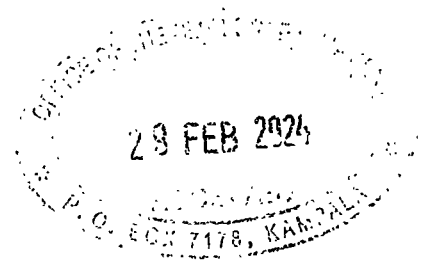




THE REPUBLIC OF UGANDA



**RESPONSES TO QUESTIONS OF MEMBERS OF  
PARLIAMENT**

**BY**

**THE RT HON. PRIME MINISTER  
DURING PRIME MINISTER'S TIME**

**Thursday, 29<sup>th</sup> February 2024**

**1. Hon. Nyamutoro Phionah, National Female Youth Representative.**

Rt Hon. Prime Minister, we recently got information about the Government's Plan on the replacement and upgrading of Karuma Bridge which is one of the critical gate-way to Northern Uganda.

**PRAYER:**


Can the Rt Hon. Prime Minister update the House on the status of the replacement or upgrade of the Karuma Bridge?

**RESPONSE:**

**Rt Hon. Speaker and Honourable Colleagues,** Karuma Bridge is located 270km north of Kampala on the main Kampala – Gulu highway. The bridge is the main connection between the Northern and Southern regions of Uganda and is managed by the Ministry of Works and Transport.

**Rt Hon. Speaker,** the existing bridge was constructed in 1964 and is insufficient to accommodate the increased levels of traffic on the road. The bridge has also been the scene of several accidents in the recent past.

**Rt Hon. Speaker and Honourable Colleagues,** the Government of Uganda recognized the challenges posed by the existing bridge and prioritized its replacement in the NDPIII period. The new bridge will provide a reliable link between the northern and southern regions and is expected to aid the development of the priority sectors of tourism, agriculture, oil and gas and industrialization.



**Rt Hon. Speaker and Honourable Colleagues,** the Ministry of Works and Transport is currently carrying out an engineering assessment of the old bridge to ascertain the remaining life and also determine its load carrying capacity considering ever increasing traffic volume despite old age. The output from the study shall guide government on the approach for short term interventions on the bridge during the construction of the replacement. The report is expected in May 2024.

**Rt Hon. Speaker and Hon. Colleagues,** Government of Uganda contacted the Japan International Cooperation Agency (JICA) on the possibility of partnering in the delivery of this key infrastructure. JICA agreed to consider partnering on the replacement and are currently undertaking a design process which is expected to be completed in the financial year (FY2024/25) and Construction is expected to commence in FY2025/26

**Rt Hon. Speaker and Honourable Colleagues,** the replacement of Karuma bridge has been prioritized by the Government of Uganda and will be undertaken once the financing arrangements are completed.

**2. Hon. Emely Kugonza, Member of Parliament, Buyanja East County**

The Government of Uganda, through the Ministry of Water and Environment started implementing the Kasimbi Piped Water Project in Kasimbi Sub-county in Buyanja East County, Kibaale District in 2018. After drilling two high yielding Production wells, the implementation of the Project stopped.

The communities that were targeted including the rapidly growing Kasimbi Rural Growth Centre, Kasimbi Seed Secondary School, Kasimbi Health Centre III among others, have a critical need for water.

**PRAYER:**

When is Government planning to complete this critical Water Project?

**RESPONSE:**

**Rt Hon. Speaker and Honourable Colleagues,** in FY 2016/17 the Government of Uganda through the Ministry of Water and Environment embarked on implementation of piped water supply systems in several Small Towns (ST) and Rural Growth Centers (RGC) in Kibaale District.

These included Kibaale Town Council, Nyamarunda, Kasimbi, Kyebando, Kyakatwanga and Nyamarwa.

The phased approach was adopted because of the prevailing financial constraints.

The Table below is a summary of the status of implementation of the water supply systems

<b>Small towns/ Rural Growth Centers</b>	<b>Design Population</b>	<b>Cost (UGX)</b>	<b>Status</b>
Nyamarwa Kyakatwanga	5,294	2.1Bn	Completed April 2019
Nyamarunda	7,783	2.4 Bn	Completed April 2017
Kasimbi Kyebando	31,394	Phase I: 6.6Bn Phase II: 3.4Bn	Design completed
Kibaale	52,020	Phase I: 3.9Bn Phase II: 5.8Bn Phase III: 15.5Bn	Phase I was completed in September 2021. Designs for Phase II and III are complete

**Rt Hon. Speaker and Honourable Colleagues**, the proposed Kasimbi water supply system was designed and is to be developed together with Kyebando Water supply system. The two are located in the Sub Counties of Kasimbi and Kyebando respectively in Kibaale district.

The proposed Water supply system was designed to serve a projected population of 31,394 people in the year 2045 whose projected demand is estimated at 1,913,000 litres per day.

**Rt Hon. Speaker and Honourable Colleagues**, due to funding constraints, phased implementation of the water supply system has been proposed:

## **Phase I:**

This phase will target a projected population of 18,907 people who will be living in the targeted water supply area by the year 2035. The scope of works envisaged under this phase include:

- Construction of 3 pump stations with a total production capacity of 24,000 liters of water per hour;
- Construction of 2 water tanks of capacity 400,000 litres in Kasimbi at Kasozi hill, and another in Kyebando at Kisalizi hill of capacity 224,000 litres;
- Construction of 2km of transmission pipelines and 20km of distribution pipeline with related consumer points comprising of 800 household yard taps and at least 10 public stand posts;
- Construction of a water office to support Operations and Maintenance of the facilities and 2 public toilets at Kasimbi and Kyebando markets.



The total cost of the construction works under phase I is UGX 6.6Bn (Uganda Shilling six billion six hundred million only)

## **Phase II:**

Beyond 2025, the population in Kasimbi and Kyebando will have increased and the adequacy of the infrastructure installed under phase I will cease.

In order to meet the projected water demand of 1,913,000 liters per day for the year 2045, another water source will therefore be required to augment the boreholes.

Water will therefore be sourced from River Nkusi at Igayaza, treated and pumped to the water tanks at Kasozi hill in Kasimbi Sub County and Kisalisa hill in Kyebando Sub County.

**Rt Hon. Speaker and Honourable Colleagues**, the total cost of construction works to be undertaken under phase II is 3.4Bn (Uganda Shillings three billion four hundred million only). It is anticipated that the infrastructure with long life spans installed under phase I will continue to adequately serve up to 2045.

**Rt Hon. Speaker and Honourable Colleagues**, the challenge has always been about limited funding, however Government is committed to commence implementation of phase 1 of Kasimbi – Kyebando water supply system once funds are available.


### **3. Hon. Achayo Julie Lodou, Member of Parliament, Ngora**

In order to ensure better access to health services, government formulated a policy to the effect that every sub county should have a Health Center at level three. However, in Ngora district, three sub counties are without Health Center IIIs. They include: Agirigiroi, Morukakise and Ngora sub counties.

#### **PRAYER:**

My prayer is that government constructs Health Center IIIs in the affected sub counties to improve health service delivery in the district.

#### **RESPONSE:**



**Rt Hon. Speaker and Honourable Colleagues**, it is true there's a policy that every sub-county and a town council should be provided with a health centre III. Uganda has 2,184 sub Counties and Town Councils out of which, 1,696(78%) have Health Centre IIIs leaving out 488(22%) Sub-counties and Town Councils without health center IIIs.

**Rt Hon. Speaker and Honourable Colleagues**, Government is committed to ensuring every sub-county and town councils without health centre IIIs are provided with the same.


The sub-counties of Agirigiroi, Morukakise and Ngora shall be provided with Health Centre IIIs as and when funds are made available.

**Rt Hon. Speaker and Honourable Colleagues**, it is important to note that in the last five years, Government has constructed over 412 health centre IIIs in different sub-counties across the Country. This was based on population, availability of health facilities of any level in the sub-county, hard to reach and hard to leave in areas among other factors.

**4. Hon. Victorious Zawedde, District Woman Representative, Nakasongola District.**

Nakasongola District has got two constituencies, that is, Budyebo and Nakasongola. However, Nakasongola District has got only one functional Health Centre IV which serves as a district hospital. This health facility handles over 500 mothers for antenatal care, 100 mothers for delivery and 35 mothers for caesarean sections. Sometimes mothers sleep on the floor while others are discharged before the right time. The newly-born babies end up being infected after being admitted on the floor.

**PRAYER:**



Rt Hon. Prime Minister, may I know when Government is constructing a standard and well-equipped maternity ward at Nakasongola Health Centre IV so that it can really serve the available population?

**RESPONSE:**

**Rt Hon. Speaker and Honourable Colleagues**, the bed capacity for a HC IV as per the Ministry of Health current standard is 24 beds. Nakasongola HC IV is however a 60 bed facility. The existing maternity block was designed for 14 beds as opposed to the standard of 8 beds which is adequate.

**Rt Hon. Speaker and Honourable Colleagues,** Nakasongola HC IV requires only minor renovations and remodeling to be able to improve on the working environment. It is worth noting that Nakasongola District was allocated funds in FY 2023/24 for the upgrade of Nabiswere HC III to a HC IV. The funds have already been disbursed to UPDF Engineers Brigade to start the construction for the upgrade.

In addition, the Office of the Prime Minister constructed a new HC III at Rwampanga through the UPDF Engineering Brigade. This will help to decongest Nakasongola HC IV.

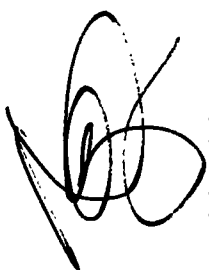
**5. Hon. Achayo Julie Lodou, Member of Parliament, Ngora**

National Medical Stores (NMS) in its wisdom designed a schedule for delivering medicines and medical supplies to health facilities in two monthly cycles. This approach is appropriate because it ensures a fairly steady supply of drugs. Of late, however, NMS developed a system of delivering 1st and 2nd cycle drugs together and the 3rd and 4th cycle medicines are also delivered together, etc. Although the drugs eventually become available in sufficient quantities, the approach leads to longer periods of stock-outs and the delivery may come too late to save life.

**PRAYER:**

My prayer, therefore, is that NMS should revert to the old system of delivering drugs to health facilities every two months.

**RESPONSE:**



**Rt Hon. Speaker and Honourable Colleagues,** National Medical Stores developed the bi-monthly delivery schedule to ensure that there was sufficient time for health facilities to establish their needs for essential medicines and health supplies and order these items within the available budgets that have been appropriated by the Parliament of Uganda.

**Rt Hon. Speaker and Honourable Colleagues,** the delivery of health commodities in a Financial Year is meant to commence in the first week of July to ensure that there is no



interruption to commodity supply to health facilities. However, in FY 2023/24 operational funds from MoFPED to support the distribution of these health commodities were received approximately 30 days late. This delay meant that deliveries to health facilities were delayed and the only remedy available to ensure that health facilities received all the commodities they had ordered was to combine the delivery of the cycles, thereby increasing the delivery intervals from every 2 months to every 4 months.

**Rt Hon. Speaker and Honourable Colleagues**, the impact of the delays in receipt of the operational funds has been discussed with MoFPED and they have committed to provide a mechanism to front load NMS with the operational funds required to distribute these health commodities at the start of the next FY.

**Rt Hon. Speaker and Honourable Colleagues**, the combining of cycles is only a temporary catch-up measure to ensure that all essential medicines and health supplies meant for the facilities are delivered within the FY.

**Rt Hon. Speaker and Honourable Colleagues**, NMS will receive the operational funds by 1st of July 2024 as expected and there will be no need to apply these catch-up measures and all deliveries will be every 2 months, as per the NMS published delivery schedule.



**6. Hon. Dr. Asimwe Florence DWR, Masindi District**

#### **PRAYER**

**When will the remaining Tobacco farmers in Bunyoro and other parts of Uganda be paid**

#### **RESPONSE**

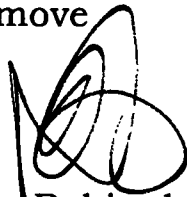
Following H.E the President's directive to compensate farmers for the crop Season 2018, the Ministry of Trade Industry and cooperatives working with the Ministry of Finance, Planning and Economic Development and the

Internal Auditor General (IAG) undertook a verification and an audit of Claims for both Bunyoro sub region and West Nile.

As per the verification report by the Internal Auditor General the Bunyoro sub region claims amounted to UGX 11,251,217,641/-, which was approved and released to the Ministry of Trade Industry and Cooperatives in the FY2021/22. A total of 4,727 farmer's verified farmers were paid.

For West Nile the verified claims as per the Internal Auditor General report amounted to UGX.9,708,095,300. Government through the Ministry of Trade industry and cooperatives has budgeted for this compensation funds to be considered in next financial year 2024/25.

I beg to move



Nabbanja Robinah  
**PRIME MINISTER**