently, a combination of delayed /nonpayment and taxing did not only have the effect of demotivating the already overstretched gallant health workers, but further dampened their spirits as they risked their lives daily to save others," the MPs noted in their report.

The MPs recommended that all allowance arrears of health workers should be paid off within two weeks. The legislators also recommended that the Government adopts a single spine structure for payment of risk allowance to address discontent amongst health workers.

On taxation of their payments, the MPs implored the finance ministry to consider a tax exemption for health workers' risk allowances, which proposal was hailed by the health ministry.

"It is true that health workers have complained of taxation of their hardship allowance.

LEGISLATORS PUSH FOR TIMELY PAYMENT OF COVID-19 ALLOWANCES



MPs want a comprehensive audit of the appropriated allowance to the frontline staff to ascertain whether the funds were received by the intended users

We, therefore, welcome this recommendation of waiving taxes on the COVID-19 hardship allowance. It is important to note that tax waiver is a matter of legislation," Dr Jane Ruth Aceng, the Minister of Health, said.

COVID-19 TASKFORCES

The committee observed that all district and cities visited, had well-constructed and functional district COVID-19 taskforces chaired by the Resident District Commissioners (RDCs) or Resident City Commissioners (RCCs).

The teams according to the MPs comprised of the RDCs/RCCs, district/city chairpersons/lord mayors, chief administrative officers (CAOs), district probation and welfare officers, district COVID-19 surveillance focal persons, district police commanders, district internal security officers, civil society and the media.

The district taskforces worked jointly following guidelines issued by the ministry of local government to ensure functionality of all their structures

URGENT

The MPs recommended that the government expedites the hiring of adequately trained personnel to man the COVID-19 treatment units and testing centres as a matter of urgency.

such as sub county taskforces and village COVID-19 taskforces responsible.

The teams according to the MPs, conduct planning meetings, share information, and provide reports on contact tracing and surveillance across all structures.

HUMAN RESOURCE

The taskforce noted then that all regional referral hospitals visited were finding difficulties in effectively managing the rising number of severe and critical COVID-19 cases partly due to inadequate specialised cadres such as intensivists, doctors and Anesthesiologists among others.

Across all levels of health facilities, staffing stagnated at 52% for all cadres with the exception of Pallisa General Hospital which stands at 75%.

"In particular, the ministry could explore the possibility of hiring specialist health cadres from centres such as Cuba, in order to cover the specialty staffing gaps at the intensive care units (ICU) and COVID-19 treatment units (CTUs) in the regional referral hospitals," Dr Emmanuel Otaala, the MP West Budama County South, said.

In response, the ministry of health attributed the low staffing levels to lack of resources to pay the professionals.

Aceng said, "It has been difficult to attract critical staff such as intensivists, anaesthesiologists and critical care nurses because they are not readily available and the few who are available are not willing to work for the Government because of the low pay".

The taskforce was notified that whereas general hospitals were ordinarily required to refer moderate to severe cases of COVID-19, to the regional

FUNDING

It was observed that due to limited funding, critical functions of the district taskforces such as surveillance, contact tracing and home-based care activities are operated below optimal.

For example, whereas a total budget of Sh284.4m had been provided to Bukedea district response to COVID-19 wave two, the district taskforce had earmarked only Sh29.6m toward fuel for both supervision, and surveillance but allocated a combined Sh101.5m in allowances.

In effect, the money which is meant to go towards implementation of the critical activities such as surveillance and contact tracing within the communities is according to the report, spent towards administrative costs such as payment of allowances to the district taskforces.

The MPs recommended that the local government ministry revisits the guidelines on utilization of funds expended to local governments to ensure that sufficient resources are committed to critical functions of surveillance and contact tracing across districts in the subsequent allocations and releases towards the COVID-19 response.

"All district taskforces should ensure that the lower-level taskforces are fully operational and facilitated," The MPs recommended in their report.

referral hospitals which had been earmarked to have High dependency units (HDUs) and intensive care units (ICUs) to treat COVID-19, many times the patients they referred to, were either bounced back or admitted very late and ended up dying due to lack of bed capacity at regional referral hospitals.

As a result, the general hospitals of Tororo, Pallisa and Kapchorwa had taken it upon themselves to earmark one ward, where they were treating COVID-19 cases.

It was further observed that Bukedea sub region had one of the highest numbers of COVID-19 infections in the country and Tororo leading with 4,571 cases as of July 26, 2021.

Tororo general hospital alone had successfully treated over 252 cases to full recovery as of July 10, 2021.

The MPs recommended that the government urgently establish COVID-19 treatment centres at Kapchorwa, Pallisa and Tororo General Hospitals as a matter of emergency and urgency to decongest Mbale and Soroti Regional Referral Hospitals.

30% Amount of tax netted off the allowances of the COVID-19 frontline health workers

12 Number of contact tracers under the Tororo surveillance team had not been paid at all for work done in the first wave of the COVID-19 pandemic

4,571

Number of COVID-19 cases in Tororo as of July 26, 2021. The district had one of the highest cases in the country at the time

HOW PARLIAMENT OPERATES AMIDST COVID-19 PANDEMIC

By Henry Sekanjako

When Uganda registered the first COVID-19 case in March 2020, the country went into partial lockdown. Both public and private offices closed shop for over a month.

Parliament, however, was one of the few public institutions that remained operational amidst the surge in COVID-19 cases.

Despite its continued operation, the august House is one of the key public institutions that have been able to fight and prevent the spread of COVID-19, irrespective of its big population.

But, how has Parliament been able to pull off this? For the last two years Uganda has faced the COVID-19 pandemic, the House has put in place a number of measures – Standard operating Procedures (SOPs) to prevent the spread of the virus among MPs and Parliament staff.

In 2020, the then Speaker of Parliament, Rebecca Kadaga, issued tight guidelines to be followed, including shifting of Parliament sittings from the Parliament Chamber to a tent in the Parliament car park, reduction in the number of staff, where majority of them were asked to operate from home, the number of members attending plenary sittings and a ban on visits to Parliament by members of the public.

As part of the SOPs, Parliament also procured handwashing machines, temperature guns and sanitiser spray machines, among others, to prevent the spread of the virus.

“There shall be temperature guns stationed at all floors of Parliament and more sanitisers shall be provided in all entrances and offices,” Kadaga said.



After putting in place the Standard Operating Procedures, sessions were moved back to the Chamber



Prior to the Standard Operating Procedures, MPs were legislating from a tent

To avoid crowds, during the swearing-in ceremony for legislators, very tight guidelines to prevent the spread of the virus were issued.

Unlike the 10th Parliament which used three days to swear in the lawmakers, the 11th Parliament picked four days to conduct the ceremony

due to the increased number of MPs and need to observe the COVID-19 SOPs, which, among other things, provide for social distancing.



Chris Obore, Parliament's spokesperson

A total of 556 MPs as at November 2021, are in the 11th Parliament, compared to the 427 that were sworn in May 2016 for the 10th Parliament.

To observe the COVID-19 SOPs, Parliament issued a list of tough guidelines that were followed during the exercise to avoid the spread of COVID-19.

Unlike in the past when newly elected MPs ferried supporters to parliament to witness the swearing-in function, this year MPs of the 11th Parliament were barred from coming with crowds

FUMIGATION

A few weeks after the swearing-in ceremony, the Parliament administration closed Parliament premises to all MPs and staff to allow thorough fumigation of the premises, as one of the SOPs.

The House had, during the previous month, recorded 100 cases of COVID-19 among MPs and Parliament staff members, which

100 Cases of COVID-19 registered among MPs and parliament staff in the run-up period to the inauguration of the 11th Parliament

529 Total number of MPs in the 11th parliament. The 10th Parliament had 427 legislators.

4,993 The number of people in Kabale that have so far received the first dose, with 1,775 receiving the second dose.



The state minister for sports, Denis Obua, receiving the jab. All legislators have to be vaccinated

necessitated stepping up of the SOPs to guard against the spread of the virus.

As the COVID-19 cases reduced, the Parliament leadership resolved that sittings resume in the main

chamber in September.

However, before the MPs could return to the Chamber, Parliament again issued very tight guidelines to the MPs to avoid the spread of COVID-19.

UNVACCINATED MPS

In the guidelines, Parliament made it clear that MPs who have not been vaccinated for COVID-19 would not be allowed to attend sittings. The Parliament Chamber houses up to only 100 MPs per sitting.

"One of the conditions will be; to attend, you will have to be fully vaccinated to avoid the spread, we think the situation is manageable now with all standard operating procedures (SOPs) in place. With vaccination, there is less risk of infecting others," Chris Obore, the Director Communication and Public Affairs, said.

Obore noted that MPs attending plenary would be required to present their vaccination cards before they can be admitted into the Parliament Chamber.

A few months ago, Parliament embarked on vaccination of all MPs, Parliamentary Commission staff and journalists reporting from Parliament as one of the ways to prevent the spread of COVID-19.

Unlike other Government institutions, Parliament carries out regular COVID-19 tests for all MPs, Parliament staff and journalists covering Parliament. The august House strictly observes COVID-19 SOPs, with people accessing Parliament required to wash hands, sanitise and wear face masks.

No MP or visitor is allowed to access the Chamber without a face mask. The MPs sit far apart in a bid to observe social distancing to prevent the spread of the virus.



By Vision Reporter

Parliament has asked the Government to scale up mass vaccination against COVID-19 for Ugandans, especially essential workers. The MPs also want Government to expeditiously institute a programme for mass COVID-19 testing to map out the hotspots to guide intense surveillance, isolation and vaccination to curb escalation of community transmission of the virus.

"The population should be encouraged to get vaccinated as scientific evidence is increasingly showing that the vaccines are safe and effective," Dr. Michael Bukonya, the Bukuya MP and chairperson Parliament taskforce in charge of central region, said.

According to the report by the Parliament COVID-19 taskforce for the central region, science is indicating that individuals that are fully vaccinated continue to present milder symptoms than those unvaccinated.

The latter, according to the MPs, have been observed to easily succumb to severe illness, which often results into hospitalisation and possible death.

The legislators advised that the Government focuses on procurement of enough vaccines for the population, to allow mass vaccination and giving priority to the vulnerable groups and urban centres with big population.

During their field visits, the MPs were informed by the Police commandants on various district taskforces that majority of the security personnel had at least been given their first jab.

However, it was hard for the taskforce to conclusively establish whether all the officers had got their second

GOVT URGED TO SCALE UP COVID-19 VACCINATION

jab, for full vaccination.

"It was reported that health workers' response to vaccination was still below expectation. This was largely evident at Masaka regional hospital, where concerns on the nature of the vaccine being administered to the population were raised," the committee noted.

According to the MPs, this could partly account for the high number of health workers exposed and contracting the virus.

As for the required doses for both the first and second vaccinations, the MPs noted that it is not clear what could be the fate of those who got the first dose and are due for the second dose.

"Given the current rate of vaccination, there is need to strengthen the public awareness campaign on adherence to SOPs as the surest way to minimise the spread and infections as efforts to obtain the required vaccines are hastened," Bukonya said.

The MPs noted that the second batch of vaccines provided was grossly inadequate compared to the first batch across all the districts visited by the legislators.

This was attributed to the few doses availed and also the increasing demand for vaccination by the general public.

According to the MPs, most health centres were reporting that unlike the first batch, that was characterised by stigma

FINDINGS

The MPs noted that the second batch of vaccines provided was grossly inadequate compared to the first batch across all the districts visited by the legislators. This was attributed to the few doses availed and also the increasing demand for vaccination by the general public.

towards the intake of the vaccines, the second dose was consumed within two days of the release.

This was attributed to enhanced community mobilisation and sensitisation on the benefits of vaccination.

HEALTH WORKERS

The report indicated that frontline workers were equally affected as some did not receive the second jab, including health workers and teachers, which the MPs said has far-reaching consequences in terms of exposure to infections and the likelihood of delay in opening of schools and other critical service centres.

In Kabale district, for example, the MPs established that 4,993 people had so far received the first dose, with 1,775 receiving the second dose.

In Mbarara district, the MPs reported that 4,742 people had received the first dose and only 1,719 got the second

dose.

"The taskforce recommends that the government should provide sufficient dosage of vaccination in a phased manner to meet the growing demand for the same, addressing the most vulnerable and those susceptible to infections, especially the front-line workers and the elderly," the report read.

In response, to the MPs' concerns, the Ministry of Health said the Government's strategy is massive vaccination of the eligible 22 million people, representing 49.80% as a means of optimal control of the pandemic and full opening up of the economy.

According to Dr Jane Aceng, the Minister of Health, the Government has received a number of offers for the vaccines to achieve the target.

"There are 18 million doses of Sinopharm vaccines for nine million people from China to be procured through the COVAX facility. These are expected in the country by October this year," Aceng said.

The Government also received nine million doses of Johnson and Johnson vaccines for nine million people that was procured through the African Union and 18 million doses of vaccines were donated through the COVAX facility to cover nine million people.

Aceng said: "These developments will cover the target population plus any additional persons."



A teacher taking her jab in August. Government targets to vaccinate at least 20,000 teachers in Kampala and 50,000 others countrywide before schools re-open

100 Number of MPs the Parliament chambers accommodates per plenary sitting.

49.80% Percentage of Uganda's population which Government aims at vaccinating as means of optimal control of pandemic.

18M Doses of Johnson and Johnson vaccines for nine million people to be procured through the African Union.



Abdalla Hassan Alshamasi, the Ambassador of Saudi Arabia, handing over a donation of medical masks to Dr Aceng at the health ministry headquarters in Kampala in February

EXTERNAL FUNDING

Concerning external funding to the health ministry for COVID-19 response, the parliamentary taskforce pointed out a likelihood that funds from development partners and the Government were being used by the ministry to fund the same COVID-19-related activities, which, according to the MPs, is tantamount to double expenditure.

However, in response to the committees' findings, the health ministry said whereas funds were received for the same activities, there was no duplication of activities.

"The COVID-19 response plans were developed and implemented jointly with partners, hence no room for duplication. Support from partners is largely in budget support and we remain grateful. Therefore, it is not true that the health ministry applied the partners' resources and those from the Government to fund same items and activities," the health ministry stated in its response to Parliament findings.

Speaking about the committee's findings, Abdu Katuntu, the Bugweri County MP, who is the head of the parliamentary COVID-19 taskforce, defended their findings, saying: "We did not give any blame, we did not say the money was swindled. What we did was to recommend a forensic audit so that discrepancies are professionally handled."

On the general findings in the report, Katuntu noted that: "We did not embark on this assignment to find faults. We embarked on this assignment to look for solutions. Whatever we did and found, we made sure that we gave recommendations. We had no reason to exaggerate or misreport the findings."

On her part, the Minister of Health, Dr Jane Ruth Aceng, said the finance ministry should explain the lack of transparency in accessing the economic stimulus package as presented in the Parliament COVID-19 taskforce report.

PARLIAMENT TIPS GOVT ON COVID-19 RELIEF FUNDS, PLANS

By Henry Sekanjako

Parliament wants Government to undertake realistic and harmonised planning with a view of ascertaining the optimal level of financing required for the COVID-19 resurgence plan.

Under this plan, Parliament wants the Government to take into account the critical interventions that should be implemented to contain the pandemic.

According to the parliamentary taskforce report adopted by the House early September, the Government has earmarked sh1.763.8 trillion for the COVID-19 resurgence plan for the period - July 2021 to June 2022.

Of this, sh445.9b (25%) has been earmarked for procurement of the much-needed COVID-19 vaccines, while sh808.4b (45%) for logistics.

According to the taskforce, sh206.3b had been earmarked for the first quarter of the 2021/2022 financial year to cater for oxygen,



Finance minister Matia Kasajja

surveillance, allowances, case management and management of ambulances, among others.

The report further states that in addition, sh255.4b had been reported as committed to the National Medical stores (NMS), Uganda COVID-19 Response and Emergency Preparedness Project, Global Fund to fight HIV/AIDS, tuberculosis and malaria.

The taskforce observed that the



Health minister Ruth Aceng

deficit in financing the budget for the COVID-19 resurgence plan is sh996.66b, contrary to the sh1.3b deficit indicated by the health minister.

DISCREPANCIES

According to the MPs, with the apparent discrepancy between the funding gaps indicated by the two ministers, it is difficult to ascertain the exact deficit in the



MP Abdu Katuntu

budget for COVID-19 resurgence plan for the current financial year.

The health ministry accordingly acknowledged the recommendation by the parliamentary COVID-19 taskforce and pledged to work with the finance ministry and other stakeholders to harmonise the figures and come up with a realistic COVID-19 plan as recommended in the report.

SH1.7 TRILLION

The amount of money earmarked for COVID-19 resurgence plan

SH446B

The amount of money earmarked for procurement of COVID-19 vaccines

SH996B

The deficit in financing the budget for the COVID-19 resurgence plan, contrary to the sh1.3b indicated by the health ministry