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PARLIAMENTARY DEBATES

(HANSARD)

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SECOND SESSION - THIRD MEETING

WEDNESDAY, 26 APRIL 2023



IN THE PARLIAMENT OF UGANDA

Official Report of the Proceedings of Parliament

SECOND SESSION - 31ST SITTING - SECOND MEETING

Wednesday, 26 April 2023

Parliament met at 2.05 p.m. in Parliament House, Kampala.

PRAYERS

(The Deputy Speaker, Mr Thomas Tayebwa, in the Chair.)

The House was called to order.

COMMUNICATION FROM THE CHAIR

THE DEPUTY SPEAKER: Honourable colleagues, here is information, which I had captured very well as part of my Communication from the Chair; I am looking for it here; I might have misplaced it. Please help me get it; sorry, I misplaced the paper on which I had written it.

However, honourable colleagues, I read a story in the *Daily Monitor* newspaper about a caretaker of a patient in a health centre IV in Soroti who has been working in a garden for the health centre administrator for two weeks in order to cover a bill for a caesarean section that had been done on the daughter. The story said it has been a practice; people do it for one to get the service. You know, it is a very painful story. I will ask my team to get me the record. It is in the *Daily Monitor* and even online, it should be there. If there is any colleague who can find it, please get me the real facts. But nevertheless, it is a very painful story. And I am lucky the Minister for Health has come in.

Honourable minister, I have read a story in the *Daily Monitor* newspaper with a very clear picture; I read it online and on their

Twitter page. The story is about a caretaker of a patient who has been working in the garden of a nurse - one of the health centre administrators for two weeks to cover a bill for the caesarean section done on her daughter-in-law; and it is a very painful story.

Thank you. I thought one of you would raise the point of order for the interruption on the presiding officer. *(Laughter)* Anyhow, as I was saying, it was a very painful story. Minister for Health, kindly, if any details are needed, we shall pass them over to you, but kindly update us tomorrow. It does not need to be a full statement but at least come tell us about the action taken on that issue; it is a very painful situation.

When you look at it - I will allow you to comment if you want to comment, but after my communication on this issue. Otherwise, in the meantime, honourable colleagues, if any of you can, please get us full details; whoever is quick to get the details, please do so. However, also my Clerk should be able to get me the details of the specific health centre and the caretaker's name because it is online. I just saw it when I was coming but I was not able to quickly understand the issue.

Further, honourable colleagues, this morning we paid tribute to the late PS in the Office of the Prime Minister, the late Mr Keith Muhakanizi and 48 members made contributions. I am sorry, we did not have enough time for everyone to speak about him. Hon. Kambaale, Ferigo and the rest, like Hon. Bwire wanted to contribute but time was not our best ally. Therefore,

you forgive me. But I want to thank you; we started at 10.00 a.m. and did a good job.

Now, honourable colleagues, I am sorry. I was supposed to have a meeting with LoP, but it has been very quick - considering the gap in between, we could not meet. However, yesterday, we passed a motion here for setting up a select committee – usually, after the sitting I go back and review our work. So, I noticed that while in that motion, the LoP, Hon. Mpuuga did what was supposed, there was an oversight on my side; I had to exercise my powers. I discussed it a little bit with him but when I went back, I reviewed it and this morning I again reviewed it; I noticed something.

The motion was brought under Rule 59 of our Rules of Procedure and this rule is about motions moved without notice. When I was reviewing the work I did yesterday, I realised that I should have brought it to the attention of the mover that, that was not the right rule because it had to be under my discretion since he moved under rule 59(1)(K) which talks about the Speaker exercising his discretion to determine whether the motion is about a matter of urgency. I am talking about the motion that we passed for setting up a select committee to investigate the tax waiver on Gold.

Now that would have been okay, but when I moved back and read my submissions after Hon. Mpuuga's, I discovered, I resisted. I advised that no, honourable member, it would be important if we could give the Minister about a week - for you who were here - to go back and update the statement - but then he insisted, I allowed it.

Now when you interpret this rule, it looks like I was not looking at it as an emergency issue that needed the passing of that motion at that time. So, I am constrained about appointing the committee. So, I want to direct the Clerk to use Rule 228(2) to correct the official report. However, I also would like to guide that the mover still has a chance of bringing that motion under Rule 56 whereby he will give notice before he brings a substantive motion, which will be debated before voting on it.

Otherwise, I do not want us to do good work here, then out of just a mere point of procedure, the report gets stuck by someone going to court, despite all that good work we would have done.

Now, the problem was mine and of the mover because at that time I should have told the mover. We shared a little but today I went back and I read through - I usually review the work I do the day before. Where you find as a leader, that you have made a mistake, you should bring it on the Floor.

Therefore, honourable Leader of the Opposition, I will give you time, if you want to bring a substantive motion, you do so. In the meantime, let the minister update her statement within a week and bring it here. However, if the Leader of the Opposition at that time has moved a successful motion, we will continue and handle that issue.

Honourable colleagues, I have a very important issue on my communication. We have just received a letter from His Excellency, the President regarding the Anti-Homosexuality Act, 2023. It is dated 25 April 2023.

*“The Rt Hon. Anita Among;
Speaker, Parliament of Uganda, Kampala;*

*Re: The Anti-Homosexuality Act, 2023
The above subject matter refers; I have received the Anti-Homosexuality Act, 2023 for assent. Some of the provisions of the Bill need to be reconsidered and reviewed by Parliament in the following areas:*

Distinguishing between being a homosexual and actually engaging in acts of homosexuality. It is important to recognise that the suspicion, allegation or belief of some individuals being homosexuals, has been with our society for quite some time. Indeed, the debate has always been about whether the sexuality of these individuals is deviant conduct or otherwise. What is clear is that our society does not accept homosexual conduct or actions.

Therefore, the proposed law should be clear so that what is sought to be criminalised, is not the

state of one having deviant proclivity, but rather the actions of one acting on that deviance or indeed, promoting the same in whatever way.

To this end, the Bill should be reviewed and include a provision that clearly states, especially under Section 2 and Section 3, that 'For avoidance of doubt, a person who is believed or alleged or suspected of being a homosexual, who has not committed a sexual act with another person of the same sex does not commit an offence under those sections.' This distinction must be clearly articulated in the law. Clause 9(1), in my view, is unnecessary as what is provided for under clause 9(2) is more comprehensive and passes the constitutional test since it provides for the actual knowledge of the person who is responsible for the premises. Clause 9(1) should therefore be deleted from the Bill. Clause 14: Duty to report acts of homosexuality. Clause 14 as currently drafted, may present constitutional challenges. Read together with clause 15, it appears to create unnecessary contradictions and duties, which will pose a challenge to implement. While clause 14 imposes a duty of one to report suspected acts of homosexuality, the Bill under clause 15 makes it an offence for a person to make false sexual allegations. This contradiction could present challenges in the implementation of the Bill and could be a source of conflict in society. I, therefore, suggest that clause 14 be reviewed with the aim of removing it altogether or restricting it to apply to the protection of children and vulnerable persons as provided under Article 17(1)(c) of the Constitution. Rehabilitation of homosexuals. Whereas I am of the view that the Bill should include a provision that facilitates those who have been previously involved in acts of homosexuality to present themselves to the relevant health or other authorities for purposes of seeking help in cases where their previous involvement in acts of homosexuality was not the aggravated kind and should therefore not be punished. I am advised that this being a Private Member's Bill, my proposal could offend Article 93 of the Constitution. This will be subsequently attended to.

In view of the above concerns, I return the Bill to Parliament for reconsideration under Article 91 of the Constitution.

Yoweri K. Museveni
President of the Republic of Uganda."

I hereby refer the Bill to the Committee on Legal and Parliamentary Affairs to expeditiously handle these issues, which are not that many. Ugandans are highly waiting for this Bill. Thank you.

2.19

MR JOSEPH SSEWUNGU (NUP, Kalungu West County, Kalungu): Thank you, Mr Speaker, for the good communication. My apologies, I did not attend the tribute.

Mr Speaker, through you to the Government Chief Whip, we have all along requested the Government to provide us with legislation that determines who is brought here for tribute. There are a lot of complaints that are coming out in the public. For example, Fr Lokodo died, he was a minister and a Commissioner but nothing was done here.

One time, remember in the last Parliament when Hon. Nyombi - the former Attorney-General died, the body remained outside there. He was not brought into the House because there is no proper legislation on who should be brought for tribute and given that kind of treatment.

Secondly, on the issue of committees, under our rules; Part 25, talks about committees of Parliament. These have a lot of authority. However, there is a growing trend that needs your attention. I do not understand who has brought up this culture of summoning committees instead of committees summoning ministers.

Of recent, the Committee on Presidential Affairs went to the Prime Minister's Office, then the Chief Whip of Government and the Deputy Prime Minister and Members are divided. Those from the Opposition and those who do not have that belief refused to attend the committees. Even for the President, it should be the committees which write to meet him, instead

of him summoning committees because there would be no separation of power at that stage.

I pray, to maintain the name of Parliament and its dignity; the committees of Parliament must be respected. They have powers of the High Court as stated by our rules.

However, the trend that has grown is building fear and threatening the committees. If I am summoned as a committee to the Office of the Prime Minister, what kind of report do you expect a Member or the committee to write after that meeting?

I pray that as the Speaker of Parliament and the custodian of our rules; let us abide by the rules. There is no minister - even the Prime Minister, I was in PAC in 2011. By that time, Rt Hon. Amama Mbabazi was the Prime Minister. We summoned him, and he refused to come, so we used the powers of the High Court; the police looked out for him and brought him to the committee.

This business of ministers summoning committees is weakening my strength as a Member of Parliament from Kalungu. I will not accept that while you are the Speaker of this House and the Rt Hon. Speaker, Anita Among. I pray.

THE DEPUTY SPEAKER: Thank you. Honourable colleagues on that issue, I will need to first of all link up with the leadership of the committee that was involved to know under what circumstances they did all this. However, this is a matter, which we are going to address in the Business Committee where all chairpersons sit.

Chairpersons, if you prefer to weaken yourselves, you are going to be - I saw it in the media and I was somehow concerned. Without offending my colleagues, the people who were appearing are the ones who were seated in the media chairs. Chief Whip, the committee was appearing before you on what was in the media.

I think it is very important for us to protect the committees. We shall work on this with the whips and the Prime Minister in our Business Committee where we shall meet

the chairpersons. We shall see how best - because I know all of them do it in the interest of this House. It might have been an oversight; so I will ensure we follow up.

On the other issue, I think I will ask the Prime Minister later on tomorrow to inform the House when she has come for the Prime Minister's Time. We get communication but these are motions moved by the Government - no, Hon. Ssewungu, let us not - then tomorrow, we can add on it.

2.24

THE CHIEF OPPOSITION WHIP (Mr John Baptist Nambeshe): Thank you very much, Mr Speaker. On the issue raised in your communication pertaining to the forced manual labour that the caretaker in Soroti Regional Referral Hospital has been subjected to in order to raise the bill -

THE DEPUTY SPEAKER: Hon. Nambeshe, if you do not mind, let me give the full information so that it flows very well with you.

Honourable Minister of Health, I have got information that a one Margret Iloku, 63 years old, has been digging at a farm of the administrator of Princess Diana Health Centre IV in Soroti City. Her labour is supposed to cover the cost of the caesarean section that was done on her daughter-in-law, Grace Acen. For over two weeks, she has been digging, and up to now, we are not sure whether she is about to finish digging. They did a C-section on her daughter, who had come to give birth.

She first raised Shs 150,000 from friends after mobilising for the money. After she reached the hospital, they told her that she needed a C-section and she did not have the money. They even told her that if she did not hurry, her daughter was going to die, according to the interview I read, which was conducted with her.

She is now on the farm of a caretaker for two weeks and she is not about to finish because the bill seems to be a bit high. Let Hon. Nambeshe speak and then the honourable minister will respond.

MR NAMBESHE: Thank you, Mr Speaker. This callous act by the administrator of the health centre IV is not an isolated case. There are many medical workers, even in referral hospitals, where patients expect to be accorded free health care services extort money from patients or expectant mothers in order to perform those caesarean sections.

A case in point is what happened in Pallisa Hospital this year in January. The doctor who was supposed to perform a caesarean section put a serious condition that unless the person produced Shs 200,000, he would not conduct any surgical operation. The husband ran around and still failed to secure the money until he rushed to the RDC. Thanks to that RDC - even if he is also very notorious for funny conduct - this time round, he acted swiftly and the doctor was arrested.

What is disheartening is that this doctor was eventually released and of course, he is enjoying his constitutional right of bail. Yet, his services were transferred elsewhere to another hospital and he has not been charged.

This broadly speaks to the state of health care services in Uganda. They are on drip – *(Interruption)*

MS AMERO: Thank you, honourable member, for giving way. The information I would like to give is that during our campaigns, I had an impromptu visit to our hospital in Amuria. I found over 20 women who had undergone a caesarean section.

These doctors no longer give women an opportunity to push; they want to conduct the C-section because there is some money they charge as professional fees. Mr Speaker, this is not good because once a mother is cut, life can never be the same. This is what is happening and we want to urge the minister to do some bit of inspection in these hospitals and find out the truth.

Another woman died because she was not able to raise the money that was required by the doctor. Please, let us do something about it. Thank you very much, honourable member, for giving way.

MR NAMBEHSE: As I conclude, I would like to thank Hon. Susan for the supplementary information.

Mr Speaker, even drugs that are supposed to induce labour these days - one husband availed the drugs and he was turned away by the doctor. He told him that they do not induce labour; it has to be a caesarean section at a fee. See how callous and heartless most of our healthcare workers are these days.

It is also because the Government has not bothered to bring to book even those that are arrested with stolen medical supplies. It has happened even in Bududa, where a medical officer was caught red-handed with stolen drugs, but was eventually released and went scot-free. Thank you.

THE DEPUTY SPEAKER: I see the honourable colleague seems to be burning. I do not know whether you have information related to this case.

2.31

MR TOM EKUDO (FDC, Gweri County, Soroti): Yes, Mr Speaker. I have further information on the health workers. Two weeks back, I was with the Minister of Health at Gweri Health Centre III. The community raised concerns about a health worker. There is a midwife called Alwoc Grace Mary; her work is just to sit at her home; when somebody is experiencing labour pain, the attendants go and call her after delivery of the baby and her work is to come and cut - that has even caused children to contract HIV in Gweri Health Centre.

That same woman, caused the death of another woman by the names of Akiror Mary, who died because of delayed referral to the referral hospital. We need to do something; the community; the LC 1 and LC 3 of the area raised that concern. They asked the District Health Officer to take action. Even the LC V Chairperson and RDC asked the District Health Officer to take action, but no action was taken. Mr Speaker, I bring this to the attention of Parliament so that we get action. Thank you.

THE DEPUTY SPEAKER: I want us to close this matter. I do not want the reaction to the Speaker's communication to take an hour. Honourable colleagues, you should be bringing these issues; these are issues you should have brought as matters of national importance. No one came to my office to register it. I should not be the one originating this. Take two minutes each.

2.33

MS FLORENCE KABUGHO (FDC, Woman Representative, Kasese): Thank you, Mr Speaker, for giving way. This morning, we lost a middle-aged woman at Bwera General Hospital while giving birth. What raises my eyebrows is that she is the fifth person to die while giving birth in just one week at the same facility in the hands of those doctors.

My prayer is that the Ministry of Health interests itself in this matter because we are going to continue losing mothers at the hands of doctors. Thank you so much.

2.33

MS JOAN ACOM (FDC, Woman Representative, Soroti City): Thank you so much, Mr Speaker. Allow me to appreciate you for bringing this issue to the Floor. This issue is indeed true. I personally took the initiative yesterday and followed up with my team on the ground and the old woman testified that it is true. I also called the doctor, but he gave us excuses.

In the same city, about three or four weeks ago, a woman died because, at Soroti Regional Referral Hospital, there was no medicine that they inject women with after giving birth. They were asking for Shs 20,000, yet, I am told, the medicine costs less than Shs 5,000.

In the same hospital, two months ago, a woman was taken for a caesarean section. However, because the mother did not have money, three days after the operation, the woman's wound started oozing puss. When she was taken back to the theatre, they found that there were particles that had been left in her stomach. I escalated this issue and the RCC took it up.

Women are really facing challenges and some of these doctors and nurses need to be brought to book.

This very woman, who is doing hard labour, also said that after the C-section, she was asked for Shs 75,000 to buy drugs. I called the man in the store and he said: "We have all the drugs." Why was this person asking this old woman for money?

We really need help, as a country, to prioritise health service delivery so as to help the poor people down there. Thank you.

THE DEPUTY SPEAKER: Thank you. I had picked Hon. Okwir.

2.35

MR SAMUEL OKWIR (NRM, Moroto County, Alebtong): Thank you, Mr Speaker, for this opportunity. The case being discussed now, about the woman working in the garden of a health worker in Soroti, is not an isolated case.

Mr Speaker, last year, I lost a cousin at Alebtong Health Centre. Why? It is because they have to refer you 50 kilometres away, to Lira, to do a CT scan. When you come back, you have to pay Shs 200,000 for them to perform a C-section on you.

If you cannot afford it, they delay you and, then, the referral is done at the last minute – and you lose the mother and child. Therefore, this issue is of great concern and the ministry must take it seriously. As legislators, we must provide resources to support our health facilities.

I thank you.

THE DEPUTY SPEAKER: Thank you. Hon. Otaala?

2.36

DR EMMANUEL OTAALA (NRM, West Budama County South, Tororo): Thank you, Mr Speaker, for bringing this matter before the house. I agree with the Chief Opposition Whip that this is not an isolated case. In fact, this is the tip of the iceberg.

I had earlier on, Mr Speaker, raised this concern when the Committee on Budget met with the Committee of Health. I said that what is going on in the country, with respect to citizens are treated when they go to health facilities, is appalling.

Virtually everywhere, mothers are being charged for caesarean section. Virtually everywhere, patients are being charged for strangulated hernias – hernias that require urgent attention.

I think the Ministry of Health needs to come up boldly to curb this vice. It is not in our professional code of conduct to subject patients or their attendants to manual labour to pay their bills. Even when we run private facilities, we can only charge a fair fee. Professionally, we define what a fair fee is. However, these days, you see someone charging Shs 200,000 for consultation. That is not a fair fee – whether it is here, in the city, or anywhere in the country.

Mr Speaker, the deterioration in service delivery in our health - *(Member timed out.)*

THE DEPUTY SPEAKER: Thank you. Now, honourable colleagues, we cannot conclude this matter this way. No, on this matter, let us – the Minister of Health, had you wanted to say something?

3.39

THE MINISTER OF STATE FOR HEALTH (GENERAL DUTIES) (Ms Anifa Kawooya): Thank you, Mr Speaker. Indeed, the issues that are being raised this afternoon, about the ethics of our health personnel in the different health facilities, is a major concern. As a ministry, we take the concerns seriously.

Mr Speaker, I would like to inform you that the top management of the Ministry of Health – which I was party to – in the last two weeks, had to carry out support supervision in the regions of Lango, parts of Teso and Bukedea.

Indeed, we came across some of the issues that are being raised here. As a ministry, we have and still continue to ensure that these issues do not continue happening because we know that the medical staff must handle patients with care. The patients are our clients.

Mr Speaker, when this case came to our attention, we set up an investigation team, headed by the Director General of Health Services. Of course, we condemn that act and other associated acts, especially when it comes to the mistreatment of mothers or other patients.

As I was coming in, I was told that they are compiling a report.

Mr Speaker, I pray that you give me time to bring a comprehensive report, indicating the actions taken.

In the case of the individuals concerned, Mr Speaker, the challenge is that the District Health Officers (DHOs) are under the local governments. When we get such issues, we write to the DHO, through the Ministry of Local Government, to apprehend them because they are the ones responsible. Otherwise, raise these issues, tell them the cases and ask the DHOs, but we still move in as the supervisory entity to ensure that they are doing the right thing.

I want to promise you that we are still moving to different regions. We are trying our best to bring our health personnel to act within the required standards. Otherwise, we regret that act.

I ask that you allow me to come back here, in the shortest time possible, to report on the actions taken. Thank you, Mr Speaker.

THE DEPUTY SPEAKER: Honourable minister, for this specific case, come back tomorrow. We want to know the status of the patient and whether the caretaker is still undergoing hard labour. You should also report on the action taken because the action on this matter has to be immediate. So, tomorrow, I will give you space to update us.

MS ANIFA KAWOONYA: Much obliged, Mr Speaker.

THE DEPUTY SPEAKER: Thank you. Hon. Omara, this issue is closed – is it a different issue?

2.43

MR PAUL OMARA (Independent, Otuke County, Otuke): Yes, Mr Speaker, it is a different issue. It relates to your communication on the discussion that was held yesterday and the proposal to have a select committee on minerals. I would not want to open the debate – you have already made a ruling on how it is going to proceed.

My concern, Mr Speaker, is around the action by the Executive on the select committee reports because we are talking about having another select committee. We, for example, had a strong report from the Select Committee on Bujagali, which was adopted by this House. At the moment we are going through a budget process - in that report, Bujagali owes us a substantial amount of money, which was a result of payments, about Shs 1.2 trillion. I have looked at the report on the budget estimates and I do not see these figures reflected in that report, as a source of revenue.

At the moment, we are having problems. My concern is, we have severally appointed select committees. They have given their reports, which are adopted by the House and sent over to the Executive for action but I have not heard from – anyway, the Prime Minister and the Government Chief Whip are here; they need to tell us what is happening with these very strong recommendations, especially on Bujagali. I beg to submit.

THE DEPUTY SPEAKER: Thank you. Honourable colleagues, action taken reports are provided for under Rule 220 of our Rules of Procedure. So, as a House, we should be asking them to come back and report on the action taken within the time we would have given. On Bujagali, Minister for Finance - was it energy or finance - was supposed to take some action in terms of engaging Bujagali; the power producers and we were supposed to get an update, which would guide us, especially when we are handling the Tax Bill. Honourable minister, please update us tomorrow or do you have an update now?

2.46

THE MINISTER OF STATE FOR FINANCE, PLANNING AND ECONOMIC DEVELOPMENT (GENERAL DUTIES)

(Mr Henry Musasizi): Thank you, Mr Speaker. I need to be guided on the procedure. Normally reports of this nature are reported on the way we do Treasury memoranda; that is the way we report back to the House. So, I would like to know whether Parliament would like us to deviate from the procedure we have been following.

THE DEPUTY SPEAKER: No, these are different. Auditor-General reports and all that are the ones that come through the treasury memorandum, but the committee and Parliamentary resolutions are provided for under 220, which is about action-taken reports. So, Treasury memoranda are for Auditor-General reports.

Honourable member, the Clerk will help you to extract what was – Government Chief Whip, your Office should communicate to the minister what action he was supposed to take.

MS NALUYIMA: Thank you, Mr Speaker. The procedural point I am raising concerns the procedure we are following in regard to the legislation process. You will realise that many times we sit here; we have the chief legal adviser to Government who is provided for under Article 119 of our Constitution, the Attorney-General.

However, many times matters or issues are brought back without him standing to give that legal advice probably on some gaps he could have seen before Parliament committing. For example, recently, we read a letter, which he wrote to the Speaker about the Bill you have just talked about.

Therefore, the procedural matter I am raising is: will it be procedurally right, as we process Bills, to continue having the input of the Attorney-General when he cannot give advice on the gaps, at the time of processing a given Bill? Would it be procedurally right for the Attorney-General to come and explained to us whether his office is really worth its weight during the processing of Bills?

THE DEPUTY SPEAKER: Honourable member, we tackled that matter yesterday. It was raised as the point of procedure by Hon. Ssemujju; that exact matter. And specifically on that letter, I promised that we will first meet the Deputy Attorney-General before we pronounce ourselves as presiding officers because it was disturbing. Issues where the *Hansard* clearly shows that you said “This is okay, this is okay, this is okay,” then the next day you signed a letter contradicting what we agreed here. It is like accusing us of bulldozing you into something, which is not correct.

However, I also keep reminding honourable ministers that the business we do here is not for us MPs; even ministers are Members of Parliament. So, the indictment is on all of us. If Bills keep being returned, we should ask ourselves “Where is the problem?” Anyhow, as the leadership - and we shall involve the Chief Whip, the Leader of the Opposition and a few selected members so we can tackle this issue head-on.

2.50

THE LEADER OF THE OPPOSITION (Mr Mathias Mpuuga): Much obliged, Mr Speaker. My brief reaction to your communication relates to the matter of the motion that I moved yesterday and taken by the House in a vote, which the Mr Speaker curiously called to ascertain the numbers that we were obtaining to it.

Mr Speaker, when I moved under this rule, I clearly stated that I was moving under Rule 59(k) and of course, the Speaker being the custodian of the rules, had an idea of the implications. I am not in any way trying to accuse the Speaker of arm-twisting me and the Bill attendant but only pray that your guidance on the matter compels the minister to act immediately.

The matter we were discussing relates to the nature of the retort the Minister of Finance, Planning and Economic Development was making on the Bujagali report. The ministers believe that they have 400 years to act on our reports and that is why he thought he had six months but Bujagali relates to money we badly need and so is the gold report. That is why I was praying yesterday, that if only

you could instruct that the committee begins in earnest, and delivers before the budget is considered so that we can know that there is extra revenue coming into our coffers.

Therefore, I would like to pray, Mr Speaker, that while I take your guidance without retorting, you give further instructions that the minister comes here prepared to make a proper account and he does not come here with the same vague report that required us to again investigate. The issues were very clear. He is making reference to documents and commitments, but which are not in the House.

Otherwise, if it were in your view, Mr Speaker, that the minister delivers earliest next week, and then the relevant committee of Parliament would consider her statement and report to the House in immediacy. I so pray, Mr Speaker.

THE DEPUTY SPEAKER: Thank you, Leader of the Opposition. I am really sorry, this happened. It should not have been this way. I am only trying to safeguard our work and make sure that no one gets room to easily challenge our work. So, I really thank you, for understanding me and my dilemma in this regard.

So, the minister should report back on Tuesday with a comprehensive statement capturing all these details. Moreover, she picked our issues because these are issues. You know a statutory instrument cannot amend a statute of Parliament, period! That is very clear.

Then, if we receive it on Tuesday, we can ensure that indeed, the committee that is relevant can consider it on Wednesday and on Thursday it reports back so that all these forms are part of the budgeting process. This is very critical information. That is a source of revenue that we want. We are looking for money to allocate and since we have sensed that there is money somewhere, we are going to follow it up seriously. Hon. Alex Byarugaba had a procedural matter.

MR BYARUGABA: Thank you, Mr Speaker. I have a concern: when you look at Rule 220 - Action Taken Reports; I wanted to go through it very quickly: “*A minister shall*

submit to Parliament an action taken report detailing what actions have been taken by the relevant ministry following the resolutions or recommendations of Parliament.” It is a very good rule but it is not time bound. In other words, you can even take a whole term-

THE DEPUTY SPEAKER: Hon. Alex, let me make it very easy for you. At the end of each report, as a Presiding Officer, I look at the urgency, and then I give a timeframe. I can give a timeframe of two days or one day. Usually, the maximum is three months. Therefore, it is us the Presiding Officers, working with the Clerk, to ensure that the timeframe we gave, the action-taken report is brought to the House.

MR BYARUGABA: Thank you very much for that guidance. Otherwise, I was also trying to call for a revisit to this rule so that time is given within which action taken should be reported back to this very House, to make us more effective. I thank you.

THE DEPUTY SPEAKER: Rt. Hon. Nakadama.

2.55

THE THIRD DEPUTY PRIME MINISTER AND MINISTER WITHOUT PORTFOLIO (Ms Rukia Nakadama): Mr Speaker, the Minister is committed to your guidance but Monday is a public holiday and on Tuesday, we have a Cabinet meeting and he needs to consult. I request that we give him more time so that he can consult and come back here with what would benefit Parliament. Thank you.

THE DEPUTY SPEAKER: Honourable colleagues, we do not want to give people excuses saying that he denied them time to consult. We can extend by just one day so that instead of Tuesday, she reports on Wednesday and we give her time to consult Cabinet. You know someone could say, “You even denied me an opportunity to consult Cabinet which had assigned me” is giving excuses. LoP, I think one day is okay - Wednesday. Hon. Ssemujju.

MR SSEMUJJU: Mr Speaker, President Museveni was a Speaker of Parliament and for

that period, I think he learned how things are done in Parliament.

The procedural issue I am raising; you have just read a letter referring to the Anti-Homosexuality legislation back to Parliament. But the former Speaker of Parliament - Gen. Yoweri Museveni, yesterday met the Committee on Legal and Parliamentary Affairs.

I am a member of that committee, you have now referred the same Bill to the same committee when the former Speaker - I do not know whether he still thinks when you are a former Speaker you still continue - he has also referred the same Bill to the committee. He met them yesterday but I did not go.

The procedural issue I am raising, Mr Speaker, regards the interaction of committees with the President and with ministers.

In the previous Parliament, the Chairperson of the Committee on Environment and Natural Resources then, wrote to the President pleading that he must not close Rural Electrification Agency. The Speaker came here and said, “Please, you should never interact with the President without the authority of the Speaker of Parliament” and I thought that ruling remains.

I want to find out, Mr Speaker, under which rule was the former Speaker, Mr Yoweri Museveni, meeting a committee of Parliament on a Bill he has not officially referred to Parliament?

THE DEPUTY SPEAKER: Thank you. Honourable colleagues, one, I do not have any formal communication regarding a meeting between the President and some people.

Two, the President can consult with anyone and I think that is why Hon. Ssemujju did not go because he did not want to be consulted.

I will ask the committee chairperson under what arrangement the committee met the President; whether it was under their NRM arrangement, because you see these committee members like the ones of NRM are deployed by the Central Executive Committee (CEC), which CEC is

chaired by the President. He could be consulting with his people - I do not know whether Hon. Ssemujju was also about to be conscripted into the same and he came to know and he refused. These are informal consultations. Here, we deal with things which are formal.

Now, the ruling of the former Speaker on that issue was because there was a formal document she could refer to. I do not have anything formal I can refer to, to make a clear ruling on the matter- my hands are tied. Chief Whip, you should always call us and we go with you if you are attending. Honourable colleagues, let us go to the Business. Hon. Christine, what is that burning issue?

MS CHRISTINE APOLOT: Thank you, Mr Speaker. Before I mention the procedural issue, allow me to thank you for accepting to be our chief walker last Sunday, and I thank the honourable members who turned up for the walk. It was successful. Allow me also thank the honourable members who took part in Bugiri yesterday. Thank you very much.

The procedural matter I am raising, Mr Speaker, is, wouldn't it be procedurally right that you give the timeframe to the Committee on Legal and Parliamentary Affairs on the time they have to report to the House since this is a very contentious issue across the country?

THE DEPUTY SPEAKER: Thank you. I need the committee to report on Wednesday and on that day we shall process the Bill as returned so that we pass it and finish our part. Thank you. *(Applause)* Hon. Amos, procedure.

MR AMOS OKOT: Thank you, Mr Speaker. My issue is about Bills that we process in this House and are challenged. We need to be very strict and follow the Rules of Procedures.

You have just stated that next week, the committee will be required to report back but in our Rules of Procedures, they are given two weeks. Therefore, if it is within two weeks, we have to be strict and make it within two weeks so that nobody - *(Interjection)* - let me finish; it is not you speaking -

THE DEPUTY SPEAKER: Honourable, you are protected.

MR OKOT: Thank you so much. If it is calculated and it is within two weeks because we need to be very careful so that nobody should find room in any way to say that we flouted our procedures in this House.

It is very true that even though we are denying facts, this is in the public media, that a small section of some Members of Parliament, including the mover of the Bill also went and held a meeting somewhere on the same thing that we are talking about. Therefore, in order for us to keep our integrity, we need to consider this Anti-homosexuality Bill and follow our rules.

THE DEPUTY SPEAKER: Honourable colleague, you have made it very clear that within two weeks. This means if I even say they report tomorrow, it would have been two weeks. The problem is if we go beyond two weeks. Wednesday will be within two weeks. I would like to give you that comfort. Honourable members, kindly be here and do the necessary. We shall use the same method we used; we shall do a roll call so we know who is present for issues of quorum and all that and your constituents will be watching.

MR KAYEMBA-SOLO: Thank you, Mr Speaker. I stand under Rule 42 of our Rules of Procedure of Parliament.

Three weeks ago, the Speaker asked the Minister of Education and Sports about the status of Namboole Stadium when our team had played away in Egypt for a home game. The minister stood here and promised the country that the next game which is on 12th June will be played in Namboole.

Yesterday, we saw a communication that Uganda is going to host Cameroon. Imagine! Therefore, are we proceeding well for the minister in charge of sports to stand up on the Floor of the House and lie to the country?

THE DEPUTY SPEAKER: Honourable colleague, the rule you have quoted applies to a Member holding the Floor. From your interpretation, he might be on the Floor, but you are raising a valid question in terms of what he promised the country.

Honourable colleagues, in the public gallery this afternoon, we have students and teachers of the Daffodils Education Centre from Kampala Central, represented by Hon. Muhammed Nsereko and Hon. Shamim Malende. They have come to observe the proceedings of this House. Please join me in welcoming them. You look very smart and beautiful. *(Applause)*

3.06

THE MINISTER OF STATE FOR EDUCATION AND SPORTS (SPORTS)

(Mr Peter Ogwang): Thank you, Mr Speaker. Allow me to thank the Shadow Minister of Sports for the issue he has raised. It is true I made the statement. It is not the first nor will it be the last. I would like to confirm that as of today, it is true Uganda Cranes, the national team will not play a home game on 12 June in Namboole because the renovation of Namboole will not be in order to host that game in Namboole.

Mr Speaker, I have made this to the country and I want to repeat it here that I personally take responsibility for any delays that have occurred in the renovation of Namboole for the purposes of Uganda Cranes playing at home. However, the Government of Uganda will facilitate, as it has always done, all national teams including Uganda Cranes to host their games in the country the federation thought is fit. Thank you.

For the record, I would like to guarantee – Mr Speaker, protect from Hon. Ssemujju - *(Interruption)*

MR SSEMUJJU: Mr Speaker, the issue the Shadow Minister of Sports raised is the issue of lying. It does not matter the confidence with which you lie and how many times you seek to lie. The issue is that the minister in this Government stood here, lied to Parliament and the country that our facility is now available.

Mr Speaker, a home game does not only mean players. It means a home crowd to lift the spirit of the players. This is why we win games played here at home. We are losing because we are refugees in other countries.

Is the minister in order not to apologise to Parliament and the country and continue with a broad smile, as if he is speaking about something very good, that his Government will sponsor 25 players; make Uganda Cranes a refugee team with no home or country that will be wondering and loitering around the continent looking for a facility? Is he in order?

THE DEPUTY SPEAKER: Honourable colleagues, lying on the record of Parliament here would be criminal. It would also mean that you had an intention. How I understood the minister is that he projected that with the efforts they are putting in and the support they are getting, by the next game, we should be ready.

Honourable colleagues, sometimes we do projections; we get it right but sometimes we fail to achieve them. Failing to hit a target - I have seen the minister in Namboole and I follow him on Twitter because he has updated the nation. Honourable minister, just tell Members you are sorry your projection did not work out well but that you are working hard to sort out the matter.

MR OGWANG: Of course, my colleagues do not want me to smile so I do not know what I should do and that is my nature.

THE DEPUTY SPEAKER: They want you to look sad. So can you look sad so you can satisfy your honourable colleagues?

MR OGWANG: Maybe they want me to look sad. Unfortunately, I should blame God or my mother. I would like to put it on record that I am in pain, first of all, as the minister responsible for sports. I have taken personal responsibility and apologised to you and the country. I have made it public. *(Applause)*

Secondly, as you have said, I had meetings with my technical team and we looked at possible ways of how we can have that game

played here at home. But, Mr Speaker, there are certain details why this has not happened and this is within the procurement laws of this country which none of us wants to break. For that matter, I would like to say that we continue with our project and the project is within the timeline of the contract; the contract is meant to expire in July-August.

Honourable colleagues, the UPDF, the Ministry of Works and Transport which is the consultant, and the Ministry of Education and Sports which is the client are all working together to complete our stadium for the further coming games in Uganda.

I would like to say, fellow countrymen and women, I personally take responsibility. Thank you.

THE DEPUTY SPEAKER: Hon. Ogwang, on your next visit, invite the shadow minister.

MR OGWANG: First of all, I will invite the area Member of Parliament who is my good friend, Hon. Ssemujju. I also want to ask the honourable Minister of State for Works who is a consultant of the project to give additional information. Mr Speaker, permit me to invite him to say a word.

3.13

THE MINISTER OF STATE FOR WORKS AND TRANSPORT (WORKS) (Mr Musa Ecweru): Mr Speaker, I would like to thank Hon. Peter Ogwang for his humility. The reality is that by some coincidence, those of us who are driving this process happen to come from the same region. So, there might be some questions: why Ecweru and Ogwang? *(Laughter)* Hon. Ogwang is the client – the minister for education and sports – while Hon. Ecweru is in charge of works.

Mr Speaker, I am here to confirm that Hon. Peter Ogwang supervises us. Much as my team gives technical support, he summons me and Hon. Oboth, regularly, to Namboole to keep abreast of what is happening there. My ministry – for some reason, the technical people found that there were some things that were not proper and that is why we said we must go for

quality; we must not hurry anything. We want to deliver a Namboole that is internationally acceptable. That is what we are doing.

THE DEPUTY SPEAKER: Thank you. It seems the area MP – area MP, what do you see there?

MR SSEMUIJU: I have given support to Namboole since we went there with Hon. Obua, to commence the renovation. However, the clarification I would like the Government to give is: of all countries, why do you choose Cameroon? For birthday parties of the President's son, you go to the neighbours; why don't you go to Rwanda and play, from there for example? *(Laughter)*

MR OGWANG: First of all, Mr Speaker - unfortunately, my good friend – *(Interjections)* - Mr Speaker, may I be protected?

THE DEPUTY SPEAKER: Please – and inform us if you brought some cake for Hon. Ssemujju, if there was a party.

MR OGWANG: For the record, since Hon. Ssemujju likes talking about my very good friend, Gen. Muhoozi Kainerugaba – for some of us who love him – maybe we should organise a birthday party within the precincts of Parliament here so that -

THE DEPUTY SPEAKER: No, you can go to his constituency.

MR OGWANG: However, let me answer the question. The decision to determine where the game is to be played is not the responsibility of the Government. It is the responsibility of the federation. Any attempt by us, as the Government, to force the federation to determine, becomes interference. As the Government, we fund the national team.

I thank you.

THE DEPUTY SPEAKER: Thank you. Honourable colleagues, this is closed. Okay? We have an Order Paper. You see, at the end of the day, they will ask how many items we covered on the Order Paper.

Okay? So, let us go back to the Order Paper.

Now, concluding with my communication, honourable colleagues, we have the Parliamentary HIV/AIDS Awareness Week going on. So, I request the committee chairperson, in just two minutes - it is not a statement, but my communication.

3.16

THE CHAIRPERSON, COMMITTEE ON HIV/AIDS AND RELATED MATTERS (Ms Sarah Netalisire): Thank you, Mr Speaker, for this opportunity. Parliament, through the HIV/AIDS committee, together with our implementing partners, have organised an HIV/AIDS advocacy week that started yesterday and will run until tomorrow.

Mr Speaker, the reason for this advocacy week is to bring Members of Parliament on board. We are not doing very well as far as the new infections are concerned and we want to rejuvenate the country in the fight against HIV. The infections are especially high among teenage girls. Out of the five teenagers who are infected with HIV, four are girls between 15 and 25. This is a very dangerous age because the girls are sexually active and are involved with different men.

Mr Speaker, we are also noticing a lot of low viral suppression amongst young children, mainly in the islands of Kalangala and Buvuma – where children are dying in big numbers because they are failing to suppress the viral load.

We appeal to Members of Parliament – *(Member timed out.)*

THE DEPUTY SPEAKER: Conclude.

MS NETALISIRE: We appeal to Members of Parliament to come on board and work together with the committee and Parliament to ensure that this is addressed. We are working together with different implementing partners. Right now, we are operating at Parliament, Mini Price and the Railway Park.

Mr Speaker, as I conclude, I thank the men – *(Interjection)* - yes. In our advocacy week, we have seen big numbers of men turning up for testing and blood donation. Our target, yesterday, was 200 units; we were able to get 116 units of blood. Today, by 10 o'clock, we had already secured 70 units of blood. So, if we move at this rate, we are going to achieve our target.

Mr Speaker, we thank you for according us time and also leading the walk for donating blood to save our children who are dying of anaemia. *(Applause)*

With that, I thank you, Mr Speaker, for giving us this little time to pass on this communication.

THE DEPUTY SPEAKER: Thank you. Honourable colleagues, we are serving the public – we are giving back to the community. So, let us all get involved in community activities, especially on the issue of donating blood. It seems to be a very serious issue and they need our support. Next item.

STATEMENTS BY MINISTERS ON:

THE NEGOTIATION OF THE NEW POST-COTONOU” AGREEMENT BETWEEN THE EUROPEAN UNION AND THE ORGANISATION OF THE AFRICAN, CARIBBEAN AND PACIFIC STATES

THE DEPUTY SPEAKER: Honourable members, I am sweeping through all issues of national importance tomorrow; I am capturing them. I request you to allow me to handle them tomorrow. The Prime Minister will be here. We have agreed. Honourable minister?

3.21

THE MINISTER OF STATE FOR FOREIGN AFFAIRS (REGIONAL AFFAIRS) (Mr John Mulimba): Thank you, Mr Speaker. I do present a statement to Parliament on the negotiations of the new post-Cotonou agreement between the EU and the Organisation of the African, Caribbean and Pacific states.

Mr Speaker, permit me to lay on Table the agreement before I can proceed.

Mr Speaker, the Cotonou agreement between the EU member states and members of the Organisation of Africa, Caribbean and Pacific (now known as OACPs, but formerly ACP) States is a legally binding treaty, which outlines the vast framework for cooperation between the two sides in areas such as trade, development cooperation and political dialogue.

The spirit of a “common foundation” defining common values between the two sides has been negotiated and agreed upon successively, since Lome I in 1976 and renewed in Cotonou in 2000 and is now being negotiated for adoption under a new framework.

The institutional setup of the convention provides for the Council of Ministers, Committee of Ambassadors and a Joint Parliamentary Assembly meeting regularly or periodically, as required, in Brussels.

Unlike the negotiations within the multilateral forum of the United Nations, the OACPS-EU negotiations are carried out by “Chief Negotiators” selected by regions within OACPS and from the EU, representing the broad interests of two sides.

Negotiations for the new Cotonou Agreement began on 28 September 2018. The chief negotiators at the time were Jutta Urpilainen, the EU commissioner for International Partnerships and Robert Dussey, Togo’s Minister of Foreign Affairs for OACPS.

On 3 December 2020, the chief negotiators announced a political deal had been reached. The agreement, however, has not been signed due to the lack of endorsement by one EU member within the Joint Parliamentary Assembly and thus has been extended since then by the Committee of Ambassadors. Nevertheless, the chief negotiators initialled the text on 15 April 2021.

In terms of procedure, the agreement has to be adopted by the Council, the Commission, the European Parliament – on the side of the EU – and approved, and ratified by OACPS in accordance with its own procedures.

The deadline for the conclusion of the current old agreements and entry of the new ones is 30 June 2023.

Uganda’s interest in the negotiation of international agreements is taken care of by the Ambassadors Plenipotentiary, entrusted with representing the Republic of Uganda in their respective areas of accreditation and especially in multilateral missions.

This responsibility draws from the Vienna Convention on the Law of Treaties (1969), which outlines the context within which full powers may be construed and the context in which a negotiated text is adopted and authenticated.

In this particular case, Uganda has always pursued her interests in the negotiations for a new post-Cotonou agreement bearing in mind our critical concerns for market access, as well as an invigorated cooperation with the EU in terms of economic, social and political co-operations.

During the negotiations at the Committee of Ambassadors, our diplomats emphasise our national position on issues that raise concerns.

In my responsibility as Minister of Foreign Affairs, I have emphasised the imperative of seeking authority from the capital for the conclusion of any treaty, which would bind the Republic of Uganda. This is more so since the conclusion of any international agreement requires further ratification and adoption by Parliament.

In this regard, I will put in place mechanisms to remind heads of missions to desist from conclusion of binding commitments, and evidenced international treaties, without referring the matter to the ministry for consultation, evaluation and consent.

In conclusion, the post-Cotonou partnership agreement between the EU and OACPS has not yet been operationalised. For that to happen, it has to conclude the processes as explained above. It has so far been initiated by the chief negotiators and not any representative of the Government of Uganda. Mr Speaker, I beg to submit.

THE DEPUTY SPEAKER: Thank you, honourable minister, for the update. I happened to lead the delegation for the OACPS and EU, especially the Joint Parliamentary Assembly. They tried to bulldoze us and this is what we told them.

You need to communicate to our ambassadors because they took it that since your chief negotiator initialled, it is a done deal. In fact, on their side, they are saying it is only Hungary, which is delaying everything and that there is no more room for negotiation.

However, our biggest concern, honourable minister, was about some clauses, which had been embedded and initialled. We even interacted with the chief negotiator who said it was a compromise they reached on your behalf – that you gave them power.

On issues where they were defining human rights to include gender orientation and differences, especially Part One, Article 3, whereby they say, *“The parties agreed to combat all forms of discrimination, including discrimination based on sexual orientation and gender identity,”* they were saying, “Look, here we cover issues to do with LGBTQ. If you want to cooperate with the European Union, you must agree to this. If you do not...” and even threatening, which is very disturbing.

Therefore, this is a matter which I want you to take a very keen interest in. For now, let us have this. I shared it with His Excellency, the President and got to realise that these are issues we need to bring to his attention. Even the delegates from other African countries who came here, shared with him, and he was shocked. So, you need to pay very serious attention.

I will keep in constant touch with you, even if it means you joining us on our next engagement for clarification, but we ensure we do not sign any document that binds us, in terms of such issues.

I will be guiding on how best we will treat this document after meeting the delegates that are part of the OACPS delegation. That is enough, honourable minister.

MINISTERIAL STATEMENT ON
FUNDS FOR THE NATIONAL DIGITAL
TELEVISION (DTV) DISTRIBUTOR,
SIGNET, UGANDA

3.29

THE MINISTER OF STATE FOR FINANCE, PLANNING AND ECONOMIC DEVELOPMENT (GENERAL DUTIES) (Mr Henry Musasizi): Mr Speaker, I request to bring this statement on Thursday, next week.

THE DEPUTY SPEAKER: Okay but what we needed most – if I can tell you in advance – was action. This is because we need you to pay for SIGNET fees so that our communities outside Kampala can be able to access free-to-air services. We are here saying we give money to UBC but our communities outside Kampala are not receiving free-to-air services on SIGNET. And UBC said it was because of – how much? The Minister of State for ICT is here. You might not have the figure at hand quickly but you can –

MR GODFREY KABBYANGA: Mr Speaker, I do not have the exact figure but I will bring it here.

THE DEPUTY SPEAKER: But that is the issue.

MR KABBYANGA: Yes, it is the issue.

THE DEPUTY SPEAKER: Our upcountry communities are cut off from free-to-air services. They petitioned the MPs because they need to be accessing free-to-air services. Thank you.

LAYING OF PAPERS

The Special audit report on Eskom (U) limited end of concession on the Nalubaale-Kiira hydropower plant (380MW) complex – the buyout amount as at 31 March 2023

THE DEPUTY SPEAKER: Yes, commissioner? Leader of the Opposition, you are a Parliamentary Commissioner.

3.31

THE LEADER OF THE OPPOSITION (Mr Mathias Mpuuga): Thank you, Mr Speaker. I beg to lay a report entitled,

“Special audit report on Eskom (U) Limited end of concession on the Nalubaale-Kiira Hydropower Plant (380MW) Complex – the buyout amount as of March 31, 2023.”

THE DEPUTY SPEAKER: Thank you, Leader of Opposition and Commissioner. The report is referred to COSASE for further processing.

MOTION FOR ADOPTION OF THE
REPORT TO THE COMMITTEE ON
DEFENCE AND INTERNAL AFFAIRS
ON DISPARITIES IN DISTRICT QUOTAS
FOR SHORTLISTED APPLICANTS FOR
THE POST OF PROBATIONER POLICE
CONSTABLES (PPC) AND DRIVERS
IN THE RECRUITMENT EXERCISE BY
UGANDA POLICE FORCE

THE DEPUTY SPEAKER: Honourable colleagues, I do not see the Minister of Internal Affairs here. Government Chief Whip, I know Gen. David Muhoozi called and informed me that he would be out of station; he will be in the House tomorrow but did you consult the other minister? Chief Whip? Do you think you have enough capacity to address the issues that will come out of the report? Can you do it without the minister?

THE GOVERNMENT CHIEF WHIP (Mr Hamson Obua): Mr Speaker and honourable colleagues, I can also confirm that Hon. Gen. David Muhoozi notified me that he would not be around today, but I cannot account for the senior minister.

3.34

MR JOSEPH SSEWUNGU (NUP, Kalungu West County, Kalungu): There is a big challenge. Indeed, some of us are on record at Kololo opposing the big number of ministers – I am scoring high. There is a very common practice here of senior ministers not making an appearance in this House and leaving all the work for junior ministers, which is not fair. Some of them are even ex-officio members to this Parliament.

Now, here we are, with the Order Paper, and the Government Chief Whip is telling

you that he is not aware of the absence of a senior minister. Who is fooling who?

I think we should revisit our Constitution, and abide by it. This big number of ministers is not solving anything. Even if you ask a primary seven child to name ministers in Uganda, he will fail that question.

I do not know what we should do. You can see that Hon. Musasizi replaced Hon. Bahati. Hon. Matia Kasajja is on and off. All senior ministers – and they are in Kampala – they are moving everywhere with lead cars to clear the way for them, and yet we all suffer with the potholes in the country.

THE DEPUTY SPEAKER: Thank you. Honourable Chief Whip, try to get us the minister. In the meantime, let us go to item 8. We shall come back to the matter after getting feedback from the Government Chief Whip.

MOTION FOR ADOPTION OF THE
REPORT OF THE COMMITTEE ON
HEALTH ON A FIELD VISIT TO KASESE
TO ASSESS THE STATUS OF KILEMBE
MINES HOSPITAL

3.37

THE CHAIRPERSON, COMMITTEE ON HEALTH (Dr Charles Ayume): Mr Speaker, I would like to present the report of the Committee on Health on a field visit to Kasese to assess the status of Kilembe Mines Hospital.

I beg to lay the original copy of the report with its annexes attached and minutes of the committee meetings.

I would like to give a brief background of Kasese District, their health services and then the river in question, before I narrow it down to the committee observations and recommendations

I would like to draw your attention to page 5; the background of Kasese District. It has five constituencies, 14 urban councils, three divisions and 27 rural subcounties. There are 133 health facilities, of which, 25 are private-for-profit and 17 are private-not-for-profit. 91

of these facilities are Government-owned and the the 47 facilities have antiretroviral services, meaning they are ART-accredited while a similar number are differentiated service-delivery sites.

The table below, that is table 1, is a summary of the health service-delivery points in Kasese. As you can see, there are a total of 133 health facilities, of which 92 are public; in other words, Government health facilities.

The table shows that out of the 92 Government-owned health facilities, there is one general hospital - which is Bwera – and two health centres IV; Nyamirami and Rukoki. I want you to take note of Rukoki because we will be making reference to it in the subsequent sections of this report.

I would like to draw your attention to page 8. At the top is River Nyamwamba. The 257-Kilometre River Nyamwamba is fed by both rainfall and melting glaciers from the Rwenzori Mountain and it flows downwards through its river basin, and finally into Lake George.

The continued melting of the glaciers from the Mt. Rwenzori is because of an increase in temperature. It is causing the river to carry more water downstream. In the morning hours, the river is majorly dry, but during the hot afternoons, when the ice has melted, the water travels downstream in large quantities and causes flooding. This situation is made worse by the evening rainfall. That is a synopsis of the river in question that is causing these floods.

Kilembe Mines Hospital

The background

Kilembe Mines Hospital started operations in –

THE DEPUTY SPEAKER: Just use 20 minutes on observations and recommendations.

DR AYUME: Well guided, Mr Speaker. Kilembe Mines Hospital started operations in 1954 to provide medical services to workers of the Kilembe Mines.

Later, the management of Kilembe Mines Ltd decided to extend provision of medical services to residents of Rwenzori Subregion and Kasese District in general.

Prior to the 2020 flooding by River Nyamwamba, the health facility was providing orthopaedic services to patients from Rwenzori Subregion and beyond.

The hospital was located in Kilembe Valley, Bulembia Division in Kasese Municipality. Bulembia Division has a population of over 28,000 people and has Kilembe Health Centre Dispensary as the only Government health facility

Ownership of this hospital

Kilembe Mines Hospital is owned by Kilembe Mines Ltd, a parastatal with 99.996 per cent shareholding. Following plummeting copper prices in the 1970s, Kilembe Mines Ltd could not adequately fund its operations, including the hospital services. This prompted management to source for partners for the hospital.

The management of Kilembe Mines Hospital is under a tripartite arrangement. In 1982, Kilembe Mines Ltd entered into a partnership with the Catholic Church through the Diocese of Fort Portal to run Kilembe Mines Hospital. It was agreed that Kilembe Mines Hospital was to continue providing medical services to workers of Kilembe Mines and the surrounding population.

Due to its high operational costs, the partnership could not sustain the running of the hospital and they approached the Government, through the Ministry of Health, requesting for support.

In 1995, a tripartite agreement was signed between Kilembe Mines Hospital, the registered trustees of the Diocese of Kasese and the Government, represented by the Ministry of Health.

It should be noted that the Diocese of Kasese was created out of the Diocese of Fort Portal. According to the tripartite agreement, each of the parties was assigned the following roles:

Kilembe Mines Ltd was to own all assets and liabilities effective the day of execution of the agreement, including newly acquired ones. The Government of Uganda, represented by the Ministry of Health, through Kasese District Local Government, was to recruit and pay salaries for hospital staff. (c) The Diocese of Kasese was to be responsible for the day to day administration of the hospital.

The tripartite agreement was reviewed in 2003, 2010 and 2017. The last edition of the tripartite agreement lapsed on 15 March 2022 after a five-year duration. Under the agreement, Kilembe Mines Hospital was managed by a management committee comprising 10 voting members answerable to the Minister of Health in accordance with article 5.

Flooding of Kilembe Mines by River Nyamwamba

On 1 May 2013, River Nyamwamba burst its banks and flooded its catchment area including Kilembe Mines Hospital. This followed flooding episodes in 2014 and most recently 2020. Prior to 2013, River Nyamwamba had last flooded 50 years ago.

Those are the pictures, Mr Speaker. They should have been much clearer in colour. On page 12, there are more pictures there. The water really carried huge boulders and these are responsible for the destruction of the infrastructure of the hospital. The pictures speak louder than words. I will not spend a lot of time there.

I would like to draw your attention to page 15. Expiry of the Tripartite Agreement
On 15 March 2022, the tripartite agreement expired and was not renewed by the parties. Kilembe Mines Limited, Kasese District Local Government and Kasese Municipal Council informally agreed to continue running Kilembe Mines Hospital at a new site which is about 200 meters from the original Kilembe Mines Hospital.

Kilembe Mines Limited in consultation with the district leadership resolved that the health services be housed in Kilembe

Mines Limited structures that were safer from the threat of floods. The structures were renovated by Kilembe Mines Limited while the local community offered free labour during renovation, after which health services resumed on 1 April 2022.

However, on 2 December 2020, the Permanent Secretary of the Ministry of Health, Dr Diana Atwine wrote to Joint Medical Stores (JMS) to deactivate the credit line for essential medicines and health supplies for Kilembe Mines Hospital and directed that it is redistributed to other health facilities. The names of the health facilities are highlighted in the report, Mr Speaker.

It is against this background that the Committee on Health conducted a field visit to Kasese Municipality.

The objectives of the visit are clear.

In the interest of time, I would like to go to page 20 on committee findings, observations and recommendations.

The current status of Kilembe Mines Hospital

What is the legal status of Kilembe Mines Hospital?

The committee noted that upon expiry of the tripartite agreement on 15 March 2022, the parties did not renew the agreement. Therefore, the legal status of Kilembe Mines Hospital remains uncertain.

The committee was informed that the Kilembe Mines Limited wrote to the Chief Administrative Officer of Kasese District Local Government on 24 February 2022, requesting for a continued partnership with Government in managing Kilembe Mines Hospital but no response has been received. That is Annex 5 of the correspondence letter. The same request was transmitted to the Permanent Secretary of the Ministry of Health but there is no response to date.

On 5 March 2022, the Chief Administrative Officer of Kasese wrote to the Solicitor-General seeking legal interpretation of

the status of Kilembe Mines Hospital but no response has been received to date. The letter is attached in Annex 6.

The committee found out that Kilembe Mines Hospital is managed by Kilembe Mines Limited and the Government through Kasese District Local Government and Kasese Municipal Council. However, it has no board, no laboratory accreditation documents and official stamps, among others.

Committee observations

Kilembe Mines Limited is willing to continue partnering with the Government of Uganda to provide medical services at Kilembe Mines Hospital but the Government has been non-committal. The failure by the Government to provide guidance on the way forward as requested by the district leadership creates a lot of uncertainty and tension among the community. Currently, Kilembe Mines Hospital has no legal status within the Government structure despite offering the much-needed medical services to the people of Kasese, especially those living along the ranges of Mount Rwenzori. Lack of a legal status also erodes the confidence of health development partners and stakeholders in providing support to Kilembe Mines Hospital. Kilembe Mines Hospital, Kasese District Local Government and Kasese Municipal council are operating under an informal arrangement.

The committee recommendations

In the short-term, the Ministry of Health should engage Kilembe Mines Limited about the possibility of signing a bilateral agreement to offer health services to the community. This should include an evaluation of the repurposed facility opposite the old facility which is currently offering services to be supported as a health centre IV. Government obligations should include staffing, provision of medicines and sundries, primary health care, non-wage and additional services like imaging and dental should be included. The Solicitor-General should provide a legal opinion about the status of Kilembe Mines Hospital within one month of adoption of

this report. The opinion of the Solicitor-General will provide a way forward to the Ministry of Health and Kilembe Mines Limited regarding the future of the hospital. The management of Kilembe Mines Limited should explore the option of establishing Kilembe Mines Hospital as a community health facility for eventual recognition and support by the Government.

Physical state of Kilembe Mines Hospital

Committee observations

The original site of Kilembe Mines Hospital was severely destroyed and is prone to future flooding, meaning that we cannot revamp the hospital. Kilembe Mines Hospital provides services to a large catchment area. This includes six subcounties in the mountainous areas with a population of 350,000 and Bulembia Division with a population of 28,000.

The current facility across the road is functional and is providing outpatient, inpatient, maternity and surgical services.

Partners like Daktari from Belgium are willing to support the facility in terms of setting up infrastructure and provision of medical equipment.

Recommendations of the committee

The former site of Kilembe Mines Hospital should be condemned; there should be no future attempts to redevelop it.

The Ministry of Health should expedite the process of bilateral agreement between Kilembe Mines Hospital and the Government so as not to discourage potential donors from supporting the health facility.

Staffing levels of Kilembe Mines Hospital
The committee recommends that the staff should be retained but in units where there is excess or might be redundant because of limited scope of services, some can be redistributed to nearby Government facilities.

Availability of essential medicines and health supplies

Observations by the committee

The Ministry of Health deactivated the credit line for emergency health supplies for Kilembe Mines Hospital and redistributed it to Katadoba HC III and the rest that are mentioned. There is a high patient turnout at the new site of Kilembe Mines Hospital and this is straining the already meagre resources. Currently the procurement of medicines and supplies at Kilembe Mines Hospital is through user fees and a monthly allocation of Shs 7 to 9 million provided by the district.

Recommendations by the committee

The Ministry of Health should restore the credit line for emergency medicines and health supplies for Kilembe Mines Hospital in the last quarter of this financial year to enable the facility to operate optimally.

Availability of equipment at the hospital
The committee recommended that the Minister of Health should harmonise opinions of the district leaders and the Diocese of Kasese in relation to the list of equipment ownership and the handover process.

Functionality of nearby health centres

Rukoki Health Centre IV

The committee observations

Rukoki is a high-volume health centre IV which operates in a very small space with limited essential medicines and health supplies – above, there is a picture of part of the health centre, which got burnt. Renovation/roofing of the main structure, which got burnt, has not been prioritised, yet the incident happened 18 months ago. Future expansion of the health facility will be hampered by unresolved land conflicts with the other Government facilities – there is a prison nearby.

Committee observations

The Ministry of Health should carry out a feasibility study on reroofing and renovating the burnt structure, vis-à-vis setting up a new structure. This should be done immediately.

The conflict over ownership of the 10 acres of land owned by Rukoki should be resolved immediately, in order to cater for future expansion plans.

The Ministry of Health should construct staff houses at Rukoki Health Centre IV, effective next financial year.

Suitability of the proposed new site for construction of a hospital

The committee was informed that Kilembe Mines Limited has offered Kilembe Mines Hospital six acres of land for the construction of a new hospital. The land is three kilometres from the former hospital and is located on a higher ground. It partly houses senior staff quarters at Kilembe Mines Limited.

The committee was informed that the Office of the Prime Minister requested the Ministry of Water and Environment to conduct a geological survey on the new site to establish the level of risk in the event that River Nyamwamba floods again. However, the committee was not able to receive any feedback in regard to this report.

Committee observations

The proposed new site for the reconstruction of Kilembe Mines Hospital is the farthest from the water flow pathway of River Nyamwamba. There is no reliable early warning system about River Nyamwamba and it is likely to burst its banks again and cause flooding.

Committee recommendations

The Ministry of Water and Environment should conduct research on the suitability of the land at Kilembe Mines staff quarters for the construction of a health facility in the near future – this should be done before the end of this financial year.

As the Government identifies an investor for Kilembe Mines Limited, one of the requirements should be the construction of a community hospital on higher ground at the site of the six acres that were identified.

Progress on the desilting of River Nyamwamba

In 2022, Parliament approved a Shs 17 billion loan for desilting 5.4 kilometres of the river in order to prevent future occurrence of floods. Desilting involves the maintenance of earthworks, putting gabions and establishing a dike. In addition to the desilting, the loan was supposed to be used for reforestation and giving start-up capital to the locals to start alternative income-generating activities.

Works commenced on 18 July 2022. The contractor is Ambitious Construction and the subcontractor is Afro Building. The project areas are Masule, Kyanjuki Village and Kyanjuki Camp.

In a meeting held with the Ministry of Water and Environment officials on the 1st of February, the health committee was informed that the progress of works was at 84 per cent and the contract was meant to expire on 7 February 2023.

During the committee's visit to Kilembe Mines Hospital, a grader belonging to one of the contractors was levelling the ground where some of the stones had been removed. However, the committee noted that the gabions built along the riverbanks were low and could easily be over-flooded by the river and the progress of works was minimal. So, the 84 percent did not fit into the observations of the committee.

On page 30 and page 31 are pictures.

Mr Speaker, as I conclude, these are the committee's recommendations:

The Office of the Auditor-General should take interest in the current scope of works and activities done versus the funds allocated. The Ministry of Water and Environment should involve the local community in identifying projects which are supposed

to mitigate the effects of environmental degradation and improve livelihoods. The population should be discouraged from settling along the slopes, riverbanks and engaging in deforestation. Desilting of the river bed should be done periodically to prevent high water levels during the torrential rains. Therefore, the Ministry of Water and Environment should purchase equipment for this purpose and hand them over to Kasese District Local Government. The height of the gabions in the low-lying areas, which is supposed to hold the river embankment, should be high enough and firm to prevent flooding – one of the observations was that the gabions were quite low.

Mr Speaker, the committee's conclusion is that Kilembe Mines Hospital has been exposed to three flooding episodes by River Nyamwamba in the last 10 years. The hospital is in a low-lying area that is prone to flooding. The most recent floods of 2020 have destroyed the hospital beyond a repairable state and any ambitious attempts to renovate the hospital puts the lives of the patients and health workers at risk. Therefore, this site should be declared not fit for the purpose of a hospital and it should be closed.

Given the large catchment area of Kilembe Mines Hospital, which includes mountainous areas, the removal of health services significantly affects the quality of life of this population. Therefore, the Ministry of Health should maintain health services within the vicinity of the defunct hospital as the Government prioritises the recommendations above. This means that the facility offering primary health care services – across the road from the defunct hospital – should continue to be supported by the Ministry of Health and Kasese District Local Government.

Any investor willing to take up Kilembe Mines should construct a hospital in a new location, not only for the workers of the mines, but as part of their corporate social responsibility. In the interest of environmental conservation, the Ministry of Water and Environment should protect the environs of River Nyamwamba Basin, including its origin in the glaciers of Mount Rwenzori.

Mr Speaker, I beg to submit the report. Thank you.

THE DEPUTY SPEAKER: Thank you, honourable chairperson. Thank you also, Hon. Ferigo Kambale, for reminding me to give this report a quick attention.

Honourable minister, did you want to give some feedback?

4.00

THE MINISTER OF STATE FOR HEALTH (GENERAL DUTIES) (Ms Anifa Kawooya): Thank you, Mr Speaker. I thank the chairperson of the Committee on Health, Dr Ayume, and the Members on the committee – for the comprehensive report on Kilembe Mines Hospital.

Mr Speaker, as a ministry, we do associate with some of the committee's findings, observations and recommendations. We have had several engagements with the Kasese District leadership – even with Members of Parliament from that area – and we have moved to implement some of the recommendations. For example, we do appreciate and agree that the population of Kilembe Mines is high. Therefore, we are upgrading Rukoki Health Center IV to the status of a hospital. However, in the meantime, we are putting up a health facility within the vicinity of Kilembe Mines, to serve the population.

As for the other recommendations, we await the clearance of the legal status of Kilembe Mines. At the same time, we have moved to ask the district leadership to deploy all the workers of Kilembe Mines Hospital within the public facilities, where they are available, to decongest the health facilities around.

Mr Speaker, as a ministry, we shall further internalise the committee's recommendations and see the actions to take to ensure that the people of Kilembe Mines and Kasese get health services as they are entitled, and to ensure that we enhance and strengthen the facilities that are already available there. I thank you.

THE DEPUTY SPEAKER: Thank you. Let me start with the MPs from the area. I open up debate. Yes, Hon. Kambale Ferigo?

4.03

MR FERIGO KAMBALE (NRM, Kasese Municipality, Kasese): Mr Speaker, thank you very much for the opportunity. I want to thank the committee for the work they did by coming to Kasese to assess the situation on ground. Mr Speaker, I am the one who brought this to the Floor of Parliament. Why did we bring the matter to the Floor? It is because as the leadership of Kasese, the action by the Ministry of Health to deactivate the credit line for the supply of medicine to Kilembe Mines Hospital shocked all of us because that was really declaring people – almost saying that people should die.

We are happy that the committee came but one of the recommendations that has been put in the report is what has made us happy. Personally, I am happy that they should reactivate the credit line for medical supplies.

The minister has said that she has been consulting us but to be honest with this House, to date, the credit line for the medical supply has never been activated. And we are saying that building Kilembe Mines Hospital is a long-term project. The short-term intervention is to have the credit line for the medical supplies activated.

The people in that area, it was not their option that they should be affected by the floods. After the hospital was affected by the floods, the Ministry of Health decided to deactivate the credit line for the medical supplies and that made the situation for these people even worse. I want to thank the Committee on Health for having recommended – *(Member timed out.)*

THE DEPUTY SPEAKER: Honourable member, ask for more time.

MR FERIGO: Can I get one minute, Mr Speaker.

THE DEPUTY SPEAKER: Even now you are on the microphone without permission. Please, conclude. *(Laughter)*

MR FERIGO: I thank the committee for having recommended, as a short-term intervention, to have the credit line for the medical supplies reactivated. This is where we have a problem; deciding to build Kilembe Mines Hospital at its original site and saying it should not be built, that is not a problem. We can choose any site but the credit line that is helping people receive supplies of medicine is a short-term intervention because when we do not have medicines now – the other area is long-term. What about the medicines now? That is where our point is and it is our position as the leadership of Kasese. The minister is here; he is from Kasese, and they are all here; that is our stand: We need medical supplies as a short-term intervention. Thank you, Mr Speaker.

THE DEPUTY SPEAKER: Thank you. Yes, the Woman MP, Kasese?

4.06

MS FLORENCE KABUGHO (FDC, Woman Representative, Kasese): Thank you, Mr Speaker, for giving me another opportunity to talk about Kilembe Mines Hospital in Kasese District. I thank the chairperson of the Committee on Health, for the presentation of the report. Actually what has made me very happy is the reactivation of the credit line.

Mr Speaker, you have heard about the population that was being served by Kilembe Mines Hospital: 360,000 from six sub-counties and 28,000 from a division. As I speak now, those people are at the mercy of the Government.

When Kilembe Mines Hospital was washed away by the floods, Kilembe Mines Limited provided other structures that are currently housing the hospital where people are getting medicine from. So, if that credit line is reactivated, my people are going to celebrate.

Mr Speaker, the issue of Rukoki Health Centre; the maternity ward was burnt about 18 months ago. The Government has done nothing to ensure the maternity ward is worked on. It is the Rotary Club, together with the people who fundraised to make sure that that ward is

roofed but women are still giving birth under trees and those who were being served by Kilembe Mines Hospital have nowhere to go. I pray that the issue of reactivating the credit line is worked on so quickly so that the women can have somewhere to rest or get medicine.

Just as I have reported before, Mr Speaker, I reported about five women dying in just one week at Bwera General Hospital. Now how about – *(Member timed out.)*

THE DEPUTY SPEAKER: Thank you. Hon. Acrobert Kiiza?

4.08

MR ACROBERT KIIZA (Independent, Bughendera County, Bundibugyo): Thank you, Mr Speaker, for this opportunity. I also add my voice to appreciate the chairperson of the Committee on Health and the entire committee for the detailed report presented.

Mr Speaker, Kilembe Mines Hospital does not only serve the people of Kasese as the report is trying to say. The people of Bundibugyo and in fact, the entire Rwenzori Subregion use Kilembe Mines Hospital, especially in the areas of fractured bones. People who get into accidents across that region are all referred to Kilembe Mines Hospital. So, it is really my prayer that Government expedites the issue of considering giving Kilembe Mines Hospital a vote status so that our people are really helped.

The second issue is in line with desilting rivers. In their report, I read here about desilting River Nyamwamba. In fact, we have a serious problem across the entire region. As you are aware, Mr Speaker, we are always affected by floods. If you go to Bundibugyo, there is a river called River Kiunya. There is a town council, which had been approved by the Ministry of Local Government, where people have already been displaced. People are already displaced because of desilting, which has caused a lot of flooding. So, it is my prayer that when River Nyamwamba is – *(Member timed out.)*

THE DEPUTY SPEAKER: Thank you.

MR ACROBERT KIIZA: One minute, please. Government should also consider desilting River Kiunya. I thank you.

THE DEPUTY SPEAKER: Thank you. Hon. Harold Muhindo? Let me finish with Kasese and Bundibugyo group.

Hon. Acrobert Kiiza, for your information, even people from Mitooma District, it is Kilembe Mines Hospital that has been serving us, including people of Buhweju, especially on fractures. They are specialists and people from that region - now, I think people are going to Mbale and Kumi. That is a specialised hospital for the whole of the Western Region. Yes, Hon. Harold Muhindo?

4.11

MR HAROLD MUHINDO (FDC, Bukonzo County East, Kasese): Thank you, Mr Speaker. I also thank the committee for the report. I have three things, Mr Speaker, starting from that point. I personally come from a place closer to Kagando Hospital. Kagando Hospital is a good facility that has given health services to many people. This is, however, not friendly to the common man. I want to say that the local woman of Uganda – because even though we are neighbours – people have moved away from Kagando Hospital to Kilembe Mines Hospital even when they know that in Kilembe Mines Hospital they are not so sure of accommodation, but at least it is budget-friendly.

The issue of the tripartite arrangement of ownership has left Kilembe Mines Hospital in balance. From the report here and the submission of the minister, it seems like until the arrangement of ownership is cleared, this is when Government is coming in. But I want to remind the Government that Kilembe Mines Hospital, the Government of Uganda, and Kasese Diocese are the three parties that make ownership.

When the agreement expired, it automatically meant that Government takes over its role. These two partners came to complement the Government. Now that their mandate expired, the Government should continue with its role; nobody is going to remind you that you now

begin to make- (*Interjection*) - Before the information, I, therefore, want to implore the Government to continue with its role to provide for the credit line and the other facilities.

Mr Speaker, the minister has indicated very well that the staff from the hospital will be serving the population from the nearby facilities. I pray that the staff from the Kilembe Mines go back to the nearby facility that has been established so that they serve the community around Kilembe and all over the country. Thank you.

4.14

MR SOWEDI KITANYWA (NRM, Busongora County North, Kasese): Thank you, Mr Speaker. I also thank the committee for the comprehensive report and the minister for her response.

However, I want to request the Government that we need to walk the talk. For some time now, we have been told that Rukoki Health Centre IV will be upgraded to a general hospital.

The Prime Minister told this House and the country that already Shs 2 billion has been secured and has been allocated to this hospital, but nothing is going on. We want to ask the Government to hasten the steps so that we can see some work on the ground.

Our other concern is leaving the people in Kilembe Valley without an option. Deactivating the credit line was simply an indictment that the people in that area should go and die. This is the reason we are saying that as a temporary measure, let us restore the credit lines so that we wait for upgrading the health centre IV as we also wait for the construction of a health centre III in that area. I beg to submit.

THE DEPUTY SPEAKER: Thank you. I will pick Iganga, Rakai – they have a man next to them so they need company. Honourable minister, I will pick you; do not mind. You need to first get many views so that you then guide the nation because you are the Minister for National Guidance. I picked the three that were lining up. Now, Hon. Yeri, I do not know because even when you are standing

– we have space in here. So, I do not know whether you are standing to be picked. I will come to this side later. I will pick Hon. Yeri, Hon. Feta, then Hajj and Solomon. I am going to give you time colleagues; two minutes each and I am not adding any more minutes.

4.17

MS SAUDA KAUMA (NRM, Woman Representative, Iganga): Thank you, Mr Speaker. I thank the Committee on Health for the report. It is worrying when it comes to matters of health and the Government is not acting fast yet we know that health is wealth.

If Kilembe Mines Hospital has not been given priority, yet we all know and saw what happened, then the people of Iganga lose hope in whatever they have been promised.

We have written, and spoken for Iganga General Hospital to be elevated to a referral hospital because I want to assure you that Iganga Hospital is the main hospital in the subregion. It serves more than five districts of the Busoga Subregion. It is overwhelmed by numbers; patients come and there are no drugs but the Government has paid a deaf ear.

My prayer is that for matters of health, the Government should not even wait for investors. There are many programmes that the Government has prioritised and given monies to; why doesn't it come in to construct Kilembe Mines Hospital and elevate the hospitals that need to be elevated instead of looking up to investors because people's lives are at risk? I beg to submit.

4.19

MS JULIET KYINYAMATAMA (Independent, Woman Representative, Rakai): Thank you, Mr Speaker. I take this opportunity to thank the Committee on Health for a well, informing and elaborate report on Kilembe Mines Hospital; this sends a strong signal to the Government. It has opted in many cases to run away from its responsibilities, for example, what it did by cutting off the credit line without minding about the population that was benefitting from the hospital.

This has recently also been witnessed in other ministries and departments. For example, because of high school dropouts during COVID time, they opted to close down all schools that had few students. Instead of creating an awareness campaign for students to go back to school, they opted to close them; this is the same case that is happening here.

The issue of waiting for investors - I wonder, as a Member of Parliament - what if the investors do not come; what will happen to the people of Kasese and the western region that has been using that hospital?

So Minister of Health who is here, we urgently want you to address that issue; you are not supposed to be waiting for investors. If they do not come, it means the Kilembe people or Kasese and the Western Region will not have the health facilities.

Secondly, the issue of silting is very important because it is threatening hospitals; it is going to schools, people's houses, settlements and everything. So, I think the Government should come up with a comprehensive plan on how to de-silt River Nyamwamba. Thank you.

4.21

MR DONALD KATALIHWA (NRM, Mwenje County South, Kyenjojo): Thank you, Mr Speaker. I want to add my voice to what my colleague from Bundibugyo raised and you added your voice.

I come from Kyenjojo and most of my constituents are along the highway which is prone to accidents. In the previous days when Kilembe mines were still operating, on a weekly basis, I would send there some accident victims because some of us always carried those accident victims to Kilembe Mines Hospital.

As we speak now, all our people in all those districts are stuck ranging from Mubende, Kagadi, Kibaale, Kyenjojo, Kyegegwa, Fort Portal, and wherever, because Kasese and Kilembe Mines Hospital specifically, is known for treating bones and fractures.

Mr Speaker, the other day, we were here discussing the budget for the health sector and we said that we should ring-fence some of this money for the health sector.

I am surprised – I was sharing with my colleague that I do not see it coming out well in this current budget. I do not also see it in the supplementary.

This is a matter of emergency that was unforeseen; why can't it be catered for and get a special budget for Kilembe Mines Hospital so that it is worked on and people get the service? I beg to submit.

4.22

MR GEOFFREY FETA (NRM, Ayivu Division East, Arua City): Thank you, Mr Speaker. I thank the committee for the good work. However, I am a little bit disappointed that the ministry decided to deactivate the credit line without consultation. If they did not have courtesy to consult the local leadership, then at least they should have consulted the area Members of Parliament because the appropriation for that money is done here and so, one cannot choose to deny their people.

Kilembe Mines Hospital has been serving the whole of this country. You are aware the activities of Kilembe Mines recruit citizens across the country and they have been serving. Right now, I am treating my aunt who failed to get treatment from Kilembe. I had to bring her and treat her from home.

I would like to agree with most of the recommendations of the committee but it is important that an alternative is found and established immediately.

Secondly, I would like to thank the religious institutions that have continued to intervene where the Government cannot adequately do its work. Kasese and Fort Portal dioceses have been doing a good job. We should continue to thank them because they are very good partners in health services. Thank you very much.

4.24

MR SIRAJI EZAMA (NRM, Aringa County, Yumbe): Thank you, Mr Speaker. This issue of Kilembe Mines is a very critical one that requires immediate Government intervention. This is an old hospital that has served many districts from that subregion. The issues emanated from not desilting River Nyamwamba, which flooded into the hospital and the nearby areas.

Parliament approved Shs 17 billion to desilt that river. I do not know whether this money that was approved by Parliament is functional. We need to investigate that money. Otherwise, if that river is not desilted, it is going to continue to flood and cause problems in that area.

This Parliament should, in fact, not approve any other money to desilt the river when we have not received accountability for the money we approved.

I suggest that since this is an old hospital which has served this nation, transferring it is going to be so much work that we should not entertain. Rather, we do the little that can make that hospital serve the purpose for which it was established. Thank you.

4.26

MR SOLOMON CHELANGAT (NRM, Too County, Bukwo): Thank you, Mr Speaker. I would like to join colleagues in thanking the Committee on Health for the wonderful report given.

I have picked one item that I feel cuts across the projects from the centre to districts. Most often, local communities or local leadership are not involved. Once they are not involved, the productivity or target is not achieved.

I request that for such a project of Shs 17 billion, there must be a component of community mobilisation so that if there is no restoration, the community is mobilised to know the importance of restoring the environment. If it is done without community mobilisation, then the community will not receive the intended objective. The Minister of Health must therefore inform all contractors

to ensure the component of community mobilisation is utilised as required. Thank you.

THE DEPUTY SPEAKER: Thank you. Hon. Ssewungu - [*Mr Yeri Ofwono: "Mr Speaker, you gave me a chance."*] The problem is that we have seats but you want to stand. Honourable colleagues, as long as we have seats, let all us sit down. Hon. Yeri Ofwono, then I go to Hon. Ssewungu, Hon. Christine, Hon. Hanifa and Dr Nsibambi.

4.28

MR APOLLO YERI (NRM, Tororo Municipality, Tororo): Thank you, Mr Speaker. I am standing because I have some problems with my legs. This is why I cannot sit all through. Please excuse me for that.

THE DEPUTY SPEAKER: That is the problem of being very tall.

MR OFWONO: Yes. First of all, I would like to thank the committee for the report. Mine is the cause; where is the origin of this flood?

Mr Speaker, we need to address the issue of the flood. If we do not, then it will still continue. The source of the problem is the flood but how do we mitigate the flood in that hill? Now, this is where climate change comes in.

The committee recommends that the Ministry of Water and Environment should do some work but to handle the situation, we should give the ministry a good budget so they can address this.

Mr Speaker, I have a Private Members' Bill on water harvesting. Maybe, that could be one of the solutions so that flood water is harvested. (*Laughter*) It could solve that problem.

THE DEPUTY SPEAKER: Thank you. Honourable colleague, I will give you a chance to come and explain to us how you want to harvest floods by law. (*Laughter*) Honourable colleagues, innovations can come at any time. Even floods can be harvested. Hon. Ssewungu?

4.30

MR JOSEPH SSEWUNGU (NUP, Kalungu County West, Kalungu): Thank you, Mr Speaker. I was among Members of Parliament who went with the then Leader of the Opposition, Hon. Betty Aol, to see what happened in Kasese.

At that time, there was a cold war between Parliament and the Executive. The then Speaker of Parliament, Rt Hon. Rebecca Kadaga, first went to Kasese. Later, we went and the President found us there but we were locked in a hotel and stopped from going to see that hospital because the President was meant to be there at that particular time.

Mr Speaker, when we got there, the situation was terrible; it was a catastrophe. If we are to speak facts, it is not easy to restore that hospital but the Government can secure money to restore it. Otherwise, generators and everything was covered by silt, big stones, trees, trailers and everything.

The President, while there, gave assurance of putting into place that hospital. Government, how would you feel losing a Catholic Church's hand or that of the Church of Uganda or Islamic faith giving assistance to a hospital? Visit all your districts – a majority of these hospitals are either Catholic-, Muslim- or Church of Uganda-founded. Government, you have nothing.

Mr Speaker, the only answer to Kasese is the Government being fair to itself. The Catholic Church has the willingness. They do not cheat and are ready to give you support. They are pulling out of the hospital and you think that is very easy.

The only remedy to Kasese is what the President promised. Let him put in place what he said while he was there so that they get a new hospital that is well furnished.

4.32

MS CHRISTINE KAAYA (NUP, Woman Representative, Kiboga): Thank you, Mr Speaker. I heard people laughing when a colleague suggested the harvesting of the flood water. Actually, under rainwater harvesting,

we talk of surface runoff harvesting and, so, the flood water falls under that. In his proposed Bill, rainwater harvesting will include surface runoff harvesting and harvesting from the rooftops and others.

Mr Speaker, this is what we call “loss and damage” in climate change. We are grateful to the Committee on Health, but at the same time, there are serious losses that were caused by the flooding of River Nyamwamba. In this case, when you try to relocate the hospital to a higher ground, there is another potential effect - landslides. It is good that they recommended the use of geologists to advise appropriately.

When climate change affects us, there is increased rainfall and water catchments also get filled up. As a result, we get the overspread of this water, which affects infrastructure. We, therefore, request that the constructions and renovations must be cognisant of these changes. We do not want to see a renovation that will go down in one year because floods have occurred. The constructions – *(Member timed out.)*

4.35

MS HANIFA NABUKEERA (NUP, Woman Representative, Mukono): Thank you, Mr Speaker. I appreciate the committee for its report. Mine is about the illegality of the status of the hospital. As we wait for the Solicitor-General to clear the hospital – first of all, I want to ask - The Solicitor-General’s office is fully staffed; I do not know why it takes too long for it to clear the hospital. I appeal to the Solicitor-General to clear and let the hospital work legally.

Secondly, I want to talk about the new site that they want to open for the hospital. This time around, we request the Ministry of Water and Environment to, first, do a detailed survey and give us a report on that new place where they are going to build a hospital such that we are sure that the floods will not invade the hospital. Thank you.

4.36

MR YUSUF NSIBAMBI (FDC, Mawokota County South, Mpigi): Thank you, Mr Speaker. I would also like to thank the

committee for the wonderful report. It appears that the Government is in agreement with the committee’s findings and recommendations.

However, what shocked me this afternoon was for the minister to keep saying “we shall...”, “we are looking at...” – almost taking time over a matter to do with people’s health. The partners - the Catholic Church and Kilembe Mines – are the ones begging the Government to come and work instead of the Government begging and thanking these people for being there.

It is our responsibility, as Parliament, to take this matter beyond the committee’s recommendations. We have the feeling of saying “I pray” – it is not about prayer. We should now give directives to the Government. They are talking about geologists coming, flooding water and Nyamwamba – these people deserve medical attention wherever they are. *(Applause)*

We are building marinas and giving grants of Shs 80 billion to build a restaurant over the water, but we cannot contain a simple river because we are giving Shs 17 billion only. For a few revellers, tourists and people in Kampala, you give a Shs 80 billion grant to build a marina, but a population of 400,000 people is suffering and people are dying because, I hear, geologists have to write reports.

This time round, we should not just lament and thank the committees for writing – *(Member timed out.)*

4.38

MR MOSES WALYOMU (Independent, Kagoma County, Jinja): Thank you, Mr Speaker. I thank the Committee on Health for the good report. In this report, I am going to look at two areas: One is the area of retaining the staff. If we can go by that recommendation, it will give our people confidence to even serve our people at their best because they would know that they are going to be retained by the Government.

Secondly, it will also reduce the problem of brain drain. We have been suffering, in this country, because of that – our people are forced to go outside this country after losing their job.

Mr Speaker, the people of Kasese are still there and so is the hospital. Why is it that the Government went ahead to cut off the credit line? These people are there and need these services. I think we should just tell the Government to come up and give those people the medicine they need so that we save their lives. It is the duty of the Government to protect Ugandans and make them live healthy lives. Thank you.

THE DEPUTY SPEAKER: Honourable minister, I have been interacting with leaders. The quick issue they want is the reactivation of the credit line. *(Applause)* They need that as soon as yesterday so that they can start surviving. The rest can come later. They are dying. Do you want to respond, specifically to that?

4.40

THE MINISTER OF STATE FOR HEALTH (GENERAL DUTIES) (Ms Anifa Kawooya: Thank you, Mr Speaker. Honourable colleagues, the pain that you feel for our people is the same that we feel. I want to say a word, as the minister from Kasese comes in.

The reactivating of the credit line – the MoU was done between Kilembe Mines, of course, with support from Kasese Catholic Church and Joint Medical Stores. When it expired, the only way the ministry could do it was to have another MoU with Kilembe Mines or the district local council of Kasese.

However, as the committee has said, we are still faced with the challenge of the legal status. As a ministry, we still need to sit with Kasese local leadership and work out how we can have an immediate solution by way of an MoU – either with the Joint Medical Stores or the National Medical Stores. However, we take it in good faith and shall expedite it. That is what I can say as of now.

THE DEPUTY SPEAKER: Thank you. Now, I have seen that there are other agencies in between. Rt Hon. Prime Minister, let us assign this to you; that you work with the Minister of Health to bring the Attorney-General on board. I am also going to personally be involved. From here, I am going to call the Solicitor-General to ask why this should

take forever. Which excuse can you give for denying people medicine? Hon. Kabbyanga, did you want to say something about this?

4.42

THE MINISTER OF STATE FOR INFORMATION, COMMUNICATION TECHNOLOGY AND NATIONAL GUIDANCE (NATIONAL GUIDANCE) (Mr Godfrey Kabbyanga): Thank you very much, Mr Speaker. I stand here as a minister from Kasese but also as the former Mayor of Kasese Municipality who supervised that hospital as well as a former employee of Kilembe Mines for 15 years. Therefore, I know the history of that hospital very well.

I think as soon as the tripartite agreement collapsed - because the Catholic Church was no longer interested in going ahead with the tripartite - first of all, they did not want to continue operating from Kilembe because of the floods. They wanted to operate from Kasese Town where they have enough land. The three parties; the Government of Uganda, Kilembe Mines Ltd and Kasese Catholic Diocese did not agree on that relocation. Therefore, the Catholic Church pulled out and decided to set up its own hospital. Unfortunately, when they pulled out, the agreement was about to expire so they said that they were no longer interested in the tripartite agreement.

Now, what should have been done, and what I have been advising was, since the tripartite had collapsed, we needed to go into a bilateral agreement between Kilembe Mines and the Government of Uganda. That should have been the first thing to be done. Even deactivating it was because there was no relationship; the three entities had gone their separate ways. Therefore, the two, which are both Government and related, should have gone into a bilateral agreement. Before that, the medicine was being purchased from Joint Medical Stores, which is owned by the Catholic Medical Bureau and Protestant Medical Bureau; they serve their hospitals.

This would now mean that the medicine would be purchased from National Medical Stores. All those are legal issues, which should have been done, but now, the committee has come

up with very beautiful observations, if you read the report in detail. They have also come up with very beautiful recommendations. However, just as you have said, what the people of Kilembe want, just immediately, while we are fast-tracking this MOU, is at least some medicine to keep them moving. *(Applause)* That is all.

Mr Speaker, Kilembe Mines already has some money on the account; Shs 200 million shillings. However, it cannot access it because of those legal issues -

THE DEPUTY SPEAKER: Which account is that?

MR KABBYANGA: The Kilembe Mines account. You know Kilembe Mines Hospital was operating an account and they already have Shs 200 million on that account, but because of those legal issues now, who should operate it – because the Catholic Church was chairing the board. They had relationships that for a medical superintendent, the Catholic Church must - even when one appeared before the Service Commission, the Bishop had to recommend, and so, there were so many terms in that agreement.

Lastly, this hospital was private but non-profit and so, there was cost sharing. If we go into a new relationship, we need to make it to be public so that nobody pays. This means we have to look at the new terms, which are bringing problems. Yes, the people are dying, and that is why I am saying, if we can allow, in the interim, for Kilembe Mines Hospital, as it is, to access this Shs 200 million to keep buying medicine, as we fast-track the legal issues, so that now we can see how to move, it will be the solution.

Nonetheless, this committee has made very good recommendations. If we go by them, we shall sort out the problem, but if we go by emotions, we shall not sort out the problem. I thank you, Mr Speaker. *(Applause)*

THE DEPUTY SPEAKER: Thank you. I really get concerned; I do not know why people take forever to make decisions. It is just a legal status and finishing an MOU. In fact, from here, I will personally call

Bishop Kibira because I know him very well. He would want his people saved. There is no Bishop who would want - because of processes - that the people continue dying. That would be sending a very wrong message.

It seems the chairperson of the committee wants to say something on this issue of the credit line.

4.48

THE CHAIRPERSON, COMMITTEE ON HEALTH (Dr Charles Ayume): Yes. Thank you, Mr Speaker. I just wanted to reiterate the context. The structure of Kilembe Mines Hospital is no more. So, when we are putting things into context, we need to bear in mind that it does not exist. It was swept away by the rain. Some of the boulders are as big as this table here and there is a lot of silt. It cannot be brought back to usable status.

Now, what is being improvised across the road was a former building turned into a health facility. If the Government can maybe uplift it to the standard of a health centre IV - because the Ministry of Health has already promised that Rukoki Health Centre IV is going to be the new site for a district hospital. We already have another government hospital in Bwera. Therefore, for Government to build a new hospital at that site, you will have three government hospitals in one district, which would not be favourable to other districts that do not even have a hospital. So, there is Bwera and probably if the ministry has money, they will build in Rukoki. That improvised area can be made into a health centre IV. It is where we can send the credit line medicine. Thank you.

THE DEPUTY SPEAKER: That is what the Members of Parliament and leaders are talking about. They are saying that whether it is in a container or one room, wherever services are being provided, give us medicines. *(Applause)* It is that simple because medicine provided will not ask where it came from and from which room it was given to you; whether it was a beautiful room or not. If they have improvised, let us support that by giving medicine. That is where the minister is stuck; she needs help.

Rt Hon. Prime Minister, call a meeting tomorrow and we expedite it. Tomorrow afternoon, you should update us. To me, in six hours, a lot can happen. Therefore, let us handle it as an emergency. That is updating us; I have not said you must bring a solution by then. Update us on what you will have done.

I am going to support you in this; I will call Bishop Kibira tonight after here. I am also going to call the Attorney-General; I support you and we all go into this. If necessary, it can even be in my office, and we coordinate a meeting tomorrow. We should work together. We are here to complement each other.

4.50

MR BOBOKAE (UPC, Kwania North County, Kwania): Thank you so much, Mr Speaker. I join colleagues in thanking the Committee on Health on their report as presented. However, I have a concern in this country. Most of these Government entities do not use available reports to inform the decisions they make.

In the Ministry of Health, we have records in all the facilities in this country. I understand before cutting these supplies, the Ministry has records of the supplies that were given to this facility.

Now my question is; when you took this action, what did you expect those who were using those supplies to use? You would have gone on the ground before cutting off supplies, and then give alternatives to the beneficiaries.

Taking some of these emotional decisions will not take this country far. I believe the people in Kilembe Hospital were not given other alternatives. The Government just took up a decision of cutting off supplies and they were just left hanging. Our concern is about those ones who were using the supplies; where are they going now, Mr Speaker?

In the future - (*Member timed out*)

THE DEPUTY SPEAKER: Thank you. Hon. Okot -

4.53

MR BONIFACE OKOT (NRM, Youth Representative, Northern): Thank you, Mr Speaker. I rise to support the recommendation of the committee.

Mr Speaker, session in session out, this formidable House receives multiple cases of destruction on account of natural disasters. Today, there is flooding, the next day landslides and the next day drought. Mr Speaker, these natural disasters certainly have an enormous impact on our population and our economy.

I am also privy to information that we have a National Disaster Preparedness and Management Policy of 2010. This policy recommends that the Government allocates 1.5 per cent of our National Budget to disaster management, including medical care, in the short run, reconstruction and rehabilitation in the long run.

Mr Speaker, the Kilembe Mines Hospital crisis is certainly a call to action to this House that we must implement to the dot our policies.

We must also put our feet down and ensure since we are in the budget cycle, that there is significant budgetary allocation to disasters in our forthcoming budget. Thank you.

THE DEPUTY SPEAKER: Thank you. LOP. Honourable colleagues, all of us agree; you see what we are going through in the debate. No one is disagreeing with the findings of the committee. So what we are doing, is going on record to have support, and yet we have other issues to handle.

So when I started the mood, and I see no one disagreeing, then we move to another item so that we can- that is how we should run the House. I am sorry, Hon. Rwemulikya, next time.

4.55

MR JOHN BAPTIST NAMBESHE (NUP, Manjiya County, Bududa): Thank you, Mr Speaker. Let me also add my voice to those that have appreciated the committee for the report.

However, I commence with an appreciation to you, Mr Speaker, sir, for the undertaking and the commitment to intervene and have to fast-track the restoration of the credit line for the emergency supplies and the medicines.

Mr Speaker, I would request that you go the extra mile because the facility in the new location has no functional ambulance. Moreover, the report is unequivocal, it mentions the equipment.

Although there is a discrepancy in the two lists that were handed over to the CAO by the partners, the ambulance that is functional is there, but it has been seen labelled "St. Mary's" - I do not know whether it is by Kasese Catholic Diocese, or whatever. Mr Speaker, now that you have offered to support, you would rather spare more of your efforts to ensure that this facility that has no functional ambulance gets the services or benefits from the services of this one which is available.

But most importantly, in your report, when you say any investor that comes to take up Kilembe Mines, as part of his corporate social responsibility, should construct this Kilembe Mines Hospital in another location, and the good Minister, whom I want to salute, also says that because of the Tripartite, we would rather shift to the bilateral.

Honestly, Government that is spending huge sums of taxpayers' money in the neighbouring country-By the way, Mr Speaker, Kilembe Mines Hospital, I am reliably informed serves even communities that are leaving across the neighbouring country of Congo. As he laughs, he knows that we are talking of a "Yiira Republic" that stretches beyond Uganda.

Now, if the Government is talking of bilateral when they have not even secured any investor to enter such a memorandum, are they any serious, Mr Speaker, sir? Let the Government get serious and commit themselves to construction-because they have what it takes to build a fully-fledged hospital to replace the one which has been demolished by River Nyamwamba.

However, River Nyamwamba, also in the new 21st Century, there are mitigation measures that could have been dammed although my colleague mentions rainwater harvesting, including floods, there could be dams, massive planting of trees along it to help control or even nip in the bud the busting of its banks and other mitigation measures. Thank you, Mr Speaker.

THE DEPUTY SPEAKER: Thank you. Honourable colleagues, the Minister has been intervening in these issues. We have agreed on a way forward as far as addressing this matter is concerned.

I now put the question that the report of the Committee on Health on the field visit Kasese to assess the status of Kilembe Mines Hospital be to be adopted.

(Question put and agreed to.)

Report adopted.

THE DEPUTY SPEAKER: Committee on Health, keep looking at these issues and we are going to be updating you, honourable, from the multi-sectoral approach we are now taking so that the Minister of Health does not suffer calling Justice and no one is coming, looking for this and no one is coming. We come under one roof and get a solution and we stop working in silos.

Honourable colleagues, as I told you, we are in HIV/ AIDS Awareness Week. Honourable, you should also get us tags so that tomorrow all of us can be smart, not only you and Hon. Joel Leku.

Because of that, colleagues I am going to amend the Order Paper, to go on business to follow and I pick an item which is related; that is item 7- I will resume later. Clerk, call it.

REPORT OF THE COMMITTEE ON
HIV/AIDS AND RELATED MATTERS
ON THE ASSESSMENT OF THE HIGH
HIV PREVALENCE RATES AND
ACCESSIBILITY OF HIV SERVICE
DELIVERY IN POLICE DETENTION
CENTRES AND PRISON FACILITIES

Findings of the committee

THE DEPUTY SPEAKER: Thank you. Honourable Chair, you have 15 minutes, just go to the observations and recommendations. The report is uploaded colleagues - it was uploaded sometime back, we should be able to access it.

The committee established that HIV/AIDS prevalence rates in prisons were higher than the national average. For example, Dyanga Prison in Kiryandongo District. The prison facility recorded 18.7 per cent, Gulu Main Prison 18.6 per cent, and Kitgum prison, where there was 10 per cent prevalence rates.

5.01

MS SARAH NETALISIRE (NRM, Woman Representative, Namisindwa): Thank you, Mr Speaker, for according to us space and amending the Order Paper to accommodate the Committee report.

The Uganda Prisons Sero-Behavioral Survey Report 2014 indicated there were 47, that is, 3.6 per cent new infections out of 1,315 HIV/AIDS infected individuals among prisoners. Out of the 47 prisoners who had the recent infection 50 per cent, that is, about 23, had been incarcerated for more than six months. This means 23 prisoners contracted HIV/AIDS while in prison. The report attributes this to several factors including but not limited to risky behavior and lifestyle, injuries, violent incidents that contribute to the disease transmission.

The Committee on Defence and Internal Affairs reported on the Floor of this Parliament the escalating prevalence rates of HIV/AIDS in prisons that was above the national percentage. It was upon that report, that the committee took the initiative to visit these detention centres and prisons across the country to find out the facts about this.

We interacted with the leadership of the prisons; the Assistant Commissioner-General who visited the committee. We were informed that despite the fact that in some prisons, they invite barbers to shave hair to the prisoners. In most of the rural prisons, prisoners are given razor blades to shave hair and then they end up sharing these razor blades. That accounts to the percentage of those that contract HIV/AIDS while in prison.

Objectives for the field visit

1. Establish the cause of the high HIV/AIDS prevalence rates reportedly higher among inmates compared to the national prevalence rates.
2. Evaluate the existing national healthcare response services framework of these correctional institutions in comparison to other jurisdictions and between the detention centres and communities.
3. Establish the levels of adherence to the national and international obligations by providing health care within prisons equivalent to that available to the outside population and to ensure continuity of care and treatment.

Mr Speaker, we also raised the issue of homosexuality while in prison as one of the reasons or causes for the transmission of HIV/AIDS while in prison. When we met the team, they never denied the existence of homosexuality in the prisons nor did they agree to it. They said since homosexuality is rampant in the community nowadays, people that are sent to prison come or originate from the communities. So, the issues of homosexuality could be there but since there are no cameras in the areas of residence, they would not be able to identify or conclusively commit that homosexuality is one of the causes.

The other area of observation is whether these people at the entry point are tested for HIV/AIDS, malaria, tuberculosis and Hepatitis B. These are the four areas they carry out the test. When they enter, they carry out tests to ascertain whether someone is positive or negative. Since there is no routine or monthly or quarterly test, they are unable to ascertain whether these people acquired the virus while they are in or the virus was still in the window period. Those are the three areas. However, they confirmed that on exit, there are those that come in when they are negative but leave the prison when positive.

The committee recommended that the Government should ensure the prison detention centres prioritise personal hygiene of prisoners and detainees through provision of sufficient prerequisite equipment such as shaving tools to avoid sharing, which is a possible avenue for HIV/Aids transmission.

The committee also recommends that the Government should arrange for quarterly voluntary counselling and testing of prisoners to ascertain their sero-status.

Mr Speaker, we discovered that testing in prisons is mandatory. It is a requirement that as soon as you reach there, you are tested and following our HIV and AIDS Prevention and Control Act, it is supposed to be voluntary counselling and testing.

We are also recommending that the Government should ensure prison authorities provide regular psychosocial support and counselling to prisoners to promote safe and positive lifestyles. On the objective to evaluate the existing national health care response services, Mr Speaker, the Prisons Act, 2006, mandates Uganda Prison Service to provide custodial and rehabilitative services including health and welfare to offenders in Uganda. Currently, Uganda Prison Services has a prisoner population of 71,354, with an occupancy rate of 355 per cent in the 260 prison facilities across the country. The staff position is 10,385 giving a prisoner staff ratio of 1:7 against the recommended of 1:4.

The prisons health system is aligned to the national health system and classified according to prisons category in terms of levels of care. Uganda prisons community is composed of three major population groups each impacted differently by the health sector, including HIV/AIDS. These include prisoners, staff, staff relatives, and the community around the prison.

Mr Speaker, allow me to use this opportunity to thank all the health facilities that are around the prisons that we have.

THE DEPUTY SPEAKER: Conclude, honourable chairperson.

MS NETALISIRE: Mr Speaker, we recommend as follows:

Whereas the above efforts are commendable, the Government should open up more prisons and police services centres with national coverage to replicate services offered at a national level.

Mr Speaker, we observed that the money that they put in transporting prisoners to go and get health services or HIV medical treatment at the nearby health centre is more costly. When we went to Amuru, we found out that these people have to travel to Gulu to collect drugs.

3.1: Sufficiency of health services provided
Mr Speaker, we established that some local governments were devoid of functional health units necessary in the provision of medical services to suspects and police officers.

The committee, Mr Speaker, also observed that the incapacity of Uganda Police Force to provide the required healthcare services in some districts violated the policy objective of the Uganda National Minimum Health Care Package (UNMHCP).

We recommend, Mr Speaker, that since the Uganda Police Force primarily offers health care services on behalf of the Ministry of Health, the Government should take deliberate actions to establish and strengthen police health care centres.

Lack of specialised nutritional needs to HIV-positive prisoners

Mr Speaker, we observed that in most of these prisons, prisoners are not provided with the nutritional needs that they need.

We recommend that, in addition to providing Antiretroviral Therapy (ART) to HIV positive prisoners, the Government should allocate adequate budget lines to Uganda Prisons Services to improve the nutritional needs of the prisoners.

Screening of suspects, remands and convicts for HIV, TB, Malaria and Hepatitis B

Mr Speaker, I have already explained that this is mandatory in police and prisons. So, we recommend that they revisit this so that it is voluntary or we bring the law to be amended so that the prisoners are catered for since we want to secure their health.

Mr Speaker, as I conclude, on the issue of the police, we also discovered that despite the fact that detention is supposed to last 48 hours only, there are detainees that are kept at police stations for more than 48 hours. There are some whom we found had stayed on detention for more than a month.

Mr Speaker, what happens at police is that as people come every morning, on parade, they announce: how many of you are HIV positive? How many of you need treatment and drugs? With stigma and discrimination, most of the people at police detention areas do not come out to declare their sero-status.

Therefore, we are recommending that we need to improve on the way we identify the positive clients that are detained at police stations.

Mr Speaker, I want to re-echo the words of the Minister of Finance, Planning and Economic Development, who said that his going to prisons was an eye-opener – or a blessing – for him to know how these prisoners live.

Mr Speaker, we got an opportunity to visit and even enter the prisons – where

we were allowed, we visited and saw: their accommodation is appalling.

Mr Speaker, the congestion is too much and the Urinary Tract Infections (UTIs) are actually at 70 to 80 per cent in prisons because most of our prisons lack water.

Mr Speaker, even if these people are serving a sentence for the crime they have committed, they have a right to health.

Once again, I thank you, Mr Speaker, for according us this opportunity. *(Applause)*

THE DEPUTY SPEAKER: Thank you, committee chairperson. Honourable colleagues, there are reports to do with internal affairs. I want us to receive them, go and sleep over them and then, tomorrow, we have a debate. I will ensure that we give enough time for debate. Next item?

**MOTION FOR ADOPTION OF THE
REPORT OF THE COMMITTEE ON
DEFENCE AND INTERNAL AFFAIRS
ON DISPARITIES IN DISTRICT QUOTAS
FOR SHORTLISTED APPLICANTS FOR
THE POST OF PROBATIONER POLICE
CONSTABLES (PPC) AND DRIVERS
IN THE RECRUITMENT EXERCISE BY
UGANDA POLICE FORCE**

THE DEPUTY SPEAKER: Honourable chairperson, you have 20 minutes.

5.17

THE VICE-CHAIRPERSON, COMMITTEE ON DEFENCE AND INTERNAL AFFAIRS (Mr Milton Muwuma): Thank you, Mr Speaker. Allow me to lay on Table the original report of the committee and the minutes of the committee's meetings.

Mr Speaker, this is a report of the Committee on Defence and Internal Affairs on disparities in district quotas for shortlisted applicants for the post of Probationer Police Constable (PPC) and drivers in the recruitment exercise by Uganda Police Force.

Introduction

At the 30th Sitting of the First Meeting of Second Session of the 11th Parliament of Uganda, held on Thursday, 15 September 2022, Hon. Abed Bwanika, MP Kimaanya-Kabonera Division, Masaka City, raised a concern over the disparities in the district quotas for shortlisted applicants for the post of Probationer Police Constables, general duties and drivers.

The Member alleged that there were disparities in the recruitment exercise, basing on variances in the shortlists per district and was concerned with the criteria used and demanded to know whether the applicants were residents of the said districts.

He based his complaint on Article 21 (2) of the Constitution of the Republic of Uganda that provides: *“(2) Without prejudice to clause (1) of this Article, a person shall not be discriminated against on grounds of sex, race, colour, ethnic origin, tribe birth, creed or religion, social or economic standing, political opinion or disability.”*

In response to the above, Mr Speaker, you directed the Minister of Internal Affairs to table before the House a list of shortlisted applicants, together with the copies of their national identity cards.

Mr Speaker, you referred the matter to the Committee on Defence and Internal Affairs for consideration and report back to Parliament.

The committee considered the report, Mr Speaker, in conformity with rule 218 – we complied with the 45-day rule.

Background

On 4 June 2022, adverts were run on print, radio and TV media platforms, where the Uganda Police Force invited qualified applicants to apply for the positions of Probationer Police Constables (PPC), general duties and drivers.

The recruitment exercise was guided by the following legal framework;

- a) The 1995 Constitution
- b) Police Act
- c) Public Service Standing Orders, 2020
- d) Public Standing Orders.

Methodology

Mr Speaker, we interacted with the leadership of the police, Hon. Abed Bwanika, perused the advertisements, copies of applications, copies of applicants' academic documents, shortlists of applicants, copies of national IDs, recommendation letters and responses by the police force.

Terms of reference

1. To analyse the criteria for the recruitment exercise
2. To find out whether there was variance in the short-listed applicants per district.

We were also to ascertain the identity and originality of the applicants shortlisted in the districts.

Findings

While interacting with police leadership the committee was informed that on 14 June 2022 advertisements were made to various media platforms a total number of 1,488 applications for the position of PPC and drivers were received out of which 850 applicants qualified to be shortlisted for interviews. Uganda police force also received 7587 applicants for the position of PPC general duties out of which 778 qualified to be shortlisted for the interviews.

However, the shortlisted applicants were below the number required as advertised, Based on the advice of the Uganda Police force advisory committee the position of PPC general duties was re-advertised, with adjustment by lowering the requirements for one to have O-level UNEB exams from 2019 to 2018 and put for mathematics from at least credit to a pass, as a result of lowering the requirements a total number of 2015 applications were received.

The committee was further informed that a team composed of personnel from the Directorate of Research, Planning and Development, Human Resource Development, Human Resource and Management, crime intelligence and logistics and engineering was constituted to review the applications and come up with a short list for applicants for the post of PPC general duties and PPC drivers to be invited for interviews.

Recruitment criteria for PPCs, a total of 9900 applications were received out of which 1846 including 1261 males and 585 females, qualified to be shortlisted for interviews. Of the 15 applicants Uganda police received from Buhweju District, none of them qualified, some districts failed to meet their quarter namely: Nabilatuk, Koboko, Yuymbe, Kakumiro, kibale, kikube, KIryandongo, Kyegegwa, Kitagwenda, Rakai, Lwengo, Kalungu, Kazo, Bududa, Sironko, Kaabong, Mityana, Mpigi, Gomba, Nakaseke, and Buyende.

Police Force leadership explained the allocation of these quarters was in line with the constitutional requirement of nationalistic and patriotic police forces and shall ensure that members of the Uganda police force are recruited from every district in Uganda.

It was further explained that quotas allocated to districts are based on the population projections as provided by the Uganda Bureau of Statistics (UBOS). The committee observed that the recruiting exercise had variances in the number of short-listed candidates per district. For example, Masaka City had 14, Masaka District had seven, Gulu City had 32, Soroti had 22 and Mitooma four. The committee queried the criteria used to allocate the said numbers.

It further noted that in the circumstance where a district or a city did not meet the number for the quarter, the balance was given to the neighbouring district since districts are being cut often but stay within the geographical area.

The committee was informed that variance in recruitment is based on the population quarter of which the formula is provided by the constitution and based on UBOS figures.

The committee is satisfied that the variance in quarters given to different districts is justified.

The committee noted that the recruitment exercise was centralised with the application being submitted at regional police offices and forwarded to police headquarters for processing.

The committee recommends that whereas the Police Force conduct the recruitment exercise at the regional level due to COVID-19 pandemic, in future, the exercise should be done at the district headquarters as has been the practice. This will promote transparency in the exercise.

Recruitment criteria for UCE leavers

A total of 1488 applications were received and of these, 853 were found suitable for the next stage. These cut across all classes of driving permits. The recruitment exercise was in accordance with the second advert run by the Ministry of Internal Affairs.

The committee noted that all interested persons had to file applications accompanied by a recommendation letter from local authorities, as proof that the applicant is a resident of a particular district, a Uganda Certificate of Education (UCE) with 4 credits including English and at least a pass in mathematics obtained not earlier 2018, a valid driving license for those applying for the position of PPC drivers and a national id card as proof of Nationality.

The committee recommends that there should be a verification committee comprised of the LCIII chairperson, subcounty chief and GISO before the applicant submits the application to the police force to minimise forgeries.

The committee is satisfied that the advert for recruitment was made public on print media, radio and television and therefore applicants were aware of all the requirements for the positions they applied for.

Originality and Identity of Applicants

It was alleged that most of the people shortlisted per district were not residents of the said district. A case in point was Masaka City

and Masaka District. It was further alleged that the process of shortlisting the applicants was marred with irregularities and that some of the shortlisted applicants in particular from Kimanya Kabonero Masaka subregion were not dully recommended by local council authorities but only obtained recommendations from the Resident District Commissioner.

The shortlisted names did not reflect the indigenous names within the locality. The committee was informed that it was a requirement that after the advert all applications in that area must be supported by recommendations by the LC1 chairperson, Resident District Commissioner and a valid National ID card in addition to academic qualifications and a valid driving license for the drivers.

All applications were verified and shortlisted candidates were from the districts where they applied from. The committee scrutinised sample applications from the regions of greater Masaka, greater Bushenyi and North Kyoga and it is satisfied that all the shortlisted applicants are residents of the districts where they applied from. Their names may not be of the indigenous communities within the locality but based on free movement of Ugandans in accordance to Article 29(2)a of the Constitution of Uganda and free movement of labour in Uganda, different localities have different ethnicities that have settled in those areas; it is easy to associate names with a certain locality. Evidence of residence is only based on particulars on the National ID supported by the recommendation from local authorities.

The committee was satisfied that all shortlisted applicants met the required qualifications- so, the recruitment process should not be delayed. This was overtaken by events because the trainees are passing out in July this year.

Conclusion

The recruitment exercise is the only way to increase the police structures countrywide. This should be conducted on merit to give a chance to the majority of unemployed

Ugandans and for quality force to serve the police purpose. The number of applicants was high indicating the desire of the youth to serve their country. I beg to submit.

THE DEPUTY SPEAKER: Thank you, honourable. This report indeed was delayed and it was overtaken by events. I think it should just go on record with very clear recommendations. Next time, as the leadership, we shall do better. Honourable Deputy Attorney-General.

5.32

THE DEPUTY ATTORNEY-GENERAL (Mr Jackson Kafuuzi): Thank you, Mr Speaker. I agree with your findings but there was one thing that was mentioned in the report that bothered me. Hon. Muwuma indicated that there are people who were shortlisted but do not belong to those districts; it gives the impression that if I have to be shortlisted, even if I am a Ugandan, I must be shortlisted from my district.

However, you see - (*Interjection*) - is it clear that it is based on a quarter system for those districts? I needed that clarification because other than that, then we would be causing an absurdity.

THE DEPUTY SPEAKER: No, the Minister told us they provided for district quarters. So, honourable colleagues, let us have it for record purposes. This is not something we shall go into debating. It has been overtaken by events. Next time, we will do better- colleagues, please- Next time, we will do better in ensuring that we are sensitive to such issues that require urgent attention.

The recommendations are for future reference. The people are about to come out of training; it is basically a post-mortem. So I will just put the question right away - Please, I do not want to open up this; people are finishing the training. These are issues we are going to follow up forthwith to ensure that they are sorted.

Honourable colleagues, I now put the question that the report of the Committee on Defence and Internal Affairs on disparities in district quarters for shortlisted applicants for the post of probation police

constables and the drivers in the recruitment exercise by the Uganda police be adopted.

(Question put and agreed to.)

Report adopted.

THE DEPUTY SPEAKER: Honourable minister, we shall now discuss the action taken. Therefore, the minister, within one month, should bring us an action taken report so that now we can discuss that, then we shall open up and ensure that all our recommendations are sorted. Next item.

MOTION FOR ADOPTION OF THE
REPORT OF THE COMMITTEE ON
DEFENCE AND INTERNAL AFFAIRS
ON THE OVERSIGHT VISIT TO THE
REGIONAL FORENSIC ANALYTICAL
GOVERNMENT LABORATORIES IN
EASTERN AND WESTERN UGANDA

THE DEPUTY SPEAKER: Thank you, Honourable Chairperson.

5.35

**THE DEPUTY CHAIRPERSON,
COMMITTEE ON DEFENCE
AND INTERNAL AFFAIRS (Mr
Milton Muwuma):** Thank you, Mr Speaker. Allow me to lay the original report and minutes of the committee regarding the same subject on the Table.

This is a report of the Committee on Defence and Internal Affairs on the Oversight visit to Regional Forensic, Analytical Government Laboratories in Eastern and Western Uganda.

THE DEPUTY SPEAKER: Twenty minutes, Mr Chairperson.

MR MUWUMA: Mr Speaker, the Committee on Defence and Internal Affairs undertook a field visit to Eastern and Western Uganda, in the districts of Mbale and Mbarara to appraise the status of the region of forensic laboratories under the Directorate of Government Analytical Laboratory.

The visit was conducted in accordance with Article 90 of the Constitution of the Republic of Uganda and Rule 189 of the Rules of Procedure of the Parliament, which empowers the committee to monitor the performance of Ministries, Departments, and Agencies (MDAs) under its jurisdiction.

The Directorate of Government Analytical Laboratories (DGAL) is under the Ministry of Internal Affairs. It provides a full range of general scientific, analytical, forensic, and advisory services that facilitate effective legal proceedings to dispense justice, safeguard public and environmental health and safety as well as promotion of trade.

DGAL provides services to a wide range of clientele, including Government departments, responsible for the administration of justice and other agencies of Government, mainly the Police, courts of law, Directorate of Public Prosecutions, private sector and members of the public, especially the traders and local manufacturers.

Historically, it was referred to as a Government Chemist and has been in existence since 1927. It has had varied administrative challenges in status and placement within the Government structures and bureaucracy. It became a directorate in 2009 at the Ministry of Internal Affairs.

DGAL is a fully-fledged directorate with three departments namely; Criminalistics and Laboratory Services, Quality Chemical Verification, and Regional Laboratories. Each department has a diversity of laboratories namely; forensic biology for DNA analysis, toxicology arson/fire crimes, and tool marks, questions, documents, and cyber forensics, foods, and drugs.

The Committee on Defence and Internal Affairs undertook to assess the general state of the laboratories including but not limited to; their human resource, the challenges faced by staff and management of the laboratories, and any recommendations as to how a more efficient and effective institution can be achieved.

Terms of Reference

1. To ascertain the most common cases as well as the conditions under which the forensic laboratories operate their functionality and infrastructure.
2. To assess the cost-benefit analysis of equipping the existing laboratories with the necessary sophisticated equipment, reagents, and chemicals, as a means of serving Government money on transportation of samples abroad-

THE DEPUTY SPEAKER: But Mr Chairperson, you see, this is a business you generated as a committee. Therefore, you do not give yourself the terms of reference. That is if it is assigned to you, you should state objectives.

MR MUWUMA: Taken, Mr Speaker.

THE DEPUTY SPEAKER: And I would advise the committees that if you are generating business that you want to end up on the Floor, you should get clearance from the leadership of the House.

Otherwise, you generate business, which could help you in processing your work, reports, and ministerial policy statements - if each committee is going to generate business and bring it on the Floor, then I will be overwhelmed with around 200 reports. It can happen that way.

So, I will accept this but next time I am advising committee chairpersons that if you want it to end up here, kindly, seek our guidance so that we can study it further and guide you - it should especially be an assignment from the House. Thank you.

Now, you see, you gave yourselves terms of reference, so respond to them (*Laughter*).

MR MUWUMA: Highly noted, Mr Speaker. The findings:

The Status of DGAL Forensic Laboratories
DGAL has acquired the land title for the

headquarters at Wandegeya and the designs for the DNA data bank infrastructure building have been approved by KCCA.

However, there were no releases on the development budget for quarter one of the Financial Year 2022/2023. This has greatly affected the commencement of works on the building.

DGAL has four regional forensic laboratories situated in Mbale for the Elgon and the entire eastern region, Mbarara for Western Region, Gulu for the northern region and Moroto for the North Eastern and Karamoja sub regions. All these have their land titles, except Mbarara where efforts to get the land title is underway.

The DGAL developed an organisation plan for regional forensic laboratories as a systematic guide to operationalise the laboratories and offer more accessible forensic, analytical and advisory services to stakeholders at regional level.

Recruitment of forensic scientists to staff the regional forensic laboratory has been embarked on with the 10 Government analysts recruited at the end of the financial year. Clearance for recruitment for the Financial Year 2022/2023 has been sought from the Ministry of Public Service through the Ministry of Internal Affairs.

However, it should be noted that DGAL approved staff structures are 124 positions. As of July 2022, only 65 positions are filled, putting it at 52.4 per cent leaving 59 positions vacant.

Day care facilities have been set up in Mbale Regional Laboratory to cater for breastfeeding and expectant mothers who are part of the staff and clientele. The renovations and furnishing of basic scientific equipment have been provided for the regional forensic laboratory.

Parliament appropriated an additional Shs 8 billion to DGAL for the Financial Year 2022/2023 for the regional forensic laboratories to acquire modern scientific equipment to add forensic analysis in the regions. An additional Shs 6.4 billion is needed to fully equip and operationalise all the regional laboratories.

The committee further noted that despite the completion of the regional forensic laboratory in Mbarara, the said laboratory has not been operationalised due to lack of funding and lack of professional staff to manage the laboratory, hence limiting service delivery in the region. Exhibits have to be transported to Kampala headquarters.

The committee recommends quick deployment of the professional staff to manage the Mbarara Regional Laboratory.

National DNA data bank

The committee noted that most common cases DGAL receives are those that require DNA analysis for crimes related to toxicology/poison, murder, homicides and sexual assaults; rape and defilement. The DNA bank will be essential in solving cases of missing persons, paternity and civil cases of administration of assets referred by the Administrator-General and security agencies.

Building an establishment of a forensic DNA data bank base to support intelligence and crime investigations will lead to strengthening national security and criminal identification. The DNA bank will eliminate massive arrests of suspects before evidence is obtained and this will reduce the cost of feeding the suspects in prisons.

The next generation of national identity cards will have a feature of DNA profiles at all Uganda nationals. It is imperative that the national DNA data bank is in place to aid the national identification exercise.

THE DEPUTY SPEAKER: Honourable chairperson, allow me to interrupt you. I am seeing more problems with your report because it falls under rule 189(d). The findings you got here should be fed into your ministerial policy statement and it was fed into. I chaired here when you presented it. Therefore, this report does not qualify to be here as a standalone report.

Also, I am concerned it is signed by just seven Members out of 30. Above all, the

things you are reading here are issues which nearly caused us problems. You are speaking for the ministry. I will let the ministry speak for itself. Let us stop. This report will not be part of our record but use it as a committee.

Honourable colleagues and chairpersons of committees, I want to send a very strong warning. I received an email last night. It was copied to me by a company called Veridos Identity Solutions which is involved in national IDs. Someone from the national data is inviting the committee to meet with Veridos; a vendor. They are proposing they meet you again in Germany and giving you dates, which is related to the issues we just had.

I want to make it clear to all committee leadership and members not to meet with vendors to know whether they have capacity to do business or not. That is not our work. *(Applause)* That is involving ourselves into problems. Let them get the contract they are supposed to get. We only come to do oversight on how they have done their work. Before a company is contracted, please avoid getting involved.

I do not want you to attend that meeting - any of the officials who are soliciting for business and fighting over contracts - We had one here and you saw how the minority report came. The other partner has written an email requesting to meet the committee. To set the record clear, I think they are involving us in procurement matters and this House cannot be involved in such.

This goes to all of us. Let us be very cautious. If one is given a Government contract and we appropriated money for that purpose, we only come to do oversight in terms of how work is going. As a committee, you can go and visit the site and see whether they deliver as per the money appropriated. Also, you must be led by the minister responsible.

Do not go as a committee without a political head because you will have a situation where you will report, then the minister says, "I do not know about your visit." Here we deal with political heads. We do not deal with technical people. It is accountability committees that focus on technical people.

Ensure that whenever you are meeting technical people - and I need the Minister of Internal Affairs to look into the conduct of that officer who was writing emails. Honourable member, do you remember him? I have the email here. You must have received that email. I received it last night.

Honourable colleagues, it was annoying. I will get it tomorrow. Maybe, I will read it for Members so it can go on our own record such that they know what I am talking about. It is not even a minister or an accounting officer but an officer inviting and even copying the presiding officers saying, "Come meet; again, we are ready to take you to Germany." It is really worrying. These are the traps they set and want us to fall into.

Therefore, do not meet any of the vendors involved in that project. Leave the procurement to go on. Let the Executive do its work. We shall come to do oversight on whatever they have done the assignment. Do you want to say something?

MR MUWUMA: Thank you, Mr Speaker for being courteous. For the record, I am the deputy chairperson of the committee. I have never been to Germany and I am not about to go. I have not received any communication to the effect. I just wanted to set the record clear but I think as the presiding officer, you will be able to get the truth. Thank you.

THE DEPUTY SPEAKER: I will print that email tomorrow and bring it here and demand action from the minister on the officer who is writing to our committee directly, inviting them to meetings with service providers and even promising them trips – that on this and this day, if you are ready to go to Germany... Then after – you know, we cause problems to our honourable colleagues.

Thank you, honourable colleagues. House adjourned to tomorrow at 2.00 p.m.

*(The House rose at 5.51 p.m. and adjourned
until Thursday, 27 April 2023
at 2.00 p.m.)*