



PARLIAMENTARY DEBATES

(HANSARD)

OFFICIAL REPORT

FIFTH SESSION - FIRST MEETING

THURSDAY, 7 AUGUST 2025



IN THE PARLIAMENT OF UGANDA

Official Report of the Proceedings of Parliament

FIFTH SESSION - 8TH SITTING - FIRST MEETING

Thursday, 7 August 2025

Parliament met at 2.00 p.m. in Parliament House, Kampala.

PRAYERS

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

The House was called to order.

COMMUNICATION FROM THE CHAIR

THE SPEAKER: Honourable members, I would like to welcome you to this afternoon's sitting. On Wednesday, 30 July 2025, I urged all the committees to expedite all the work that is before them for us to have Business in the House and for us to be able to give you time to go and do some politics. Therefore, I urge all members whose committees have pending work, especially Bills, to ensure they bring the Bills to the House so we can create some time.

We would like to give them an additional two weeks to come up with the work in the House. I would like to thank all of you for coming. Have fruitful deliberations.

2.3

MR JOSEPH SSEWUNGU (NUP, Kalungu West County, Kalungu): Thank you, Madam Speaker. I had given a matter to the Clerk. I do not know if I am allowed to raise it here, since the minister is available.

THE SPEAKER: What matters?

MR SSEWUNGU: It is a matter related to the cohorts, the first cohort of diploma primary school teachers. If allowed, I can express it.

THE SPEAKER: No, we do not have it on the Order Paper.

MR SSEWUNGU: I sent it to your office, Madam Speaker.

THE SPEAKER: We will have it on the Order Paper.

MR SSEWUNGU: It is a matter of national importance.

THE SPEAKER: Is it a matter of national importance? We shall give you time at the Prime Minister's time.

MR SSEWUNGU: Most obliged.

THE SPEAKER: Thank you.

PRESENTATION OF THE PETITION BY THE MEMBERS OF THE UGANDA SECONDARY SCHOOL ARTS ADMINISTRATORS UNION

THE SPEAKER: Honourable members, petitions are one of the avenues for citizen engagement in pursuit of legislative remedies. When our members out there have issues, they can bring them to the House in the form of a petition. And for this case, the petition was brought. I will now invite Hon. Byakatonda to

present the petition as per Rule 31 of the Rules of Procedure. Yes, honourable.

2.04

DR ABDULHU BYAKATONDA (Independent, Workers Representative): Thank you, Madam Speaker, for giving this petition an opportunity on the Order Paper. Right away, I beg to lay a copy of the petition on the Table.

THE SPEAKER: Please do.

DR BYAKATONDA: Madam Speaker, some of the petitioners are represented here and are in the public gallery. This is a touching matter, and it is moved under Rule 30 of the Rules of Procedure of the Parliament of Uganda.

Madam Speaker, the humble petition for the members of the Uganda Secondary School Arts Administrators Union -

THE SPEAKER: A correction, it is Rule 31.

DR BYAKATONDA: Rule 31, I beg your pardon, Madam Speaker. This petition was handed over to your office, and it received serious attention and was referred for processing. Therefore, Madam Speaker, I am here to present the petition, which states thus:

1. *YOUR HUMBLE PETITIONERS are members of the Uganda Secondary School Arts Administrators Union (USSAAU), a body that represents the interests of the arts administrators in secondary schools.*
2. *YOUR PETITIONERS take cognisance of the discrimination in the remuneration and reward systems for Science and Arts Administrators in Secondary Schools in the country.*
3. *YOUR PETITIONERS aver and contend that;*
 - a) *Following a Presidential directive in 2021 to prioritise promotion and teaching of sciences, salaries for teachers of science subjects in secondary schools were enhanced, including salaries of administrators with a background in teaching science subjects;*

And I want to mention that recently, when the teachers of social humanities laid down their tools, His Excellency, the President, met them and agreed to partial salary enhancements. However, the head teachers and deputies who are of an arts background were not actually handled under this, hence, the essence of the petition.

- b) *While the enhancement of salaries for teachers of science subjects was done in good faith, the directive is discriminatory and has caused salary disparities between teachers and administrators of science and arts subjects, which is unconstitutional.*
- c) *By a letter dated 19 November 2024, signed by the Permanent Secretary for the Ministry of Public Service, a revised salary structure for secondary school teachers, science teachers and head teachers was issued to be salary scale UIE for head teachers of science and the science scale for deputy head teachers U2, hence, salaries were enhanced to Shs 6,500,000 for the head teachers who are science based, from Shs 2,350,000 and then that of deputies was enhanced to Shs 4,500,000 from Shs 1,740,000 respectively;*
- d) *The enhancement of salaries for science administrators left the Arts Head Teachers and Deputy Head Teachers at Shs 2,350,000 and Shs 1,740,000, respectively, effective 1 July 2024, which is discriminatory, yet they execute the same administrative roles and responsibilities in the schools.*
- e) *Both arts teachers and science administrators play a crucial role in delivering on the mandate of schools, and therefore, such salary discrepancies cause discouragement, demotivation and so forth to the Arts teachers.*
4. *THE PETITIONERS state that on 22 June 2018, Government of Uganda entered into a Collective Bargaining Agreement with all the public service labour unions in Uganda, including Uganda National Teachers' Union and other Teachers'*

Unions, which are under public service, which clearly indicated salary structures and pay targets for all public officers to be implemented over a specified period.

5. *THE PETITIONERS further state that, according to paragraph 2.3 of the Collective Bargaining Agreement, the parties agreed that there would be no discrimination in pay and other terms and conditions of service. Despite the aforementioned clause in the agreement, on 24 August 2021, it was announced that the Cabinet had resolved to enhance the salaries of scientists, which decision is being implemented despite significant displeasure and demotivation from the non-science actors in our schools.*
6. *THE PETITIONERS further submit that the implementation of the above decision has caused strife, discontentment, demotivation, and division among the members of the labour force and might ultimately affect service delivery for quite a long time.*

NOW, THEREFORE, Madam Speaker, your humble petitioners pray that the Government:

1. *Establishes a sustainable salary enhancement plan for both arts and educational administrators.*
2. *Implements the salary enhancement plan in line with Article 40(1)(b) of the Constitution of the Republic of Uganda, and the other conventions of the International Labour Organisation (ILO), which provide for ensuring equal payment for equal work without discrimination.*
3. *Engages with the Public Service Unions, who are key stakeholders in the matter, through negotiations, consultations, and participation.*
4. *Enhances the salary structure for arts teachers to match that of the science teachers and head administrators, and puts an end to the strife, discontentment, and divisions among the members of the teaching labour force.*

Madam Speaker, your humble petitioners from all over the country have duly appended their

signatures and beg that this matter be handled because they are patriots who would not want to lay down their tools to disorganise the systems and education in Uganda.

I submit.

THE SPEAKER: Thank you, Hon. Dr Byakatonda, for the petition. *(Applause)* Honourable members, pursuant to Rule 31(7) of the Rules of Procedure, the petition stands referred to the Minister of Education and Sports for a quick response.

(Hon. Ssewungu rose_) Procedure on what?

MR SSEWUNGU: Thank you, Madam Speaker. We have heard this petition and this matter several times. The people who have failed to handle it are the ministers, including the Minister of Education and Sports, because they are the ones who initiated the difference in salaries for science and arts teachers.

Wouldn't it be procedurally okay, Madam Speaker, with these five years that you have led this institution, you give this last blow to the Committee on Education and Sports and the Ministry of Finance, Planning and Economic Development, plus all relevant ministries, the Public Service, to exhaust this matter once and for all?

The Minister of Education and Sports, who has spent five years without coming to Parliament, receiving a petition, looks unprecedented. Teachers are not teaching. We have been telling ourselves lies that they are teaching and going to school, but there is no teaching going on because there is a discrepancy in salaries. Hon. Dr Muyingo knows that because we are both teachers.

Therefore, my procedural matter is whether it would be okay for this matter to go to the Committee on Education and Sports, the ministries of finance and public service, because there is evidence adduced by the Government that they are going to pay them, but they have failed. Otherwise, sending it to the minister - he is here, making teachers suffer.

THE SPEAKER: Hon. Ssewungu, can I ask you a question? Do the rules allow or give the latitude to the Speaker to send a petition to the minister? Do they?

MR SSEWUNGU: Madam Speaker, they do, but I rose on a procedural matter seeking your indulgence –

THE SPEAKER: I am saying so because of the urgency of the matter and the action persons in this case, the respective ministers. I will not allow the bureaucracy to go to the committee because we need action to be taken on this. Can you sit? – *(Hon. Ssewungu rose)*– You cannot say there is - I have referred the case to the Minister of Education and Sports, and we need feedback. You have heard the prayers of the petitioners. We need this matter to be put to rest as soon as yesterday.

MOTION SEEKING LEAVE OF
PARLIAMENT TO INTRODUCE
A PRIVATE MEMBER'S BILL
ENTITLED "THE ENVIRONMENTAL
PRACTITIONERS' BILL"

THE SPEAKER: Honourable members, the right of a private Member to initiate Bills is enshrined in the Constitution of the Republic of Uganda under Article 94(4)(b). Pursuant to rules 127 and 128 of the Rules of Procedure, I invite Hon. Ojara Mapenduzi to move a motion seeking leave.

2.14

MR MARTIN MAPENDUZI (Independent, Bardege-Layibi Division, Gulu): Thank you, Madam Speaker, for the opportunity to move a motion seeking leave of Parliament to introduce a private Member's Bill entitled "The Environmental Practitioner's Bill." This motion is moved under Articles 79 and 94 of the Constitution of the Republic of Uganda, 1995, and rules 58, 127, and 128 of the Rules of Procedure of Parliament. The motion reads:

"WHEREAS Article 79 of the Constitution of the Republic of Uganda empowers Parliament to make laws on any matter for the peace, order, development, and good governance of Uganda;

AND WHEREAS Article 94(4)(b) of the Constitution and Rule 121(1) of the Rules of Procedure permit a Member of Parliament to introduce a private member's Bill;

AWARE THAT objective XX of the Constitution empowers the State to ensure that all Ugandans enjoy rights and opportunities and access to education, health services, clean and safe water, work, decent shelter, adequate clothing, food security, pension, and retirement benefits;

FURTHER AWARE THAT Article 40(2) of the Constitution gives every person in Uganda the right to practice his or her profession and to carry on any lawful occupation, trade, or business;

CONCERNED THAT environmental management is a critical pillar for sustainable development, public health, biodiversity conservation, and climate change mitigation and adaptation in Uganda;

NOTING THAT there is currently no comprehensive legal framework in Uganda for the regulation, accreditation, licensing, and professional conduct of environmental practitioners, resulting in uncoordinated and, at times, substandard professional practices;

COGNISANT THAT the regulation of environmental practitioners is essential to ensure competence, ethical conduct, professionalism, and accountability in the environmental sector; and to align with regional and international best practices;

NOW, THEREFORE, be it resolved by Parliament that this august House grants me leave to introduce a private Member's Bill entitled "Environmental Practitioners' Bill", a draft of which is hereto attached, and do order the publication of the said Bill in preparation for its first reading."

I beg to move.

THE SPEAKER: Thank you. Is the motion seconded? Okay, it is seconded by Hon. Aza, Hon. Rose, Hon. William, the honourable

member for Isingiro, Hon. Omara, Hon. Alanyo, the honourable member for Ibanda, Hon. Nekesa, Dr Noah, Hon. Asuman, Hon. Isodo, Dr Emely, the honourable member for Buhweju - I have already talked about Hon. Richard, Hon. Ojok, and Hon. Nyendwoha. Would you like to speak to your motion? Justify your motion briefly?

MR MAPENDUZI: Madam Speaker, as I made it clear, the Constitution of the Republic of Uganda 1995, under Article 42, guarantees every person the right to practice his or her profession or to carry on any lawful occupation.

Absence of a regulatory framework

Currently, Uganda lacks a specific law that governs the registration, licensing, and regulation of environmental practitioners. As a result, the profession operates without a harmonised code of ethics, minimum standards of training and practice, or formal oversight. This regulatory vacuum poses a risk to environmental integrity, public health, and national development goals.

Madam Speaker, in the interest of time, it is important for this House to note that in this country, there are so many cases where there are abuses of the environment and practices that compromise it. As a matter of fact, most of these cases are very much linked to the fact that we do not have a clear professional body that helps to streamline some of these challenges, as well as regulate them. It is therefore important that we have this Bill that seeks to establish this professional body that will be charged with the responsibility of regulating, supervising, and any other related activities. Thank you.

THE SPEAKER: Thank you. Seconders? Yes, Hon. Richard Wanda.

2.22

MR RICHARD WANDA (NRM, Bungokho Central County, Mbale City): Thank you, Madam Speaker. I rise to second the motion, paving the way for a private Member to introduce “The Environmental Practitioners’ Bill.”

Madam Speaker, just as stated by the mover of the Bill, the absence of a legal framework that creates a body that will manage the practice of practitioners in this sector has led to many challenges. Looking at the developments that are happening and the changing environment, it is just important that we have this Bill moved.

This Bill will pave the way for the modernisation of the outdated frameworks relating to environmental protection. It will also help to form a way of strengthening the enforcement mechanisms and accountability.

The biggest concern is the lack of oversight over the practitioners in the environmental sector. As a result, we sometimes have fraudulent reports for assessments and audits that are produced. We end up with consequences for both communities and our environment.

It is very important, Madam Speaker, that we have this Bill in place for us to be able, as a country, to monitor the practice of environmental practitioners. This body, when established, will manage the licensing of the practitioners and even the de-licensing in cases where they have mishandled their profession. Thank you. I beg to second.

THE SPEAKER: Thank you. Can I hear from the Government?

2.25

THE MINISTER OF STATE FOR TRADE, INDUSTRY AND COOPERATIVES (INDUSTRY) (Mr David Bahati): Madam Speaker, we have the National Environmental Management Authority Act, which actually provides for the regulation of environmental practitioners. At the moment – *(Interruption)*

MR BASALIRWA: Thank you, Madam Speaker. The information I would like to give the minister is that we do not have a law called “The National Environment Management Authority Act.” What we have is called “The National Environmental Act,” so I wanted the record to be very clear. Thank you for receiving the information.

MR BAHATI: Thank you very much for the friendly information. We would propose, Madam Speaker, that the House accept that the private Member can consult with the minister so that we can see whether we can move together and amend the Act. I know, for example, that there are efforts by the Law Reform Commission to look at reforming some of these laws to fit into the emerging issues, like what he is saying.

If it is permitted, Madam Speaker, we would propose that the private Member consult the Minister of Water and Environment, and we come up with a law that will benefit the country in a better way.

THE SPEAKER: Would it harm if you worked with a private Member and made amendments? This is just the beginning. We are just giving leave. You can work on the rest with a private Member.

MR BAHATI: Madam Speaker, once leave has been given, we can work with the private Member to come up with a reformatted piece of legislation.

THE SPEAKER: Thank you. I now put the question that Hon. Ojara Mapenduzi, Member of Parliament for Bardege-Layibi Division, Gulu City, be granted leave to introduce a Private Member's Bill entitled, "The Environmental Practitioners' Bill."

(Question put and agreed to.)

THE SPEAKER: In furtherance of Article 94(4)(c) of the Constitution of the Republic of Uganda and Rule 127(3) of the Rules of Procedure of Parliament, the relevant departments of Government should accord Hon. Mapenduzi all the required assistance for us to come up with proper legislation. Thank you. Yes, honourable member?

MR SSEWUNGU: Madam Speaker, the procedural matter I am raising is that I have seen the minister was trying to weaken the work of a backbencher internally – *(Interjections)* – I am on a procedural matter, honourable minister.

The Government is not bringing Bills here, but the backbenchers are. I did not support the Bill brought by Hon. Ojara Mapenduzi during the motion time, but I have supported it when the Speaker asked that we give him leave.

Therefore, wouldn't it be procedurally okay for this honourable minister to always be careful before he brings issues against such Bills? He should take time first to internalise the Bills brought by other Members of the backbench who are doing the work of the Government instead of them. You do not have Bills here.

THE SPEAKER: Yes, honourable minister?

MR BAHATI: Just to clarify, Hon. Ssewungu knows that I support private Members' Bills. When I was a backbencher, I worked on three of them. Therefore, the right of the private Member to move a Bill is supported. However, what we are talking about is that if a private Member works with the Government, we can come up with better legislation. That is the point I was making, and Hon. Ssewungu should know that. We are not discouraging Private Members' Bills, but we should be cautious in order to come up with a piece of legislation that will help the country. Thank you.

THE SPEAKER: Honourable members, one thing you should be sure of is that nobody will suffocate your role. It is your right to bring a Private Member's Bill. Based on that, the relevant ministries will always work with the Private Member to bring proper legislation. Next item?

MR NAMBESHE: Thank you, Madam Speaker. Sorry for the interruption, but I was still pondering over the petition, which you relevantly referred to the ministry, for the teachers of arts and humanities.

In compliance with Rule 31(7) of our Rules of Procedure, to qualify it further in Rule 31(9), given the urgency of the matter - as we speak, most of these teachers have laid down their tools, and even the promises by the ministry to construct houses for them and support their children at school have not yet been fulfilled.

Rule 31(9) would require that the minister shall report — the word is “shall”, it is mandatory — that the minister shall report back to the House within the stipulated time by the Speaker. Therefore, I implore your good office to set clear timelines so that the minister does not take “donkey years” to report back to this House.

THE SPEAKER: Thank you. I would also refer you to Rule 231 on the reconsideration of the decision that has already been made. The decision has been made, and I am aware that I must stipulate the time when I am writing to the minister.

MOTION SEEKING LEAVE OF
PARLIAMENT TO INTRODUCE A
PRIVATE MEMBER’S BILL ENTITLED,
“THE QADHI COURTS BILL”

THE SPEAKER: Honourable members, as I stated earlier in regard to the previous item, the right of a Private Member to initiate a private Member’s Bill is granted under Article 94(4) of the Constitution and Rule 127. Pursuant to Rule 128 of the Rules of Procedure, I invite Hon. Asuman Basaliwa, Member for Bugiri Municipality, to move the motion seeking leave to introduce a Private Member’s Bill.

2.34

MR ASUMAN BASALIRWA (JEEMA, Bugiri Municipality, Bugiri): Thank you, Madam Speaker, for this opportunity. Before I move the motion, in a special way, I want to state that the Muslim community in this country approached you at the Iftar Dinner that you hosted here. This is a matter they brought to your attention.

Madam Speaker, you undertook, in their presence, to have this Parliament consider this matter. I am glad that since the enactment of the 1995 Constitution, it is this Parliament you are chairing that is considering the Qadhi Courts Bill, a matter that is entrenched in our Constitution. I wanted that to be on record, because the Muslim leaders in the country are already here, led by the Director of Sharia, Dr Ziyad Rubanga; they are over there.

THE SPEAKER: Director and your team, the Muslim leaders, please stand up for us to see you. Please join me in welcoming them. Welcome to the Parliament of Uganda. *(Applause)*

MR BASALIRWA: Madam Speaker, this is a motion seeking leave of the Parliament, brought under Rules 127 and 128 of the Rules of Procedure of Parliament. The motion reads thus:

“WHEREAS Article 79 of the Constitution of the Republic of Uganda, 1995, empowers Parliament to make laws on any matter for the peace, order, development, and good governance of Uganda;

AND WHEREAS Article 94(4) of the Constitution and Rules 127 and 128 of the Rules of Procedure of Parliament permit a Member of Parliament to move a Private Member’s Bill;

NOTING THAT Article 126(1) of the Constitution provides that judicial power is derived from the people and shall be exercised by the courts established under the Constitution in the name of the people and in conformity with the law and the values, norms, and aspirations of the people;

COGNISANT THAT Article 129(1) of the Constitution, establishes courts of judicature, including the Supreme Court of Uganda, the Court of Appeal, the High Court, and empowers Parliament to create, by law, subordinate courts, including Qadhi Courts, to handle matters of marriage, divorce, inheritance of property and guardianship under the Muslim faith, concerned that despite this constitutional requirement in Article 129(1)(d) of the Constitution, Parliament has not given full effect to that constitutional provision through enacting a specific legislation to establish Qadhi Courts;

NOW, THEREFORE, be it resolved that Parliament grants me leave to introduce a Private Member’s Bill entitled, “The Qadhi Courts Bill,” a draft of which is attached here too.”

Madam Speaker, I beg to move.

THE SPEAKER: Is the motion seconded? Okay, it is seconded by Hon. Sarah Najjuma, Hon. Sarah Netalisire, Hon. Nyendwoha, Hon. Emily, Hon. Ojok, Hon. Opendi, Member for West Nile, Hon. Tom Bright, Hon. Ibanda, Hon. Karim, Hon. Ojara, Hon. Dr Byakatonda, Hon. Isodo, Hon. Aisha, Hon. Allan, Hon. Brenda, Hon. Anifa, Hon. Lucy, Hon. Amero, Hon. Nambeshe, Hon. Ssewungu, Member from Kyadondo, Hon. Akena, Hon. Melisa Aveko, and Hon. Ezama.

Speak to your motion.

MR BASALIRWA: Thank you, Madam Speaker, for the gesture exhibited today. As I had already indicated, the Constitution of the Republic of Uganda establishes courts of judicature, including the Qadhi Courts. However, up to today, there is no specific law operationalising the Constitution to establish those courts in Uganda, yet there is evidence to show that Qadhi Courts are being operated informally and are playing a crucial role in the justice system for the Muslim community.

Madam Speaker, across Uganda, several cases related to family disputes among Muslims have been decided in informal Qadhi Courts.

Therefore, considering that various Muslim communities prefer Qadhi Courts as they are convenient and accessible to obtain justice and manage the escalating issues arising from family, marriage, and disputes in the Islamic faith, it is imperative that Parliament and the country consider adopting the Qadhi Courts.

Madam Speaker, the concept of Qadhi courts is not new in Uganda. It appeared in the 1955 Mohammedan law; unfortunately, moving forward, there has not been an effort to ensure that those courts have a grounding as per the Constitution of the Republic of Uganda.

Relatedly, Uganda will not be the first country where minorities have specialised courts to deal with matters of Muslim personal law. Our neighbouring country, Kenya, despite having a

minority of Muslims, has Qadhi courts to deal strictly with matters we call "Muslim personal law"; the same happens in South Africa, Tanzania and other jurisdictions.

Therefore, the need to streamline, integrate and empower the courts to work in the interests of justice and the rule of law, recognising that Uganda is a secular state but is increasingly recognising the legality of Qadhi courts and has on several occasions upheld decisions that are based on Sharia.

In the case of Sumaya Nabawanuka Vs. Meddi Makumbi, Divorce Case No.39 of 2011, Justice Kainamura highlighted Article 29 of the Constitution and confirmed the need and legality of Qadhi courts, holding that a divorce matter decided by the Qadhi courts at the Uganda Muslim Supreme Council was *res judicata*, having been heard and determined by a competent court. The same reasoning has been applied in other cases.

Unfortunately, in the absence of a law operationalising the Qadhi courts and the application of *Sharia*, there is a concern that Islamic law is being applied by persons who may not fully appreciate the intricate nature of disputes and their resolution under Sharia.

I would also like to remind this House that when we were passing the law on succession, I brought to the attention of this august House the fact that the law of succession had omitted provisions related to succession under the Muslim law as envisaged by the Constitution. And at that time, there was a commitment from the Government that that lacuna would be addressed by having a specific law to address matters related to Muslim personal issues.

I, therefore, think that the time is now for this Parliament to consider having the Qadhi courts in Uganda.

Finally, and for the record, I would like to mention that Hon. Masaba Karim is one of the seconders of this motion, replacing Hon. Iddi Isabirye, who is hosting my colleague in Mayuge.

THE SPEAKER: Hosting, which colleague of yours?

MR BASALIRWA: Mr Museveni, fellow party leader. *(Laughter)* So, Hon. Masaba Karim will speak to the motion, and also for the record, this motion is being seconded by the Hon. Ssewungu Gonzaga, a *mukatuliki*. Thank you.

THE SPEAKER: Thank you. In the public gallery this afternoon, we have a delegation of members of Uganda Muslim Supreme Council and Uganda Muslim Lawyers Association led by Dr Ziyad Swaleh and Mr Siraj Katanzi Mukasa. You are most welcome, thank you for coming. They are here to join us in receiving the private members' motion. Yes, *mukatuliki*.

2.44

MR JOSEPH SSEWUNGU (NUP, Kalungu West County, Mukono): Thank you, Madam Speaker. I am also happy I have one of my Sheikhs from Kalungu. If you permit it, he can stand up. At least that one is mine as well.

I am seconding this motion because I have done some law. On several occasions, I have met the *Omulangira* Kassim Nakibinge of Kibuli, and he has expressed to me several reasons as to why these Qhadi courts are needed.

The Islamic faith is different from my faith. The procedures for managing their marriage affairs are quite different, and this law is very precedential at this particular moment.

We should, therefore, process it and have their rights endeavoured and managed through the laws that govern them. At one time, we talked about the Marriage and Divorce Bill, and I accompanied the Muslims on the streets of Kampala - women were saying, "You cannot have this Marriage and Divorce Bill without encompassing Muslims because the methods and the rules governing us are different".

So, I would like to thank Hon. Basalirwa for allowing me to be among those seconding the motion because my family has both Catholics and Muslims. Thank you.

THE SPEAKER: Thank you. Yes, Hon. Aisha.

2.46

MS AISHA KABANDA (NUP, Woman Representative, Butambala): Thank you, Madam Speaker. I would like to thank you for being so supportive of the Muslim faith because here in the House, you helped us recognise the veil-*(Interjection)*-I am doing my best, it is the microphone, which has a problem.

THE SPEAKER: Hon. Aisha, come and speak from here – *(Hon. Amero rose)* what of the seconder? Are you teaching me what to do? The seconders are Hon. Aisha, Hon. Melsa, and Hon. Karim.

MS AISHA KABANDA: Thank you, Madam Speaker. We had a bigger problem with the Government recognising the veil. My passport, as it stands, I was forced to remove the veil, but when I came here and presented the matter, you helped us put the Government to task to explain why they were unveiling us, and finally, they allowed Muslim women to put on veils. We commend you for that. *(Applause)*

I also thank you for allowing this to see the light of day because the struggle for Qadhi courts has been on for a long time. I hope that Hon. Bahati David will not come and say, "Leave it to us, the Government," because we have tried several times, and the Government has always said, "We are working on it."

I should remind the House that in 2013, during the breaking of our fast and in the meals we offer to Muslims, the Government committed to working on it, and even a white paper had been promised.

So many years have passed, but it has not seen the light of day. So, I pray that Hon. Bahati does not say, "Please, let us join you, leave us work on this law so that the Muslims will be helped."

Having said that, the 1995 Constitution was made out of a very extensive consultation, and it was out of it that the article that is talked about was put in. Thirty years down the road,

the aspirations of Muslims have not been realised. That is very unfortunate.

We are still hopeful that we will be able to gain this little one from the NRM Government before it ceases - (*Interjections*) - that is good news to hear.

THE SPEAKER: Hon. Aisha, politics aside, what we need is the law, and NRM is one party that loves Muslims.

MS AISHA KABANDA: Madam Speaker, I did not -

THE SPEAKER: Listen! Let us legislate without putting politics in it, and NRM is not about to cease; it is still here.

MS AISHA KABANDA: It is okay, Madam Speaker, I was only saying -

THE SPEAKER: Hon. Aisha, can you second the motion, and we move on?

MS AISHA KABANDA: Yes, and I am saying that the Muslim faith will be happy to see this come to true while NRM is still living. Let me remove the words "cease to live."

Also, Madam Speaker, I would like to say, like my colleague said, that informal courts are now operating. Only the law can guide these informal courts because now there is no guidance on who sits on them, their constitutions, or the qualifications of the judges. This is the law that will give such guidance.

Also, the lack of a law denies us the right to use judgments of our courts in higher courts. Therefore, it is so important that we get the Qadhi Court recognised.

Secondly, Madam Speaker, we know people have studied Sharia law at the bachelor's and master's levels. If we put this court in place, it will be an avenue for employment. You know, we have an employment problem. People have studied, but for years, they have been looking for the opportunity to practice. When we put

up the Qadhi Court, we shall give them the opportunity to practice.

Finally, it will also save us the burden of having people every time trying to add up things that do not add up. When we put Qadhi courts that recognise the Islamic doctrines, then these other laws will recognise the other doctrines. We shall be happy to have the marriage and divorce law. It has failed to be made because every time it comes, the Muslims demonstrate. When we make wills as Muslims, we say, "I want my things to be managed according to Sharia." However, there is no recognition of the Sharia in the law as it appears now.

Therefore, I stand to second the Bill, and I will be happy to be given the opportunity to work on the Bill that will help the Muslim faith.

THE SPEAKER: Thank you. Yes, Hajjat Melsa?

2.52

MS MELSA AVAKO (NRM, Woman Representative, Yumbe): Thank you, Madam Speaker. I rise to second the motion moved under Rule 60 of the Rules of Procedure of the Parliament of Uganda, seeking leave of Parliament to introduce a private Member's Bill entitled: "The Qadhi Court Bill, 2025."

I wish to justify my secondment on the following grounds:

First, the constitutional recognition of religious rights and pluralism. Article 29(1)(c) of the Constitution of the Republic of Uganda guarantees everyone freedom of religion, including the right to manifest, observe, and practice one's religion or belief through community institutions.

Additionally, Article 129(1)(d) of the Constitution expressly provides for Qadhi Courts, stating that the judicial power of Uganda shall be exercised by the courts of judicature, which shall consist of such courts as Parliament may by law prescribe, including Qadhi Courts for marriage, divorce, inheritance

of property, and guardianship as may be prescribed by Parliament.

This provision establishes a constitutional mandate upon Parliament to operationalise the Qadhi Courts through legislation. However, to date, no substantive Act of Parliament has been enacted to comprehensively give effect to this Article. This Bill seeks to close that long-standing legislative gap.

Secondly, addressing legal and social gaps in Islamic family law. Madam Speaker, Uganda has a significant Muslim population that continues to resolve matters of marriage, divorce, succession, and custody under customary and religious practices without a clear statutory framework. The lack of a legal, recognised, and structured Qadhi Court system has led to inconsistent decisions in personal law matters, conflicts between civil and religious adjudication systems, difficulty in enforcing Qadhi court decisions, and legal uncertainty for many Ugandan Muslims, particularly women and children.

The proposed Qadhi Courts Bill, 2025, will provide uniformity, transparency, and legal certainty by defining the jurisdiction, procedure, structure, and appeals within an Islamic family law framework.

Thirdly, the promotion of access to justice and cultural autonomy. By recognising Qadhi Courts in law, Parliament will be advancing access to justice in a culturally relevant and constitutionally permitted manner for Muslims.

This is in line with Article 37 of the Constitution, which provides that, *“Every person has a right as applicable to belong to, enjoy, practice, profess, maintain, and promote any culture, cultural institution, language, tradition, creed, or religion in community with others.”* This Bill supports cultural and religious self-determination while aligning with national judicial architecture and human rights norms.

Four, precedent and legislative competence. Parliament has passed legislation in the past on operationalising specialised courts, such

as the Local Council Courts Act, Judicature Rules, and the Children’s Act provisions on family and juvenile courts. Therefore, passing a law to operationalise Qadhi Courts under the authority of Article 129(1)(d) is well within the legislative competence of this House and consistent with Uganda’s pluralistic legal system.

Five, enhancing harmony between state and religious justice systems. Rather than create parallelism or conflict, the Qadhi Courts Bill will establish a framework for coordination between civil and religious adjudication with defined limits, procedural safeguards, and oversight, especially in sensitive areas like custody and succession.

This will reduce litigation in mainstream courts, decongest the judicial system, and strengthen community-level conflict resolution mechanisms in line with Uganda’s justice, law, and other sector goals.

Madam Speaker, in conclusion, I support this motion in the spirit of constitutionalism, legal reform, cultural inclusion, and access to justice and respectfully urge the House to grant leave to the honourable Member to introduce the Qadhi Courts Bill, 2025, as a private Member’s Bill.

I beg to second. Thank you.

THE SPEAKER: Thank you. Hon. Karim, just briefly.

2.58

MR KARIM MASABA (Independent, Industrial Division, Mbale City): Thank you, Madam Speaker. I want to take this opportunity to second the motion as well and to welcome our Muslim leaders from the Uganda Muslim Supreme Council. I have seen some of my voters from Mbale. I have also seen my former teacher from Kibuli SS, Hajji Siraj Katantazi, with your permission, maybe he could stand up because Hajji Siraj, yes, he taught me at Kibuli SS. I believe he is proud of me, seeing that I am presenting or seconding this matter today.

Madam Speaker, I would like to thank you very much for your support of the Muslim community. I believe this law would not have come into being without your support.

We have seen several other laws that you have been supportive of, like the law on Islamic banking, which this Parliament did pass. We are very grateful. Right now, we are dealing with the mortgage refinancing, which will still help our people, the Muslims, access mortgage services for cheap housing without paying interest. We are very grateful. Thank you very much.

Back to the law, Madam Speaker. In particular, I am looking at its role in designing a fair and equitable distribution of assets or the estates of deceased members of our community.

We have had many challenges in Uganda, particularly when, for example, you have seen prominent Muslims who have passed on - I would not want to put the names on record, but you have seen what has been happening. It has been all over the media and in the news, yet in Kenya, we have not had similar incidents because there has been this kind of law to protect and see how to evenly distribute the assets of a deceased person.

When you look at Surah *An-Nisa* in the Holy Quran, you notice that it outlines how or which percentage is supposed to be taken by whom when someone passes on. I think there is a fixed formula that will come to solve these kinds of problems.

Yes, our secular courts have not been handling these matters quite well because they are probably not well-trained in Sharia. They do not know Sharia and who should be taking what percentage. Otherwise, the Quran states the fixed shares of those to benefit from someone's assets, that is, the children, spouse, and parents. These should be the priorities.

Madam Speaker, we have seen cases where uncles have tried to grab property that is supposed to be taken by the children. I believe this is going to solve the huge gap and crisis that we are experiencing in Uganda.

With those remarks, I do support and hope that this will see the light of the day and the Bill will pass as soon as possible. Thank you very much.

THE SPEAKER: Thank you, Honourable members, for moving the motion and seconding the motion. I would like to bring something to you. We are talking about the establishment of a Qadhi court and equipping it, which may have an effect on Article 93. However, I want to request that the Government consider this as much as it may have an effect on Article 93 on the restriction of financial matters, in the circumstances, you will have to work with the private Member and see how you handle it.

3.02

THE MINISTER OF STATE FOR TRADE, INDUSTRY AND COOPERATIVES

(INDUSTRY) (Mr David Bahati): Thank you, Madam Speaker. I also thank the President of JEEMA for moving this motion. As you have said, Madam Speaker, this question dates back to 2000 and has been establishing the Qadhi courts in Uganda.

It is very important, but at the same time sensitive in some sections of our society. We pray that as you move forward, you allow us time to consult with the Government. The Speaker has spoken, and as a lawyer, you know the implications of financial issues. We need to work closely with the Government and conduct comprehensive consultations.

Madam Speaker, when I was at the Ministry of Finance, Planning, and Economic Development, we amended the Financial Institutions Act, where we allowed Muslim financing to exist. At one stage, while I was at the All Saints Church with my colleagues, we were forced to go in front and be prayed for because we had passed the issue of Islamic financing. They thought that we were sleeping when we were passing it in Parliament.

I hope that this law will dispel some of these misconceptions and explain to the public so that it is accepted by everybody. As you have said, Madam Speaker, by all means, there is no

way you are going to establish a court, equip it without financial implications. We pray that, as we move forward - Hon. Basalirwa - you accept that the Government can take over this Bill and bring it to the House so that it does not have any constitutional challenges. Thank you.

THE SPEAKER: Thank you. Honourable minister, the Government can take over after we have granted leave to the private Member. The microphone is on.

MR BAHATI: We already have some efforts; the Attorney-General and the Minister of Justice and Constitutional Affairs have already been working on this effort. We commit that once the leave has been granted to the Member, we are available and ready, as Government, to take over this process.

THE SPEAKER: I now put the question that Hon. Asuman Basalirwa, Member of Parliament for Bugiri Municipality, be granted leave to introduce a private Member's Bill, entitled, "The Qadhi Courts Bill, 2025".

(Question put and agreed to.)

THE SPEAKER: In furtherance of Article 94(4)(c) of the Constitution of the Republic of Uganda and Rule 127(3) of the Rules of Procedure, the relevant departments will be required to give relevant assistance to the private Member. You should work with the Government to ensure that the success of this Bill is seen. Thank you.

Honourable members, in the public gallery this afternoon, we have pupils and teachers from Ebenezer Junior School in Wakiso District. Where are you? They are represented by Hon. Ssegona Medard and Hon. Naluyima Ethel. You are most welcome. Thank you for coming. Join me in welcoming them. Please have a seat.

MOTION FOR ADOPTION OF THE
REPORT OF THE COMMITTEE ON
GOVERNMENT ASSURANCE AND
IMPLEMENTATION ON THE STATUS OF
IMPLEMENTATION OF THE ASSURANCE
TO UPGRADE, REHABILITATE,
CONSTRUCT, AND EQUIP HEALTH
FACILITIES IN LOCAL GOVERNMENTS;
INSTALL CT SCANS, OXYGEN
PLANTS, AND ICU EQUIPMENT IN ALL
REGIONAL REFERRAL HOSPITALS

THE SPEAKER: Thank you so much for coming, our Muslim community. This is your home, the Parliament of Uganda, and you are always welcome. This is a people-centred Parliament. Thank you.

MS OPENDI: Thank you, Madam Speaker. About a week or two ago, a school was taking pupils to visit - I do not know where they were going, but the school bus was involved in an accident, and I think two children passed on.

Madam Speaker, just before we broke off for recess, the Ministry of Education and Sports issued guidelines stopping schools from taking children, especially those travelling long distances, for these visits.

Madam Speaker, the education minister is here, but I am still seeing - *(Interjections)* - I am not talking about these ones; they are from within. I am still seeing children being brought from distant places to Kampala to visit despite the guidance from the Ministry of Education and Sports. Can the education ministry - this now looks like an income-generating activity for schools.

Therefore, Madam Speaker, can the minister brief us on these guidelines so we can guide our people back home? These guidelines were issued, but children are still being "tortured" and asked for money to pay for travel, to visit different places. If a child does not pay, the child is tortured at school. Since the minister is here, would it not be procedurally right for us to be updated on these school visits, including the charges? This is another activity away from

the high exorbitant high school fees; children now have to pay for this.

The other one, Madam Speaker, you should know, is where children have to buy expensive dresses. I do not know what they call it - *(Interjections)* - Prom! Madam Speaker, I was put under pressure, spending millions of shillings - we did not have those kinds of things - *(Interjections)* - no, we did not have them. We just used to have a simple function. So, can we hear from the ministry?

THE SPEAKER: Honourable members, as I mentioned before, those items will come during the Prime Minister's Time. We are moving very smoothly with the Order Paper. After this other statement, we will go to the Prime Minister's Time, and we will require all those answers.

Hon. Abed, the item on the Order Paper has been pending. As you are aware, the National Development Plan IV prioritises strengthening the health centre as a key component of human capital development and overall development.

One of the strategies in the functional decentralisation of healthcare services is what is being talked about today. The Standing Committee on Government Assurance and Implementation has inquired into this matter and is ready to report. Could you kindly give us a summary of your report?

3.11

THE CHAIRPERSON, COMMITTEE ON GOVERNMENT ASSURANCE AND IMPLEMENTATION (Dr Abed Bwanika):

Thank you, Madam Speaker. I beg to lay a report of the Committee on Government Assurance and Implementation on the status of implementation of the assurance to upgrade, rehabilitate, construct, and equip health centres in local governments; install CT scans, oxygen plants, ICU equipment in all regional referral hospitals. I beg to lay the report. Minutes and annexes are attached. I beg to lay. *(Dr Muyingo rose_)*

THE SPEAKER: Honourable minister, kindly do not go. We have a number of questions for you.

DR BWANIKA: Madam Speaker, I beg to present a report of the Committee on Government Assurance and Implementation on the status of implementation of the assurance to upgrade, rehabilitate, construct and equip health centres in local governments; install CT scans, oxygen plants and ICU equipment in all regional Government hospitals.

The committee looks at the following areas. The committee focused on the upgrade of health centres II to health centres III, the construction of new health centres III, the equipping of the upgraded health centres and newly-constructed health centres III, and the recruitment of health workers in upgraded health centres and newly-constructed health centres III. We also looked at the installation of CT scans, oxygen plants, ICU bed equipment in all regional referral hospitals, distribution of oxygen cylinders to all health centres IV, rehabilitation of Busolwe General Hospital, construction of a new Soroti Referral Hospital, and lastly, reconstruction of Kilembe Mines Hospital.

Madam Speaker, the report is available so I am going to go straight to our findings, observations, and recommendations. On the upgrade of health centres II to III and the construction of the new health centres III:

In 2019, Parliament approved a loan request of Shs 200 billion under the UgIFT programme to upgrade 124 health centres II to III in subcounties without Government-owned health centres III to implement Government policy and pledge to establish at least one health centre III per subcounty across the country.

In 2001, Parliament approved an additional external borrowing of Shs 352.2 billion under the UgIFT II programme to construct and equip 62 new health centres III.

However, the committee found that only two health centres II out of 124, Kaina Health Centre II and Kafunjo Health Centre II, both

in Ntungamo District, had been fully upgraded to health centres III by the time the committee did the oversight.

Works to upgrade 41 health centres II were ongoing, with the majority of the projects making less than 50 per cent progress. The details are attached in Annex II.

Upgrade of the remaining 81 health centres II had not started. The committee established that out of the 62 health centres III earmarked for new construction under the UgIFT II programme, only three: Kasangati Health Centre III, Kakindo Health Centre III in Kakumiro District, and Kikooma Health Centre III in Kyankwanzi District had been completed.

Construction of 28 health centres III was still ongoing, while works for 31 health centres III had not yet started. See details in Annex III.

The committee further established that the progress on implementation of various construction projects of new health centres III and upgrade of health centres II to III was largely characterised by defective works, prolonged delays in completion by contractors, including the UPDF Brigade, due to lack of supervision by local government leadership. All project-related decisions, including contract award and the procurement of equipment, were managed by the Central Government.

Non-compliance with the standard project design

The committee discovered that essential documentation regarding contracts and BOQs was absent, and the Ministry of Finance, Planning, and Economic Development delayed releasing funds, all of which affected the effective execution of the projects.

There were double payments to some of the contractors by the Ministry of Health arising from a change of policy to award contracts, particularly to the UPDF Engineering Brigade. A case in point is Shs 400 million for the completion of the Ober Health Centre IV in

Lira City maternity ward and theatre that was channelled directly to the Ministry of Defence by the Ministry of Health, well aware of another running contract with BP Enterprises and Construction Company Limited. See the letter attached in Annex IV.

Other specific examples of such construction and upgrade projects include Kachuru Health Centre III in Butebo District, Rushare Health Centre III and Ruhare Health Centre III in Mbarara District, Kichwamba Health Centre II in Mbarara City, Kyabakuza Health Centre II in Masaka City, and Kabbo Health Centre II and Gayaza Health Centre II Mubende District.

The committee observed that whereas Parliament approved Shs 552.6 billion to address infrastructure gaps in local government countrywide, a significant number of subcounties and town councils across the country still do not have health centres III. No work had been done on 81 out of 124 health centres II earmarked for upgrade to health centre III.

Similarly, 31 out of 62 planned new construction of health centres III in subcounties without any Government health centres III had not even started.

The committee observed that the upgraded health centres II and the newly constructed health centres III were not fully functional, largely due to inadequate staffing.

There was adverse mismanagement of contracts by the Ministry of Health that involved re-awarding of already running contracts to the Uganda People's Defence Forces (UPDF) Engineering Brigade in total violation of the Public Procurement and Disposal of Public Assets (PPDA) Act.

There was a likelihood of fraud in the management and implementation of various Uganda Intergovernmental Fiscal Transfers Program (UgIFT) projects across the country.

The Government had not yet fulfilled its pledge of establishing health centres III in every sub-country across the country.

The committee recommends:

- i) The Office of the Auditor-General should call out a forensic audit into the implementation of UgIFT I and II Projects under the health sector, with specific focus on the upgrade of health centres II to III and construction of the new health centres III to determine whether there was fraud and report to Parliament within six months from the time this report is adopted.
- ii) The committee recommends that the Ministry of Health should develop a clear roadmap on how the Government intends to address the current infrastructure gaps of health centres III at the subcounty and town council levels across the country, and report to Parliament within three months from the time this report is adopted.
- iii) The committee recommends that the Government ensure that the presidential directives are implemented within the confines of the law.

Madam Speaker, we considered the equipping of upgraded health centres II and newly constructed health centres III.

The committee found out that the Ministry of Health procured and delivered medical equipment to the district local governments across the country for installation in the health centres earmarked for upgrade or construction. However, in a number of instances, the medical equipment was delivered to health centres prior to the completion of the projects, which exposed the equipment to the risk of gross mismanagement. See attached annex 5.

In other instances, the Ministry of Health delivered medical equipment to health facilities that did not have the required staff in place. Some of these cases included:

- i) Kyarwabuganda Health Centre II in Mbarara City, recently upgraded to Health Centre III, and partially equipped, was operating with only two staff, a registered nurse and an enrolled midwife, out of the staffing level of 55.

- ii) Kitabaazi Health Centre II, Masaka City, was recently upgraded to Health Centre III and is fully equipped, but was still operating as a Health Centre II due to inadequate medical staff.
- iii) Anyagatir Health Centre III in Lira has new infrastructure, but only one medical personnel is on the ground providing all services, including maternity services.
- iv) Kachuru Health Centre III had partial equipment delivered, but had no personnel to operate it.

The committee observed that the Ministry of Health procured and delivered medical equipment to incomplete health centres, or without the required medical staff, which rendered such equipment redundant and at high risk of misuse and vandalism.

The committee recommends that the Ministry of Health should carry out an inventory of all the medical equipment procured and delivered to the various health centres, and report to Parliament within three months from the time this report is adopted.

Madam Speaker, we also looked at the installation of the Computed Tomography (CT) scans, oxygen plants, and Intensive Care Unit bed equipment.

Installation of CT scans

The committee was informed that the Government procured, delivered, and installed 15 functioning CT scan machines in 14 regional referral hospitals and Bombo General Military Hospital, including one magnetic resonance imaging (MRI) machine in Mbarara Regional Referral Hospital (see Annex 6).

The committee found out that CT scan services were only accessible to patients at a user fee ranging from Shs 120,000 to Shs 250,000, depending on the type of imaging or investigation. The charges also varied across regional referral hospitals. For example, at Jinja Regional Referral Hospital, among others, patients pay a fee ranging from Shs 120,000 to 150,000 depending on the test done. At Mubende Regional Referral Hospital,

a standard fee of Shs 150,000 was set across all tests, while in Mbarara Regional Referral Hospital, Shs 180,000 was charged for non-contrast procedures and Shs 250,000 for contrast procedures.

The committee established that in some cases, hospitals gave waivers to selected patients after thorough scrutiny and under exceptional circumstances. The committee was also informed that the charges for CT scan services were a result of the guidelines on the users' fees provided by the Ministry of Health, after taking into consideration the input and maintenance costs of the equipment. See Annex 7.

The committee further found out that in some regional referral hospitals, the infrastructure housing newly installed CT scan machines was not available and lacked trained medical personnel to operate the machines. This compromised the functionality of the equipment and the safety of the patients as well as the personnel operating the equipment. One such case was in Fort Portal Regional Referral Hospital. The equipment was installed in an improvised room, lacked specialised medical personnel to operate it, and had already broken down by the time we visited.

The committee observed that:

- i) In some regional referral hospitals, the infrastructure housing the newly installed CT scan machines was not appropriate. This exposed the equipment to a gross risk of damage.
- ii) There were variations in the fees charged to access CT scan services, as already mentioned.
- iii) The user fees charged to access the CT scan services were a hindrance to the uptake of the CT scan services, especially among low-income patients.
- iv) There was a general lack of qualified staff to operate the newly installed CT scan machines.

The committee therefore recommends that:

- i) The Ministry of Finance, Planning and Economic Development should

prioritise the release of funds, Shs 8.7 billion as budgeted for in the Financial Year 2024/2025, for the construction and remodelling of the appropriate infrastructure to house the CT scan machines in all the regional referral hospitals.

- ii) The committee recommends that the Ministry of Finance, Planning and Economic Development should provide adequate funds to all regional referral hospitals in the budget for the Financial Year 2024/2025 to cater for the routine maintenance of the CT scanner equipment, to ensure their sustained functionality.

We looked at the installation of the ICU bed equipment

While the Ministry of Health reported that the Government procured and delivered 143 ICU bed units in 14 regional referral hospitals, five selected national referral hospitals, and Bombo Military General Hospital (Annex 7), the committee established that most of the ICU bed units delivered in regional referral hospitals were still boxed and kept in stores, due to lack of standard ICU infrastructure at the respective regional referral hospitals. That means they are not deployed for use.

In other cases, the regional referral hospital administration had put some of the ICU equipment to other use. For instance, in Mbale and Masaka Regional Referral Hospitals, the ICU bed equipment that the Ministry of Health delivered was still kept in the stores, because works on the surgical complexes meant to house the new 10-bed capacity ICU had stalled due to a lack of funds. Similarly, in Buhinga and the Mbarara Regional Referral Hospitals, some ICU Bed equipment was still in the stores because they lacked adequate space to accommodate them. The Government had not provided for any future infrastructural development to cater for standard ICUs.

Jinja Regional Referral Hospital

The committee established that a new 20-bed Intensive Care Unit was still under

construction. Yet, even the projected space looked insufficient for the overwhelming patient population, given that the old ICU building was also under renovation.

Gulu Regional Referral Hospital

The committee uncovered ambiguities in the receipt and usage of the supplied ICU Bed Units. The committee was informed that the hospital received 10 ICU Bed Units, but had only installed four in the ICU. The in charge of the ICU, who was not a qualified intensivist, could not account for the other six beds at the time of the committee's visit.

On being probed further, she disclosed to the committee that the balance of beds was in different locations, including two in the stores due to missing parts, while others were being used in the wards. The committee visited the wards and established that one of the beds had been dismantled and used in the orthopaedics ward, while another was being used in the nutrition room.

The committee further engaged the store assistant, who denied having received any ICU Bed Units during his term of office. He, however, disclosed that two beds had been brought into the stores on the day the committee visited. We do not know where these beds were, but when they saw us, they brought them.

The committee observed that - I can skip that one and read the recommendations.

Committee recommendations

The committee recommends that:

1. The minister responsible for finance should provide adequate funds to regional referral hospitals in the budget for the Financial Year 2024/2025 to cater for the construction/ completion of the infrastructure meant to accommodate ICU bed equipment to ensure their installation and utilisation.
2. The Ministry of Health should train and recruit specialised medical workers to manage the ICUs in regional referral hospitals.

3. The Ministry of Health should investigate the handling and management of ICU equipment delivered to Gulu Regional Referral Hospital, including donations from the Japan International Cooperation Agency (JICA), and report back to Parliament in two months from the time this report is adopted.
4. The Ministry of Health should conduct an inventory of all ICU bed equipment delivered to the regional referral hospitals and report back to Parliament in three months from the time this report is adopted.

Installation of oxygen plants in regional referral hospitals and the distribution of oxygen cylinders up to health centres IV

The Ministry of Health reported to the committee that the Government procured and delivered 20 new oxygen plants to national referral hospitals, regional referral hospitals, and Bombo Military General Hospital.

The procurement of four new oxygen plants for Hoima, Lira, Mbale, and Mbarara Regional Referral Hospitals had not yet been concluded (see Annex IX). In addition, the Government had procured and distributed 10,000 cylinders across the country to all levels of health facilities up to health centres IV, as indicated in Annex X.

However, the committee found out that none of the newly procured oxygen plants at the various regional referral hospitals visited was operational. For instance, in Buhinga, the plant was yet to be installed; in Mbarara, Masaka and Gulu Regional Referral Hospital, construction of the infrastructure meant to accommodate the Oxygen Plants had not yet been completed. The UPDF Engineering, in the case of Gulu Regional Referral Hospital, handled this.

Additionally, the Ministry of Health indicated to the committee that the newly procured oxygen plants could not operate on the low-capacity transformers currently in the regional referral hospitals. It required Shs 13.7 billion to upgrade the transformers and voltage stabilisers to a capacity sufficient to run the oxygen plants in all regional referral hospitals. Of this, the

Government had provided only Shs 2.2 billion in June 2023 to functionalise five out of 20 plants, leaving a funding requirement/gap of Shs 11.5 billion for power requirements to run the remaining 15 plants.

In addition, at the time of the committee's oversight visit, the already existing (old) oxygen plants at various regional referral hospitals had been out of use for several weeks. For example, in Masaka and Mbale Regional Referral Hospital, the old oxygen plants had broken down. Similarly, Buhinga Regional Referral Hospital did not have a functional oxygen plant at the time of the committee's oversight visit. The committee established that the delays in repairs were due to a lack of the necessary expertise and funds from the officials at respective regional referral hospitals.

The committee also noted that high costs of electricity and maintenance were a major factor affecting the smooth operation of the existing oxygen plants. For instance, at Masaka Regional Referral Hospital, the existing oxygen plant was reported to consume an average of Shs 20 million monthly, a cost way above what the hospital budget can accommodate.

The absence of functional facility-based oxygen plants has forced regional referral hospitals to seek oxygen supplies from external sources. In Masaka Regional Referral Hospital, the administration had opted to procure oxygen from Roofings in Namanve. Mbale Regional Referral Hospital relied on Soroti Regional Referral Hospital for over 500 additional oxygen cylinders to supplement its oxygen supplies from the National Medical Stores (NMS). Buhinga Regional Referral Hospital was entirely relying on oxygen supplies from the NMS.

The committee observed that:

1. The Ministry of Health procured new oxygen plants without putting in place the necessary infrastructure.
2. The newly procured oxygen plants cannot run on the current low-voltage power transformers in regional referral hospitals.

3. The current budgets for the regional referral hospitals cannot sustain the smooth operations of the new and existing oxygen plants in the regional referral hospitals.
4. The Government's assurance to install new oxygen plants in regional referral hospitals had not yet been met.

The committee recommends that:

1. The Ministry of Health should ensure completion of the required infrastructure and installation of newly procured oxygen plants in all regional referral hospitals within six months from the time this report is adopted.
2. The Ministry of Finance, Planning and Economic Development should provide funds amounting to Shs 11.5 billion in the budget for the Financial Year 2024/2025 to facilitate the upgrade of the transformers and voltage stabilisers to a capacity sufficient to run oxygen plants in all the regional referral hospitals.
3. The Government should provide adequate funds to regional referral hospitals in the budget for the Financial Year 2025/2026 to specifically cater for increased recurrent expenditure resulting from the installation of the new oxygen plants.

Madam Speaker, we looked at the rehabilitation of Busolwe General Hospital, and I would like to go straight to the committee observations. The honourable members will read the other narrative.

The committee observed that:

- i. The project works were behind schedule, and work had not been completed.
- ii. The UPDF Engineering Brigade did not have any Bills of Quantity, nor other documents available for verification by the committee.
- iii. Renovation work for staff quarters under the UPDF Engineering Brigade had not yet been done.
- iv. The UPDF Engineering Brigade was adamant and declined the supervision of the district leadership, but instead got guidance directly from the Minister of Defence and Veteran Affairs; and

- v. The Government's assurance to renovate Busolwe Hospital was not fully implemented when the committee visited.

The committee recommends that:

1. The district local leadership should get involved in the entire process of supervision of the construction works; and
2. The UPDF Engineering Brigade should expedite the renovation works for staff houses in Busolwe Hospital.

The committee looked at rebuilding Kilembe Mines Hospital, and I would also like to go to the observations and then the recommendations.

The committee observed that:

- i. The absence of a fully functional government-supported hospital within Kilembe Mines presented a dire health situation for a very large population of over 500,000 people from six subcounties of Kilembe. That is the subcounties of Nyakabingo, Mbunga, Rukoki, Bulembia and Kyarumba;
- ii. Despite the dilapidated structures, Kilembe Hospital has continued to offer medical services to the community and its surroundings.
- iii. The Office of the Prime Minister and the local leaders disagreed on the appropriate location of the new Kilembe Mines Hospital; and
- iv. The Government's assurance to rebuild Kilembe Mines Hospital has been broken.

The committee recommends that:

1. Government should fulfil the presidential directive to rebuild and construct Kilembe Mines Hospital at the site provided by Kilembe Mines to ensure utmost accessibility to all the targeted subcounties and in line with the preferences of the local leaders, as well as the affected population.
2. The Ministry of Health should reinstate the Vote, all the equipment, the Primary Health Care fund, credit line, and staff of Kilembe Mines Hospital with immediate effect. It should not keep the Vote within the

private for-profit entity, as it is happening now. That is St Mary's Hospital, which they are supporting; and

3. The Ministry of Water and Environment should be tasked to provide a hydraulic report on its findings about the proposed site at Macgown in Kilembe. There is a site that has a dispute.

Madam Speaker, we also handled a very important hospital that takes care of the people of a very important person in this country, who is number three: the Speaker of Parliament. That is the construction of Soroti Regional Hospital. Allow me to go through this.

The committee established that the current Soroti Regional Referral Hospital is located in the middle of Soroti's business district, which has three counties and 12 subcounties, 11 health centre IIs, five health centre IIIs, and one health centre IV.

The catchment population is 2.7 million people from 10 districts of the Teso Subregion and one city, Soroti City. The hospital has a bed capacity of 274. It is a teaching hospital designated for internship training for graduate students from medical schools nationwide.

The committee further established that Soroti Regional Referral Hospital was given land allocation, measuring 8.6 acres, by the district local government of Soroti and 50 acres by the university in Arapai to construct a new Soroti Regional Referral Hospital.

The committee visited the two sites and discovered that part of the 8.6 acres in the proposed site was used to construct a regional blood bank and associated staff housing and that the funds meant for the upgrade of Otetai Health Centre II to Health Centre III were diverted for the construction of the said blood bank.

The committee ascertained that the Ministry of Health has not formalised the process of acquiring the proposed land from Soroti University to finalise the university's decision to house the referral hospital. Furthermore,

the land was available and awaits surveying, titling, and transfer to Soroti Regional Referral Hospital.

The committee observed that:

- i. Soroti Regional Referral Hospital is lying on very old structures that have hampered not only service delivery but also exposed the hospital to security risks, yet the facility serves over 10 districts with a population of more than two million people;
- ii. The committee observed that the district council, together with Soroti University, has allocated approximately 60 acres of land for the construction of a new Soroti Referral Hospital, but the Ministry of Health has delayed to finalise the acquisition of the land and associated documentation to enable the construction of the new Soroti Regional Referral Hospital;
- iii. The committee observed that the current Soroti Regional Referral Hospital lacks an Accident and Emergency Unit, an outpatient department and a theatre, though they are doing wonders in that hospital. They have been in the news many times. They also lack an ICU unit; what they have, when we went in, is a very small unit with a lot of congestion, and
- iv. The government's assurance to construct a new Soroti Regional Referral Hospital has not been implemented.

The committee, therefore, recommends that:

1. The Ministry of Health should formalise the acquisition of the land from Soroti University and facilitate the construction and equipping of Soroti Regional Referral Hospital at the university site to accommodate the need for both learning of medical students and provision of medical services to the needy population; and
2. The committee recommends that the Government should provide funds in the budget to cater for the construction of the new Soroti Regional Referral Hospital as a priority, inclusive of all critical

departments, particularly a sizeable theatre to cater for multiple surgical operations.

Conclusion

The committee concludes that the Government has not lived up to its promise to implement the assurance to upgrade, rehabilitate, construct, and equip health facilities in local governments, and install CT scans, oxygen plants, and ICU equipment in all regional referral hospitals across the country.

I, therefore, pray that the report of the Committee on Government Assurance and Implementation be considered by this House and the recommendations therein be adopted. I beg to lay and present, Madam Speaker.

THE SPEAKER: Thank you, committee chairperson, for this very good report. The Committee on Government Assurance and Implementation has produced very good reports.

However, given the magnitude of the assurances that have been made from time to time, the committee needs to consolidate the assurances and provide the status update categorised by sector. This report you are reading should have had sector by sector for example, on health on this and this date, the minister made this promise or the President made this promise.

That is in regard to Rule 185(1)(a); record and scrutinise the assurances, promises, and undertakings given by the minister, the Prime Minister, and the Vice President or the President in the House from time to time. So, you will need to have a comprehensive report that is making a category of sector by sector so that we have a comprehensive report rather than bringing only one from one sector. Therefore, next time, you need to do that so that you give us a comprehensive one, indicating the dates, that on such and such a date, you made a promise that Soroti Referral Hospital would be built because I do not want us to deviate and go into sectoral committee work.

We are now going into policy or accountability. We are checking the promises that have been made together with the status and what they have done and you report to the House. Honourable minister, you have heard the report, but all the same, the report is very good. Yes.

DR BWANIKA: Madam Speaker, I take the guidance. However, for these assurances, it is only that in the interest of time, we have documented who said what on the Floor of Parliament and it is part of the report. However, I take your guidance for the other comprehensive report, which will stipulate all the assurances and the dates.

THE SPEAKER: The report does not have on such and such a date, the Prime Minister made this promise, and this is the status of the promised item. Those are on technicalities, but it is not about the substance of a form. Yes, you want to debate the report? Dr Ayume?

Let me first get the Doctors. Are you a witch doctor? Yes, Dr Ayume?

3.52

MR CHARLES AYUME (NRM, Koboko Municipality, Koboko): Thank you, Madam Speaker. It is a good report. I just wanted to provide clarity on Kilembe Mines Hospital. When I chaired the Committee on Health, we visited Kilembe Mines Hospital, following the instructions of the Rt Hon. Speaker, to assess the damage by River Nyamwamba. We came back and reported to this House that the hospital is irreparable.

The advice we gave was that a new hospital is built in a place called Rukoki, which would be a Health Centre IV. Therefore, I would like to underscore the fact that the current Kilembe Mines Hospital is irreparable and it is in the flood path of River Nyamwamba.

Madam Speaker, on the issue of ICU equipment, the ICU equipment was procured as an emergency procurement during COVID-19. The next step was to build the structures where the equipment was going to be housed.

I am on record on this Floor for two financial years for saying that Masaka Regional Referral Hospital only needed Shs 680 million to complete the ICU equipment, which was stashed somewhere in a store. Therefore, I think this money should be provided, and these ICUs will be functional.

Finally, the task is on us as Parliament –

THE SPEAKER: Honourable Minister of Health, Dr Jane Ruth Aceng, take note of what is being said. I can see Hon. Daudi is taking your time.

DR AYUME: Madam Speaker, it is incumbent upon this Parliament to agree on whether CT scan services should be free. My opinion, as a medical doctor, is I think we shall run down the health services of this country if they are 100 per cent free. In the private sector, they are about Shs 400,000. In Government facilities, they range between Shs 100,000 and Shs 120,000.

I think it may be a policy issue where we should say CT scan services be free or we put a charge. Cognisant of the fact that Uganda is in a region where we also provide services to Eastern DRC and South Sudan, we shall also be giving services to these neighbours of ours at no cost. Thank you.

THE SPEAKER: Thank you. Hon. Sarah?

3.55

MS SARAH NAJJUMA (NRM, Woman Representative, Nakaseke): Thank you very much, Madam Speaker. I thank Hon. Abed for the report. In the report they mentioned about equipment that are given out by the Ministry of Health and they are not functioning.

Nakaseke District was given a sterilizer machine by the Ministry of Health. They contracted Crown Company Limited to repair and provide services to the machine. But when their contract expired –

THE SPEAKER: To supply?

MS NAJJUMA: No, to repair and it is already there. They contracted Crown Company Limited to repair and service the machine. When their contract ended, it was not renewed and up to now, the machine is down. That is my concern, Madam Speaker. Thank you so much.

THE SPEAKER: Thank you. Hon. Opendi?

3.56

MS SARAH OPENDI (NRM, Woman Representative, Tororo): Thank you very much, Madam Speaker. I would like to thank the committee chairperson together with his team for this very good report. In the Public Accounts Committee, the Auditor-General equally raises concerns about Government spending a lot of resources, procuring equipment that are redundant in hospitals. It is extremely unfortunate.

If you went to Mulago National Referral Hospital, the ICU equipment are there. The challenge is staffing. We are discussing this report, which the Minister of Health is equally lamenting about because they need resources in order for these issues that have been raised by the Committee on Government Assurance and Implementation to be implemented.

They are also challenged, and I think it is time for us, as Parliament, to get into the next budget and look at these issues and allocate resources so that this equipment does not remain redundant. It is really my plea.

Secondly -

THE SPEAKER: Concerning what Hon. Sarah is saying, in Mulago we have the best ICU ward and beds. We have the organ transplant machine and dialysis, but we do not have staff. At the end of the day, they end up referring people out of the country because we cannot afford to pay salaries for the staff.

MS OPENDI: Thank you, Madam Speaker, for complementing my point. Secondly, on Soroti Regional Referral Hospital, I really plead that we prioritise this facility because it serves beyond the people within Soroti. It has remained like a district hospital. Let us leave

that facility and allocate resources so that they can utilise the land offered by the university. It is a regional referral, a teaching hospital, and these doctors have done excellent work.

We even recognised some of the doctors who separated the conjoined twins. If you look at the theatre where these doctors are operating, you will shed tears.

Madam Speaker, all that I am saying is, let us prioritise the health sector, allocate resources but also, I call upon the Ministry of Health to bring the National Health Insurance Bill so that we can be able to –

You can see cost sharing in hospitals. The cost sharing is on but how are Ugandans contributing towards healthcare? They are paying under the table. Therefore, let us have the National Health Insurance Scheme and also know that tertiary care is not wholly free in this country.

THE SPEAKER: Honourable minister, actually, we do not have a referral hospital. It is supposed to be the Soroti District General Hospital. When Soroti became a city, the small hospital, which is in the middle of town with no land for expansion, did not have a vehicle to remove garbage.

Even when you are at the gate, you feel the smell in that hospital. It is high time you built the referral hospital. Maybe you need to change the name to Soroti General Hospital for now, because even major operations cannot be done because they do not have a good theatre. It is a serious matter. Hon. Apolot and Hon. Onzima.

4.01

MS CHRISTINE APOLOT (NRM, Woman Representative, Kumi): Thank you, Madam Speaker. I would like to thank the chairperson for a good report. In connection with the observation on the number of health centre IIs that have been upgraded, a majority have not yet been handled.

I support the point raised by Hon. Sarah that indeed the Ministry of Health needs to support us in this struggle and provide the resources.

For instance, when you refer to my –

THE SPEAKER: It is not Health, it is Finance.

MS APOLOT: Ministry of Finance, Planning and Economic Development –

THE SPEAKER: And as the House, we need to prioritise when budgeting. We should say that the first sector that we should allocate funds to is health, because you need healthy people.

MS CHRISTINE APOLOT: Thank you, Madam Speaker. In the case of Kumi District, we have new sub-counties that already have existing health centres II. Even though they are too many, we would at least pick one from a new subcounty and upgrade it into a health centre III instead of starting new construction projects for health centres III.

On the recommendation to have the Auditor-General look at the utilisation of these funds, it is not the first time we have come up with that recommendation. I was formerly a Member of the Public Accounts Committee (PAC), and the Auditor-General made a number of observations about the Uganda Intergovernmental Fiscal Transfer (UgIFT) I and II. We discussed the recommendations.

Maybe we need to critically look at the implementation aspect; when Parliament debates the existing gaps, what is done and implemented?

Double payment to contractors is an abuse of us, as a Government. Could the ministry give us an explanation as to why double payment to certain contractors occurred? Because part of that money would have been utilised for another purpose. Thank you.

THE SPEAKER: Hon. Onzima -

4.03

MR GODFREY ONZIMA (NRM, Aringa North County, Yumbe): Thank you, Madam Speaker. I thank the committee for the good report and add my voice to the issues

being raised, particularly issues related to the redundancy of equipment. I remember Parliament asked -

THE SPEAKER: Honourable, according to the report, the equipment is there, but there is no infrastructure. They end up keeping the equipment in the stores, and at the end of the day, it gets spoilt.

MR ONZIMA: Thank you. That is the same issue I am trying to raise. On issues to do with the provision of services, many times I thought we should make an assessment and ensure that the first things come first.

Here, we are raising issues of infrastructure that is not in place and personnel who are not there. I was talking to my District Health Officer, and he highlighted the challenges of human resources.

For example, in the district, we needed four anaesthetic officers, but we only have one. We needed two radiographers, but there were none on the ground. We need 45 clinical officers, but there are only 25. We need 190 enrolled nurses, but we only have 90. The challenge is enormous. When we look at establishing activities on the ground, the first things must be put first.

One, the infrastructure should have been put to avoid this kind of wastage and redundancy. Two, personnel should have been trained.

Madam Speaker, it may not only be health. If you assess most of these Government activities, you will find a number of redundant equipment, whether for the agricultural sector or other sectors.

If you go to Arua, you will find agro-processing equipment. Therefore, before we rush for this equipment, whatever is needed should be put in place to avoid wastage and redundancy. However, for those areas which require our support as a Parliament in terms of finance, we should urge the Minister of Finance to help us such that we put all these in place. Thank you.

THE SPEAKER: Chairperson, Committee on Health -

4.06

THE CHAIRPERSON, COMMITTEE ON HEALTH (Dr Joseph Ruyonga): Thank you, Madam Speaker. I would like to thank the chairperson of the committee for the comprehensive report that he has just given us.

Some of these issues involve health. I remember when I presented the budget to the Budget Committee, I talked about so many unfunded priorities and requested that they increase the budget to handle some of those issues.

Regarding issues of human resources, we are still understaffed, but of course, they could not increase the budget. Also, we are requesting more equipment, for example, oxygen plants. We are failing to maintain what we have because of the utilities, and yet we want more, but you are not increasing the budget.

The more equipment you bring into the sector, the more infrastructure we construct in the sector, so we need to increase the budget.

Members, when they bring the budget for health, at least for the coming financial year, you can see where the money is going. I thank the committee for a good presentation of the report, and some of the projects have already been completed.

THE SPEAKER: Also, when we increase the budget, we should move systematically. We cannot have the equipment without having the infrastructure and the human resources.

We should first have the infrastructure, you get the human resource, and then have the equipment rather than doing it the other way around. Yes, Hon. Aameede, Hon. Naigaga, Hon. Flavia, and Hon. Wanda will go next after the girls.

4.08

MS AGNES AMEEDE (Independent, Woman Representative, Butebo): Thank you, Madam Speaker. I thank the chairperson for the marvellous report. I am a victim in this

report because some of the projects mentioned are actually from my district. Taking issue with the health sector, Madam Minister, we have the health centre of Kachuru. The construction has gone on for five years. At some point last year, the Committee on Government Assurance and Implementation, under the chairpersonship of Hon. Namboozee, undertook a visit to the health centre with the commissioner responsible. However, nothing was done to avert the anomalies that the committee highlights.

I also got to know that the community wrote several letters to the Office of the Inspector General of Government (IGG) to avert the mismanagement of the project, but nothing has been done.

Relatedly, there is another project under the Ministry of Education and Sports, a seed school in Kachuru. We have not got value for money. The community also made several complaints, and nothing has been done.

The state of affairs is really an indictment of us, the National Resistance Movement (NRM) Government. The supervision from the centre is very poor, hence the state of affairs. Thank you.

THE SPEAKER: Thank you, Hon. Aameede. Honourable minister, we share the health centre she is talking about. We are neighbours. Part of it is from Bukedea and the other from her constituency. Committee chairperson, you now understand why I was telling you to structure your report in a way that Kachuru Health Centre is on this and that date. When we come to debate this, we would specifically look at the status of those promises.

4.11

MS MARIAM NAIGAGA (NRM, Woman Representative, Namutumba): Thank you, Madam Speaker. I join honourable colleagues in appreciating the committee for the wonderful report.

In addition to the many health centres II that have been upgraded, we still have constituencies where health centres III have not been upgraded to health centres IV as per the

Ministry of Health's policy. A case in point is Bukono Constituency in Namutumba District, which was created in 2015. To date, Ivukula Health Centre III has not been upgraded.

Madam Speaker, with the challenges that we are facing as far as the road infrastructure is concerned, it becomes a big challenge, mainly for pregnant women, crossing to different districts to access health services.

Another issue I would like to raise is to do with the health centres III that we had budgeted for in the previous budget, and the Cabinet took a decision to reverse the money that we had appropriated under some subcounties to access health centres III. A case in point is Bugobi Town Council and Bugobi Subcounty. They had been allocated money for health centres III, but the Cabinet made a decision and reversed this budget. We want the Minister of Health to tell us what the way forward is on this. I thank you.

4.12

MS FLAVIA KABAHENDA (NRM, Woman Representative, Kyegegwa): Thank you, Madam Speaker. I would like to thank the committee for the report on health. I have eight subcounties which have no health centres III. Two of these, Nkakwa and Kigambo, were accorded the status almost three or four years ago, but up to now, they have never operated as health centres III. They have no staffing, and they have not been given the capacity to operate at the level they were accorded. I would like the minister to take that very seriously.

Madam Speaker, Kyaka North Constituency in my district does not have a health centre IV. The Minister of Health has kept visiting Hapuyo Health Centre III, trying to encourage and support them to ensure they are upgraded to a health centre IV status. However, the wait has been too long. We need to be told why *-(Member timed out.)* Madam Speaker, can I finish this?

Madam Speaker, while we are talking about human resource –

THE SPEAKER: Can we reduce the time so that other people are able to debate?

MS KABAHENDA: I would like to finish this, Madam Speaker.

THE SPEAKER: Okay.

MS KABAHENDA: While we are talking about human resource, the staffing we are talking about at our health centres is not hands-on, or the midwives and nurses who are frontliners. Most of the staff are data entrants; they are records officers. Then you find us having an 80 per cent staffing rate when actually those who are frontliners are the few. I think we need, when we are staffing, to disaggregate so that we know whether we have frontline staff or these record keepers, data entrants, and administrators.

4.14

MR ROBERT WANDWASI (NRM, Bungokho County South, Mbale): Thank you, Madam Speaker, for the opportunity. I would like to comment on the Uganda Intergovernmental Fiscal Transfers (UgIFT) projects under the Ministry of Health that are implemented by local governments.

Quite often, these projects that are given to the local governments are procured by the centre, yet the local governments are supposed to monitor them. I know very well that for one to monitor, they must have full knowledge of what they are to monitor.

Therefore, it would be better if the Central Government, when considering the procurement of these projects that are to be implemented by the local governments, harmonises with the district local governments. In quite a number of local governments, after these projects have been implemented in their districts, they always tell you that they just saw people carrying out a project or constructing a structure for a health centre III but they have little knowledge about it because they do not have the Bills of Quantities (BOQs) and – *(Member timed out.)*

4.16

DR SAMUEL OPIO (Independent, Kole North County, Kole): Thank you, Madam Speaker. I would like to thank the committee for this report, which puts a lot of emphasis on some of the issues we have constantly raised as the Committee on Health.

The issues raised bear on two key areas. One is financial planning and budgeting, where one of the areas is maintenance planning. The rule of thumb, as the engineers have told us before, is that for every value of equipment purchased, five per cent must be allocated annually for maintenance. However, when you look at the Committee on Health's report for the last three years, Shs 12 billion has been an unfunded priority for maintenance.

The second area is on synchronised planning. If you give me a budget for equipment for infrastructure, human resource must go along with it. However, even the budget for utilities - we were in Abim Hospital in Abim District. There was a digital x-ray, the infrastructure and the human resource but they did not have three-phase power for two years. They could not operationalise it so we need to have synchronised planning.

I would like to propose an amendment to this report that the Ministry of Finance, in consultation with Ministry of Health, should come up with financial guidelines for procurement of medical equipment such that we ensure that there is synchronised planning and also a budget for maintenance.

Last is the issue of release of funds. When you look at the budget for construction, they have been the lowest releases. Shs 1 billion for roads is released for the last two years, 100 per cent. Money for the boreholes is released 100 per cent, but go to the health construction budget. It is rarely released even at 50 per cent itself. There is need to address those issues so that we can be able to resolve these financial challenges. Thank you.

4.17

DR NICHOLAS KAMARA (FDC, Kabale Municipality, Kabale): Thank you, Madam Speaker and I would like to thank the committee chairperson for the report. I have two issues. First of all, I want to say that I belong to the Parliamentary COVID-19 Task Force. We recommended Intensive Care Units (ICUs) and oxygen plants.

Secondly, we have also recommended CT scans under the Committee on Health. In Kabale Hospital, the CT scan was being done in Mbarara, and you needed to get transport and travel from Kabale to Mbarara to undergo a CT scan. Therefore, I think Shs 150,000 is a good beginning, but it can be reduced.

Madam Speaker, my last point is about procurement. We need to plan when we start procuring. There seems to be somebody either at the Ministry of Health or somewhere in a hurry to procure as quickly as possible. When you see the way CT scans were procured - no staff and no infrastructure. In fact, as we talk, at Mbarara Regional Referral Hospital, the CT scan is done - somebody spent two days there, and the CT scan has been done. What were they waiting for? It was an interpretation of the CT images in a private unit.

When you look at the oxygen plants, we acquired a lot of oxygen plants in haste and most of those oxygen plants have now died. Moreover, they have acquired the third ones in some instances, like in Kabale Regional Referral Hospital. We have acquired the third oxygen plant which is too expensive and the other two are already dead.

Madam Speaker, my view does not differ from that of other honourable members. We need to plan as much as possible (*Member timed out.*)

THE SPEAKER: Thank you. You even have an oxygen plant with a generator that cannot run it. In the circumstances that there is no power, you cannot - Yes, Hon. Jimmy?

4.20

MR JIMMY AKENA (UPC, Lira East Division, Lira City): Thank you, Madam Speaker. I am going to take a different approach from my honourable colleagues, and this is based on history that you begin with personnel before the structure.

Madam Speaker, when you have the personnel, you can address the makeshift issues, and it will be able to work. Now, even if you have the structure and you have not trained the personnel, it will be a monument and it will not work. Therefore, the first issue is personnel. I do not want this issue of the Government coming here, saying, we are not funded. What are you doing in the Cabinet? If you cannot defend your sector, what are you doing in the Cabinet? Right now, we need service delivery for the people.

Going back to the issue of Busolwe Hospital, Madam Speaker, Busolwe Hospital is one of the 24 hospitals that were part of the Second Five-Year Development Plan. I am mentioning it here because I know most Members will not have read it, although it is here in the library. That plan was to increase the hospital beds to 2.5 per 1,000 people. That meant 8,250 beds were built. Busolwe Hospital is one of them.

You had the dispensaries and sub-dispensaries per county and subcounty structures. These hospitals were built. I was in the Eighth Parliament when we borrowed \$100 million to repair 24 hospitals, but we only did about 12. Busolwe, which is part of this one, is going for \$20 million. One hospital!

Madam Speaker, we built 24 hospitals, dispensaries, and sub-dispensaries at £6 million to serve the people of Uganda. These are the same structures that cannot be rehabilitated after 40 years. Let us be honest here. If we care for the people, let us prioritise the work for the people and not go around the bush. Many of these things are in the library. Cross-check, you will see. UPC did it right.

THE SPEAKER: Thank you. I am happy that UPC is now in bed with the NRM. The

question is: what are you doing in the Cabinet? The appropriation is done by the Parliament of Uganda. The blame should fall on you, Members of Parliament, not the Cabinet. I do not want the minister to take responsibility for that because she is in Cabinet. It is a collective responsibility of the Cabinet and Parliament. Hon. Nsereko? By the way, Hon. Nsereko has crossed to the Ecological Party of Uganda, and he is the president of that party. *(Applause)* Congratulations. The House is duly informed, and we have written to the Electoral Commission to that effect.

4.22

MR MUHAMMAD NSEREKO (Independent, Kampala Central Division, Kampala): Thank you, Madam Speaker. I can see Members are very excited about-

THE SPEAKER: There is a procedural matter-

MR BASALIRWA: Thank you, Madam Speaker, for recognising Hon. Nsereko and I welcome him to the club of party presidents in this Parliament. He now joins me with Hon. Akena, Hon. Mathias Mpuuga, and my colleague, who does not sit here but comes once in a while for the State-of-the-Nation Address.

Madam Speaker, it would be procedurally right to welcome him to that club. Thank you.

THE SPEAKER: Honourable members, you made these rules, and they are yours. We are going to limit the debate on this. It is already past 4.00 p.m. Today is supposed to be the Prime Minister's Time, and she is supposed to address us at 4.00 p.m. We have a report, and that will be it. You are the ones who made these rules.

MR MUHAMMAD NSEREKO: Thank you, Madam Speaker. Before the rules catch up with me, we beg your indulgence in this matter. At least that is one of the rules that is not entrenched, and if you so wish, we can have it suspended, if we request you through a motion. *(Applause)*

THE SPEAKER: I am not suspending. Stop clapping your hands.

MR MUHAMMAD NSEREKO: Madam Speaker, given the importance of health to the people of this country - I am aware that in 2001, Uganda participated in the African Union and appended its signature on the Abuja Declaration towards enhanced funding of the health sector.

I would like to associate myself with the discussion made by different people and the assertion that you made, Madam Speaker, that this Parliament has powers in appropriation and I agree with you.

Madam Speaker, a year ago, this same Parliament clearly said that we should enhance the health budget to 15 per cent in accordance with the Abuja Declaration. Right now, it is about 8.5 per cent. The Minister of Health clearly said that her hands were tied in this case and she needed the support of Parliament. When we did the same, the President of the republic came out and said, Members of Parliament should not alter - *(Applause)* what the finance ministry presents. Therefore, our hands are also tied.

We want to tell the country that we support the enhancement of funding for the Ministry of Health and the health sector. However, the Executive said that Parliament cannot alter the budgetary figures as presented, that the Committee on Budget and Parliament can only reject and return to the President. We want to say we reject what was presented. Let us see the good work of the Executive by saying that it wants 15 per cent of the budget to be allocated to the health sector, and it sees how we reject it. Therefore, it cannot be cross-fuelled that they propose and we reject.

Madam Speaker, we would like to say as Parliament that we want the budgetary figures supporting the health budget to be enhanced to more than 15 per cent.

THE SPEAKER: Honourable members, in the public gallery this afternoon, we have

teachers and people from St Joseph Igayaza Primary School in Kakumiro District. They are represented by Hon. Josephat Tumwesigye, Hon. Robina Nabbanja, and the Prime Minister. Please join me in welcoming them. *(Applause)*

In the public gallery, we also have teachers and pupils of Bishop Cyprian Primary School from Nakawa Division East. They are represented by Hon. Nsubuga Ronald Balimwezo and Hon. Malende Shamim. You are most welcome. Thank you for coming. *(Applause)* Yes?

MR BATARINGAYA: Thank you, my colleague, Hon. Muhammad Nsereko, for granting me the chance to give you information. In the 2021 budget, our budget was about Shs 31 trillion. Today, it is Shs 72 trillion. So, I wonder why it is difficult for us to appropriately increase the health budget. What is the problem? Where does the money go?

MR MUHAMMAD NSEREKO: Finally, I would have loved to do so, but many members are in the queue. Unless you are joining the Ecological Party. *(Laughter)* So, sit down.

Madam Speaker, as I wind up, I would like to thank you for being one of the people who, while seated in the chair, clearly stated that it would be important to enhance the budget of the Ministry of Health. Now that the Minister of Finance and the Minister of Health are here, and well-knowing that our people are in a dire situation health-wise, they must make an undertaking today so that the Committee on Government Assurance and Implementation can capture it, that they are going to put in place all that, that has been requested in their different recommendations. Thank you.

THE SPEAKER: Thank you. We will need the action-taken reports back in the House. Hon. Ibanda?

4.31

MR RWEMULIKYA IBANDA (Independent, Ntoroko County, Ntoroko): Thank you so much, Madam Speaker, for the opportunity. I also want to thank the chairperson for the elaborate report.

Madam Speaker, on 10 January 2023, I rose on this floor of Parliament, on the issue of health in Ntoroko District. The minister visited, but the challenge is that there was a proposal here on the floor of Parliament read by the Rt Hon. Prime Minister, on what we intended to do in Ntoroko; construction of a general ward at Rwebisengo and Karugutu, and a maternity ward both at Karugutu and Rwebisengo, and the Kibuku Town Council. A whole town council has no health facility, not even a health centre II in Karugutu Sub-county.

You had proposed upgrading the Musandama Health Centre II to a health centre III. The challenge is that the minister lacks financial support from the Ministry of Finance, Planning, and Economic Development.

Madam Speaker, recently I went to your committee—an unfunded priority, you cannot believe. I thought that the Minister of Finance, Planning, and Economic Development should be here and tell us why they are not giving money to the Minister of Health so that he can do all this work. All this work needs money.

Lastly, we have Buhinga Regional Referral Hospital in Fort Portal. It has no oxygen plant, the CT scan is down, and all of us in Rwenzori and Toro run to it. Madam Speaker, this is alarming, and something should be done for this referral hospital. Those promises you made to the people of Ntoroko on health should be fulfilled.

THE SPEAKER: Thank you.

4.32

MR SILAS AOGON (Independent, Kumi Municipality, Kumu): Madam Speaker, in the 10th Parliament, I sat on the Committee on Government Assurance. Most members thought that it was not an important committee, but later I realised that it is the most powerful committee that we need in this Parliament – *(Applause)* - and they have done a great job by revealing the revelations.

Madam Speaker, I sit on the Public Accounts Committee (PAC). The report on our

engagements with the regional referral hospitals contains all these issues.

Issue number one: When it comes to utilities, we are not releasing money to pay for water and electricity in regional referral hospitals. It is an ulcer, yet we want services from them. ICU facilities are being equipped; the minister has done that part, but we have not given them money for utilities. That is true.

When it comes to the development budget – *(Member timed out.)*

THE SPEAKER: Thank you. Hon. Karim?

4.34

MR KARIM MASABA (Independent, Industrial Division, Mbale City): Thank you very much, Madam Speaker.

On 7 September 2023, I raised a matter concerning Mbale Regional Referral Hospital regarding the ICU and surgical complex, and the Minister of Defence and Veteran Affairs, Hon. Oboth Oboth, came and committed that they would be completing that building within two months. He confirmed that he had received funds from the Ministry of Finance, Planning and Economic Development. I remember he invited you to come and commission that building when it is complete. To date, nothing has been done. The Minister of Health can probably enlighten us when that structure will be complete.

Secondly, it concerns Namatala Health Centre IV in Mbale City, but when I looked at the annexes, I saw they were one of the beneficiaries of beds and other equipment. Unfortunately, as I speak now, they have never received anything. They had one old maternity bed, the one our mothers produced on, which was very old. Actually, the two new beds that they are using, I had to provide and supply them, to help, because there is a gap. So it is sad that a health centre IV does not have a single proper or new bed on which our mothers can give birth.

Lastly, it concerns the sub – *(Member timed out.)*

THE SPEAKER: Yes, Kween, representative?

4.35

MR WILLIAM CHEMONGES (NRM, Kween County, Kween): Thank you so much, Madam Speaker, for giving me this opportunity.

I have three things. One, I remember in 2022, we all agreed to allocate money to ensure we had health centres III in all the remaining subcounties in this country. That meant upgrading health centres II and constructing in subcounties without health centres III. But now, we have subcounties without health centres IIs, and we even stopped saying we should not create more health centres IIs, and we are not hurrying up with the health centres IIIs.

Secondly, I have heard about the upgrades of having referral hospitals. In Sebei, the issue of having a referral hospital has become a song. Madam Speaker, if you look at the House, all my colleagues are not there now, and one of the issues that has made them not be here is the referral hospital issue. Almost everybody failed; the only question was hospitals, hospitals, and hospitals.

Madam Speaker, I really need a very - I wanted the minister to tell us what happened, because the whole House agreed that we allocate money for the health centre IIIs and the referral hospitals. We did.

THE SPEAKER: Honourable minister, we agreed to discuss issues of service delivery, because everybody is putting the blame on service delivery for their loss. People have lost because of issues with roads, hospitals, schools, and water. Have you not finished yet? Since you are alone in the House now, finish he is representing the whole of Sebei. *(Laughter)*

MR CHEMONGES: Finally, Madam Speaker, on the issue of district hospitals. I know we agreed to put them on hold until we finish the health centre III, but we have districts that are hard to reach. For example, in the entire Sebei region, we only have one district hospital *-(Interjection)-* Yes, and that is Kapchorwa Hospital. Kween District does not

have a hospital. Bukwo District does not have a hospital. This is embarrassing. And, it is what, yes – *(Member timed out.)*

THE SPEAKER: Thank you. Hon. Alanyo?

4.39

MS JENNIFER ALANYO (UPDF Representative): Thank you, Madam Speaker, for the opportunity. Also, I would like to thank the chairperson of the committee.

Madam Speaker, page 4 of the report speaks to the procurement of CT scans. In this regard, the report speaks to 15 procured CT scans in the regional referral hospitals.

Madam Speaker, General Military Hospital Bombo, was mentioned among those hospitals-

THE SPEAKER: Those who benefited.

MS ALANYO: As far as I am concerned, Madam Speaker, we do not currently have CT scans in the General Military Hospital.

I would like to get clarification from the chairperson of the committee on whether the committee visited the General Military Hospital and confirmed that there was any CT scan at all. Thank you, Madam Speaker.

THE SPEAKER: Did you get a CT scan in Bombo?

DR BWANIKA: Madam Speaker, we did not visit all 14 referral hospitals. We based our information on some of the information that was provided by the ministry. We visited some. We did not go to the military hospital.

However, we have an opportunity; the minister is here and can provide information on whether they supplied.

THE SPEAKER: Honourable minister, can you first respond to what has been raised? Then, if there is an addition, if you have not cleared it, then you can clear it. Honourable minister?

The Leader of the Opposition (LOP), please. You are going to respond to all.

4.40

THE CHIEF OPPOSITION WHIP (Mr John Baptist Nambeshe): Thank you, Madam Speaker. I would be amazed and taken aback at once, respectfully, with your assertion that Parliament ought to be in collective responsibility with the Cabinet, especially when it comes to unfulfilled health infrastructural promises by the Government.

Madam Speaker, there is cross-betrayal of parliamentary –

THE SPEAKER: I was talking about appropriation.

MR NAMBESHE: And that is where I am coming, Madam Speaker. I am only slow, but I am coming to that same point.

If Parliament, for instance, there are two World Bank-funded programmes of UgIFT-1 and 2 projects with a whopping Shs 552.6 billion, which this Parliament appropriated. However, to everyone's shock, out of 124 health centres IIs which were to be upgraded to health centres III, only two were constructed.

Then, in anticipation of constructing 62 new health centre IIIs, the Government only completed three out of the 62. The question, therefore, makes this very scandalous. If you were to compute it in terms of percentage, this performance is 1.6 per cent. I have been taking time to do that, and then less than 5 per cent for the new construction out of the 62.

The one-million-dollar question, Madam Speaker, should be, where was the Government, and where are all these huge funds that were made for upgrading health centres IIs to health centres IIIs, and then construction of health centres IIIs? This, in my view, Madam Speaker, is a cross-betrayal of parliamentary appropriations.

Parliament has done its bit. Year in, year out, we are here to allow appropriation means allowing

the Government to spend the money. We have never declined to allow the Government to spend the money. How on earth would they make this abuse, and then we assert that we are performing a complementary role with them, Madam Speaker?

Madam Speaker, this Government is long at press conferences, very long at promises, but extremely short at service delivery. When you come to equipment delivered to ghost facilities, there is, I want to thank the chairman of this committee –

THE SPEAKER: Which one is a ghost facility?

MR NAMBESHE: That is where I am taking you, Madam Speaker. There is this particular one with the chairman mispronounced. It is called Kyarwabuganda Health Centre III. Out of a requirement of 55 staff, they only had two. Then there is this one in Lira. It is called –

THE SPEAKER: You said a ghost facility. This would mean there is no facility.

MR NAMBESHE: I am developing this point; I am using this to get to where there was no facility. The truth of the matter is that they were equipping ghost facilities. For instance, the Government had not completed construction, and then they equipped those facilities. This is in the report. This is not my own creation-

THE SPEAKER: Honourable Leader of the Opposition, for one to call something a ghost, it is not there. You are better off saying an incomplete facility. It is a matter of English. I used to know people from the East as the best in English. I mean, that is where the wise people came from. Do you get it? It is either non-existent – a ghost is non-existent - An incomplete or an ongoing programme or project.

MR NAMBESHE: Thank you. I stand guided, Madam Speaker, but English being the second language, I do not take it to be superior to my mother tongue.

THE SPEAKER: But you come from the East. *(Laughter)*

MR NAMBESHE: But I was saying this. An incomplete –

THE SPEAKER: Honourable LOP, it is wrong. First of all, we have said it is wrong to put equipment in structures. That is why we are saying that in most facilities, equipment would be in the stores, which would even get spoiled. It would not be used, but the facility would be there, but uncompleted.

MR NAMBESHE: Madam Speaker, with all due respect –

THE SPEAKER: You know, people will come later and read this report and wonder what could have happened.

MR NAMBESHE: Madam Speaker, with all due respect, I would concur with you 100 per cent on my shortcomings in that second language. However, I would like to be educated here about this ghost because if the truth of the matter is that a hospital like the one in Lira has only one health worker, and is incomplete, would you qualify that to be a health facility, honestly speaking? That is a ghost. That is the kind of interpretation I am giving to this. A whole health facility has one health worker. The health facility, Madam Speaker, is called –

THE SPEAKER: Honourable LOP, I know you as a very decent person. I used to know you as a very decent person. I am repeating that I knew you as a very polished, decent person. Let us differentiate the words “ghost” and “uncompleted.” They are both not good words, but this is still under construction. Why are you equipping it? Remove your word “ghost.”

MR NAMBESHE: I stand guided, Madam Speaker. I am shifting to CT scans, and I will conclude with that.

THE SPEAKER: First, withdraw your words “equipping ghost hospitals.” We are equipping incomplete hospitals or medical facilities.

MR NAMBESHE: Where there is one work, Madam Speaker, that is as good as being no hospital.

THE SPEAKER: Okay, then let us have a response from the minister. *(Hon. Nambeshe rose_)* No, I have given you guidance which you have not taken.

MR NAMBESHE: Madam Speaker, I have complied.

THE SPEAKER: What have you complied with?

MR NAMBESHE: With your direction.

THE SPEAKER: What is it? *(Laughter)*

MR NAMBESHE: I have withdrawn the word “ghost.” I wish I had used “air.” Nonetheless, Madam Speaker - *(Laughter)*

THE SPEAKER: Hon. John Baptist!

MR NAMBESHE: Madam Speaker, that was a light moment. On a serious note, concerning the CT scans, I do not agree with my good friend, Dr Ayume, when he said that the government hospitals should charge fees.

THE SPEAKER: Should not charge.

MR NAMBESHE: They should not? Even when they are charging, it is being mismanaged, Madam Speaker. The truth of the matter -

THE SPEAKER: Dr Ayume said this should be free of charge.

MR NAMBESHE: No; that government hospitals should not charge -

THE SPEAKER: Let us get clarification from Dr Ayume.

DR AYUME: Madam Speaker, I did not say that the government hospitals should charge. I said that when government hospitals charge, it is understandable because the cost of

maintaining and running this equipment should be at a paltry fee levied.

It is known that in the interest of Pan-Africanism, we provide free services to the entire subregion, yet this equipment is very costly. We would run them down. Let me conclude by saying that in January this year, before the end of the financial year, we had run out of dialysis equipment, and the machines could not work. Thank you.

THE SPEAKER: Yes, Leader of the Opposition (LOP)?

MR NAMBESHE: My point is about this - Doctor, with your attention - These diagnostics, like CT scans, are life-saving. We should not make them inaccessible to the poor. *(Applause)* The truth of the matter is that health is a right, it is not a privilege. That is my plea, Madam Speaker. I beg to submit.

THE SPEAKER: Thank you. Minister?

4.51

THE MINISTER OF HEALTH (Dr Jane Aceng): Thank you very much, Madam Speaker. Allow me to thank the committee for the report. Indeed, it is a very good one, and it was made in October last year. It is almost one-year-old. I just want to remind the committee chairperson that a lot has changed in the last year, and we need to revisit. Nonetheless, I agree with what is in the report and also with the recommendations, including the audit, by the way. We are ready and agree with it.

The upgrade of health centres II to health centres IIIs was a very good project but with limited resources. Earlier on, the Cabinet had only approved 134 subcounties and town councils. Later on, this was expanded, and we upgraded to 433. However, the number of subcounties keeps going up. To date, we have 2,197 subcounties and 488 do not have health centres IIIs. We are waiting for funds from all of you when you finally appropriate.

The money for the upgraded health centres III, for wages and equipment, was sent to the

districts. The recruitment of staff for these upgraded health facilities is the responsibility of the local governments, not the Ministry of Health.

Therefore, I urge all of you to follow up with your respective local governments. That is, if they did not lose the wage when the financial year ended, because it was given to them. Even the funds for procuring equipment were given to them. Some of them saw it wise to procure the equipment and keep it as they wait for the conclusion of the upgrade. These are the equipment for health centres III. You cannot blame them.

The renovation of Busolwe Hospital has been concluded very well, and it is a very beautiful facility. I will urge many to go and visit. Although Hon. Jimmy says in their days, long ago - and I appreciate that - it was quite cheap to build. I want to remind him that things have changed. People have changed. The economies have grown. The value of the currency has changed. Costs of materials have changed, and we cannot build at the price that you used to. Now we build at different prices and build even better. Even the facilities are much better.

Madam Speaker, I appreciate you for saying - *(Hon. Akena rose)* that allocation of funds is a collective effort.

THE SPEAKER: Let the minister finish.

DR ACENG: Madam Speaker, Hon. Jimmy had time to submit. I was seated and listening. *(Hon. Akena rose)* I just want to appreciate you, Madam Speaker, for reminding all of us that the Ministry of Health needs funding, not only for infrastructure, even for commodities. We have been saying this.

You even invited me to present the state of the health sector once. When I did, everybody was quiet. I clearly highlighted how much money I needed. I am glad that all of you are saying, "Enhance the money."

Madam Speaker, allow me again to remind Hon. Jimmy that my contribution to the Cabinet is

well-known and it is not in question. It is highly appreciated by everybody, including yourself, because I even constructed Akokoro Health Centre IV for you in your constituency. [Hon. Jimmy Akena: "Order!"] My performance is not in doubt. It is well appreciated.

THE SPEAKER: Honourable Members - There is a point of order, Honourable Minister.

DR ACENG: If I can move to the issue of the CT Scans –

THE SPEAKER: There is a point of order. Please sit.

MR AKENA: Madam Speaker, I do not know about Akokoro Health Centre IV. I have represented Lira municipality and Lira City. My ancestral home may be in Akokoro, but I do not know about Akokoro Health Centre IV.

The point here that I want the honourable minister to fully appreciate is that I was in this Parliament –

THE SPEAKER: What is the point of order?

MR AKENA: The point of order is, in this Parliament, we borrowed money for these hospitals when I was a Member of this Parliament under NRM. Not when they were built in the 60s. When I was in this Parliament, we borrowed money for the same hospitals.

Is the honourable minister in order to start taking us back, yet they borrowed money, costed, and gave us 24 hospitals, which they have failed to deliver?

THE SPEAKER: But the honourable minister said the hospitals that committee have been completed, like Busolwe. So, what is it about?

Honourable minister, can you go ahead to give your report?

MR AKENA: Madam Speaker, this is one of 24 hospitals –

THE SPEAKER: Hon. Jimmy, have respect for each other.

DRACENG: Allow me to remind Hon. Jimmy that– (*Interjections*) – no, I just want to bring to light clarity.

We borrowed funds for health centres IIIs upgrade to health centres IV. We have not borrowed money for the upgrade of health centres II to health centres III. That is Government money.

And we have not borrowed money for the upgrade of 24 hospitals. We have not. Madam Speaker, when we were supposed to borrow that money, the Anti-Homosexuality Act was signed and it was cut off. We need to speak the truth.

THE SPEAKER: We do not regret passing that law.

DR ACENG: You cannot call a point of order when it is not there. That is not possible. We did not borrow it.

THE SPEAKER: No, we are okay with the hospitals we have. We do not regret passing the anti-homosexuality law.

DR ACENG: Yes, but I would like to remind the Members that we have again tabled our request. If the Ministry of Finance, Planning, and Economic Planning can process that loan, it will be good. We still know that we have pending hospitals for upgrade, but that loan was not processed.

THE SPEAKER: Yes, go ahead.

DR ACENG: Now you have clarification.

Madam Speaker, there is no CT scan in Bombo. Bombo only received ICU equipment and oxygen plants. Bombo Hospital, Yumbe, Kayunga, and Entebbe are pending CT scans.

THE SPEAKER: Where did the 15th CT scan go?

DR ACENG: Madam Speaker, they were 14.

THE SPEAKER: They were 14?

DR ACENG: Yes, and at that time, Yumbe and Kayunga were under upgrade. Bombo was not included in the 14. Entebbe was just completed. Parliament gave us money for 14, and it went to 14.

THE SPEAKER: So the record should be corrected. It is 14, not 15.

DR ACENG: Yes. And Madam Speaker, the CT scans cannot –

THE SPEAKER: He says he has a clarification.

DR BWANIKA: Madam Speaker, I request the minister to sit.

Madam Speaker, we received this information in a report from the ministry. They told us that the procurement and installation of the CT scans were for 15 units, and Bombo was included. The minister should go and correct her staff because they brought us the document, and we have it on the record.

THE SPEAKER: Honourable minister, check with your team, and then we will have that record corrected. Yes?

DR ACENG: Madam Speaker, I will do that; I will correct with the committee.

The issue of the oxygen plants – *(Interruption)*

THE SPEAKER: *Hajjati*, can you first allow her to flow? Which one?

MS AISHA KABANDA: Madam Speaker, we have been able to ascertain that Bombo did not get a CT scan after one of the honourable colleagues, who is well aware of the issues at the hospital, spoke up. Now, suppose there is another hospital also that did not get –

THE SPEAKER: Bring that one also.

MS AISHA KABANDA: As a point of procedure –

THE SPEAKER: No, raise that one also.

MS AISHA KABANDA: As a point of procedure, can we know the 14 hospitals that got the CT scan? Otherwise, they may not be anywhere.

THE SPEAKER: They are in the report, and we have uploaded the report.

Yes, Doctor_

DR ACENG: Thank you, Madam Speaker.

If I can move to the issue of the oxygen plants, 24 high-capacity oxygen plants were procured. However, the oxygen plants for Lira, Mbale, Mbarara, and Hoima were procured by the Global Fund, not the Government of Uganda, and they came in after, not at the same time as the government ones. To date, 15 oxygen plants have been installed and are working. Nine are not.

This is because each installation requires a transformer, which the Ministry of Energy was not able to provide. Parliament provided for some, and for the others, we are still waiting for the money.

The Chairperson of the Committee on Health has pushed for this several times, but it is true that it consumes a lot of power. We have been pushing that the hospitals be put on the industrial line if we are to maintain them. We have yet to have a breakthrough with this request.

The issue of the intensive care unit beds. Madam Speaker, you will recall that this funding was provided at the height of the COVID-19 pandemic. At that time, we needed intensive care unit beds and oxygen as urgently as possible for the patients.

Therefore, they were procured with the intention of having to install them in existing buildings. Some were installed, some were impossible. To date, Parliament has provided funding to construct ICUs at Jinja, Masaka, Mbale, Arua, Hoima, and Kabale. The rest, not yet. We have been requesting, and it is there in our budget. When you go through it, you will

see that for the last three years, we have been requesting for this funding.

The Chair Emeritus responded to the issue of Kilembe Mines Hospital. I will only add a line that the Cabinet decided to get an investor to revamp Kilembe Mines. The hospital can be rebuilt after the river has been properly desilted and its banks constructed. Short of that, we cannot put a hospital there. It will flood again and again.

Madam Speaker, the issue of staffing. This needs to be discussed seriously with Parliament because to date, we recruit on a replacement basis. The argument is that recruitment of staff requires a salary, which is continuous, but when we request money to buy ICU equipment, it is a one-off. So the Ministry of Finance sees what is easier to finance as a one-off, vis-a-vis what is continuous. Therefore, we do not have staff.

Let me also bring it to the attention of this Parliament that we may have to discuss the issue of staff a little more quickly. This is because when the partners withdrew, they were supporting over 10,000 staff who are currently not being paid and are on *Katebe*. Yet I need them. Even with integration, we will still need the staff, including specialists. So it is an urgent thing.

Madam Speaker, I think committee members talked a lot about the issue of maintenance, funding being provided and yet it is not provided, and many others that I will not repeat because they have elaborated very well.

The last issue concerns Soroti Regional Referral Hospital. Madam Speaker, the need to secure the land title is well noted, and I would like to respond to you that this is ongoing. However, the land is not the Ministry of Health's. It is the Ministry of Education and Sports' land. It is under Soroti University. However, they have allowed us to construct a new hospital there.

Madam Speaker, constructing a new hospital needs funding. I have just said that we have requested the finance ministry to mobilise resources for the hospitals. Until they do, we are not able to.

We have discussed this with the Japan International Cooperation Agency (JICA) and requested that they support Soroti Regional Referral Hospital. Until they respond, we still do not have answers, but plans to build a new hospital are underway as soon as resources are provided.

In conclusion, Madam Speaker, allow me to appreciate the committee for the report and once again indicate that the health sector has changed a lot over the years, and many of you will appreciate that. There is a lot going on, but if we are to have better services, we need more money.

I conclude on the issue of the Insurance Scheme Bill. Madam Speaker, I would have brought this Bill to Parliament long ago, but I am still waiting, and you know the reason why. As soon as it is called for, I will bring it. There are other Bills that I will be laying on the Table. I thank you.

THE SPEAKER: Thank you. Honourable Government Chief Whip, and the Leader of Government Business, we want the Bill in this House. Yes, Hon. Okaasai?

5.10

THE MINISTER OF STATE FOR ENERGY AND MINERAL DEVELOPMENT (ENERGY)

(Mr Sidronius Okaasai): Madam Speaker, I want to clarify on the supply of electricity to hospitals. It is actually a priority.

We have a specific project for referral hospitals where we wish to dedicate light specifically for that. However, there are emergency cases where a transformer is not appropriate. I will take it up with the Minister of Health. We can intervene in those cases. If the transformer is of a lower voltage, we can actually see how to provide an appropriate transformer.

You talked about the electricity tariff for health facilities. We are now providing a special tariff. It is about three cents per kilowatt hour for hospitals. However, we need to provide a budget. Although we have lowered it, the hospital should be able to pay. There

is a specific tariff regime for health facilities, which we have just put into effect, but we have to provide them with the money to pay. Thank you.

THE SPEAKER: The water?

MR OKAASAI: I will discuss the transformers with the minister. She will give me the priority sites so that we can see how to provide for them.

THE SPEAKER: Island people.

5.11

MR MOSES KABUUSU (FDC, Kyamuswa County, Kalangala): Thank you, Madam Speaker. I thank the committee for the report and the minister for the response.

On this note, I request the Ministry of Health to look at the water ambulances that were given to all our island constituencies. These water ambulances will face mechanical challenges because they are non-operational. A boat should be seen at least once a month. They should find fuel.

Madam Speaker, the health centre IV in Kyamuswa got a doctor and a medical officer, and it is now operational. However, the Ministry of Health should provide fuel for generators. When a patient comes for a medical operation, he must carry a jerry-can of diesel, even for simple operations like on a hernia. The Ministry of Health should make us love this Government by operationalising that health centre IV.

Finally, on the Kalangala Hospital which was promised, the minister came here and read a report which suggested that they would build a health centre at the level of a hospital for Kalangala, because of the peculiar circumstances. However, we do not see anything forthcoming. Thank you, Madam Speaker. *(Hon. Barugahara rose_)*

THE SPEAKER: Hon. Barugahara, give the honourable minister a chance to answer the question on water ambulances.

DR ACENG: Madam Speaker, when we procured the water ambulances, we had hoped that Parliament would appropriate adequate fuel to run the water ambulances; 200 litres of fuel per trip is quite huge.

When the budget was returned and the budget for fuel was removed, we were all here and you all accepted *-(Interjection)-* Right now, we have huge challenges with fuel, not only for the boat ambulances, but even the land ambulances. We are not able to give out the fuel cards that we used to.

In regard to the other facilities –

THE SPEAKER: What can we do in the circumstances?

DR ACENG: Madam Speaker, you need to look for funding and provide it.

THE SPEAKER: I do not look for funding; that is not my role.

DR ACENG: Then, I request the finance ministry to look for funding.

Madam Speaker, on the other facilities that the honourable member –

THE SPEAKER: The budget formulation is for the Executive, and ours is on appropriation. So, Executive, look for money. When you people make noise, my ears start bursting. Yes, the Government, now that you have no answer.

5.15

THE MINISTER OF STATE FOR TRADE, INDUSTRY AND COOPERATIVES (INDUSTRY)(Mr David Bahati): Thank you, Madam Speaker. On behalf of the Government, I would like to advise the Minister of Health to bring this important issue to the Cabinet, so that we can discuss and resolve it. I have seen it even in my own constituency; the boats are not moving as they should.

Honourable minister, we look forward to your paper and to seeing how best to work on this.

THE SPEAKER: Thank you. Honourable members, I now ask that the report on the Standing Committee on Government Assurances and Implementation on the status of implementing assurances to upgrade, rehabilitate, construct, and equip health facilities in local governments and install CT scans, oxygen plants, and ICU equipment in all regional hospitals be adopted by this House.

(Question put and agreed to.)

THE SPEAKER: Honourable minister, we need a status report from you on each of the items we have discussed.

Yes, honourable Minister of State for Gender, Labour and Social Development?

5.16

THE MINISTER OF STATE FOR GENDER, LABOUR AND SOCIAL DEVELOPMENT (YOUTH AND CHILDREN'S AFFAIRS)

(Mr Balaam Barugahara): Madam Speaker, as I was seated there, I received a note. Hon. Nankabirwa is attending Parliament online. She has said that for the 14 health centres with ready-to-connect Computed Tomography (CT) scan machines, there are 14 transformers readily available in stock now. They should be installed within three weeks. The list should be provided to Hon. Okaasai for installation. Thank you.

THE SPEAKER: Thank you, minister for the youth. *(Laughter)* Honourable members, -

MR BARUGAHARA: Madam Speaker, I need to clarify a bit.

THE SPEAKER: He was delivering a message.

MR BARUGAHARA: Yes. Hon. Okaasai was communicating, and Hon. Nankabirwa was also attending. So, she has confirmed to me that they have transformers. We shall install them.

THE SPEAKER: Honourable members, this is collective responsibility.

MR OKAASAI: Honourable Speaker, there is no contradiction at all.

THE SPEAKER: Exactly.

MR OKAASAI: I said we have the transformers, and if we are given the priority centres, we shall deliver them. The numbers have been adding, but we can provide more.

THE SPEAKER: Thank you. Honourable members, I know that we are in a campaign season, and I know that we have our own local politics. For the dignity and decorum of this House, I request that we avoid bringing local politics into the House. Let us debate for the good of this country. We can go back and sort out the politics locally. I now adjourn the House sine die.

(The House rose at 5.19 p.m. and adjourned sine die.)