



PARLIAMENT OF UGANDA

PARLIAMENTARY DEBATES

(HANSARD)

OFFICIAL REPORT

THIRD SESSION - FIRST MEETING

WEDNESDAY, 5 JULY 2023



IN THE PARLIAMENT OF UGANDA

Official Report of the Proceedings of Parliament

THIRD SESSION - 8TH SITTING - FIRST MEETING

Wednesday, 5 July 2023

Parliament met at 2.18 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 members, we do not have free seating; take the rightful position you belong to. *(Applause)*

I can see the Front Bench is still very full. I will wait for it to reduce, in terms of numbers, so that they stop squeezing each other. For now, let us go to the next item. I will allow matters of national importance later.

Honourable members, if you want to raise a point of procedure related to the issue I have already observed and commented on, take your seat.

LAYING OF PAPERS

- A. INSPECTORATE OF GOVERNMENT REPORT ON INVESTIGATIONS INTO ALLEGATIONS OF MISMANAGEMENT, ABUSE OF OFFICE, AND CORRUPTION BY THE FORMER MANAGING DIRECTOR OF THE NATIONAL SOCIAL SECURITY FUND, MR RICHARD BYARUGABA

THE DEPUTY SPEAKER: Point of procedure from Hon. Macho?

MR MACHO: Mr Speaker, you are a great man. *(Laughter)* I have risen on a procedural matter concerning the House today. All Commonwealth Parliaments value the Front Bench. Uganda has one of the biggest Cabinets in and East African, and Sub-Saharan Africa; in fact, world over. Are we proceeding well by having only one minister, and moreover *-(Interjections)-* Mr Speaker, I seek your protection.

I do not know whether we are proceeding well to have just one minister, out of 80 we have. Is this a boycott, or undermining your capacity as the Chairperson, or undermining the Parliament of the Republic of Uganda? Is it the scare of a looming Cabinet reshuffle?

Mr Speaker, we need to know why the Cabinet of this country is undermining the august House that was elected with the majority of voters since the NRM Party came into power.

THE DEPUTY SPEAKER: Honourable members, ministers are here to process Government business. If they do not have business, we have ours and so let us process our business. However, that does not mean I have taken the matter lightly. This is why I told you at the beginning that I can see they are squeezed, so we give them some space. I am going to handle the rest after this. *(Applause)* The Clerk had already called for laying of papers. Commissioner?

2.19

MR SOLOMON SILWANY (NRM, Bukooli County Central, Bugiri): Mr Speaker, I beg to lay on the Table the Inspectorate of Government report on investigations into allegations of mismanagement, abuse of office and corruption by the former Managing Director of the National Social Security Fund, Mr Richard Byarugaba.

THE DEPUTY SPEAKER: Thank you. Honourable members, this is a matter Parliament handled and concluded. So, I am not referring this report to any committee. It will be a report for information purposes and a report that any accountability committee can refer to. It also has to be put in the library for easy access by honourable members.

B. THE REGULATION OF INTERCEPTION OF COMMUNICATIONS REGULATIONS, 2023

THE DEPUTY SPEAKER: Honourable members, these regulations were brought to my office. I found an anomaly in the procedure and requested the minister to go back and rectify it, and then we again have space for it on the Order Paper. So, the item will come another time.

MOTION FOR A RESOLUTION OF PARLIAMENT TO APPRECIATE HIS EXCELLENCY THE PRESIDENT OF THE REPUBLIC OF UGANDA FOR THE CLEAR AND PRECISE EXPOSITION OF GOVERNMENT POLICY CONTAINED IN THE STATE OF THE NATION ADDRESS TO THE PARLIAMENT OF THE REPUBLIC OF UGANDA ON WEDNESDAY, 7 JUNE 2023

THE DEPUTY SPEAKER: Thank you. Honourable members, we started this yesterday. As a tradition, we usually give it time. Yesterday, Hon. Naome Kabasharira raised a very important point but we also want to have this motion closed.

I want to give many of you as much time as possible, so I believe three minutes are sufficient. We shall then continue the debate until I observe that a sufficient number of Members have submitted on this.

This is where you go into detail to discuss to the whole nation; from your constituencies, policy-related issues, how the President espoused them, especially in connection to the budget we passed that will be funding these proposals and all other issues the President talked about. So, the debate can resume now. *[Mr Ssemujju rose_]* There is a point of procedure, Hon. Ssemujju?

MR SSEMUJJU: Mr Speaker, I am raising this procedural issue under Rule 59(m). Traditionally, Parliament has been briefed about matters affecting colleagues. In the National Resistance Council (NRC), even smaller matters like birth would be announced.

This Parliament carried out investigations into the stealing of Karamoja iron sheets. Almost all the suspects were Members of this House. A report came last week, indicating that the Director of Public Prosecutions (DPP) dropped charges against some of our colleagues.

The point of privilege I am raising is whether this Parliament should not be briefed on who is still a suspect and who has survived. When I

look at Hon. Nakadama and Hon. Nabakooba – they were beneficiaries – I still think they are suspects; maybe their charges have been withdrawn.

Mr Speaker, can Parliament be briefed on who is still a suspect or who we should congratulate for surviving because that tradition has happened in this Parliament? That is the point of privilege I want to ask because these are our colleagues. The last time I raised this matter, you said we should sympathise with them.

They should also tell us if they are still on the run or if they can now sit here. Maybe that is the reason some of them are here today and tomorrow, they are not here. I will be surprised by a person like the Woman MP for Kakumiro who took 3,000 iron sheets and she is not on the charge sheet. I am really surprised.

THE DEPUTY SPEAKER: Honourable members, this matter is sub judice under rule 73. It is the DPP who has the power to choose who to prosecute and not to prosecute and the reason is theirs.

Here, we do not have any powers, as a House, to require a Member to come and explain themselves on any matter unless that Member voluntarily does it under Rule 55 of the Rules of Procedure. If any Member wants to be congratulated on being removed from the list of those prosecuted, through a statement of Personal Explanation, that Member will write to the Speaker and will be given space to do it. As of now, I have not received any.

Please colleagues, if it is about this matter, it is sub judice. Parliament debated its report and closed it. The DPP knows what they are doing so I do not want us to go beyond our mandate.

We had started moving - Hon. Jesca Ababiku? I have Members who were here yesterday and I registered them. Three minutes each.

2.27

MS JESCA ABABIKU (NRM, Woman Representative, Adjumani): Thank you, Mr Speaker, for the opportunity given to me to

appreciate H.E. the President for the work well done so far.

I am very impressed with the consistent, persistent and strategic interventions initiated by the Head of State in the transformation of this country. Let us flashback to where we were, 30 years ago, and where we are now. Specifically, I am interested in the infrastructural development in this country.

Let us take the issue of education transformation. The enhancement of civilisation in our country is a tremendous job headed by the Head of State.

Our districts have increased; we now have 146 districts, many sub-counties and parishes. Averagely, we have a bigger number of schools. What does it mean? Reduction in illiteracy and empowerment of people to move to self-reliance. This is an area I feel we must commend the Head of State.

However, our Government should work harder to cover the sub-counties and parishes where we do not have schools. Our population is increasing and that is why we keep creating more constituencies, parishes and villages. These are all citizens that we must care about.

I am impressed with electrification in this country. Long ago, the provision of electricity was more of a privilege to the city centres. The rural areas were still using our local *cadobos*; our local improvised systems to work even in the health centres. As we sit here, the Head of State and the Government must be congratulated and thanked for the initiative to spread electrification in this country.

However, there are areas we must still address, for example –(*Member timed out.*)

2.30

MR HERBERT KINOBERE (NRM, Kibuku County, Kibuku): Thank you, Mr Speaker. I equally want to take this opportunity to appreciate H.E. the President for the message and the address that was well deserved and appreciated by the country.

When we discuss issues of the State-of-the-Nation Address, we must appreciate His Excellency. Look at the health sector - much as other people do not look at it in a positive way, we must appreciate that we had limited health facilities. Although the administrative units are growing here and there, as the NRM Government, in our manifesto, we have a plan to ensure that every sub-county gets a health centre III. In fact, as I talk, health centres II that exist are being upgraded to health centres III, and health centres IV are being upgraded to hospitals.

A case in point is Luweero, Kasana. I grew up in Kasana and I used to go to Kiwoko Hospital. It was a health centre IV but right now, it is a hospital and there are many others like it. We must appreciate H.E. the President for such an effort.

On Parish Development Model (PDM) - I want to tell you that with the PDM - I come from Kapyani Parish in Nankobo Sub-county. In my parish, individual family members are able to go to the bank and pick Shs 1 million plus. *(Interjection)* I am speaking for the parish I come from. I did not say somebody's parish. If I mentioned your parish, I would be offending you but in the parish I come from, at least my members have been able to access money.

Mr Speaker, at least people in my parish have been able to access money for the Parish Development Model. I belief and trust that with the money we have allocated for the PDM, many individuals will it so let us appreciate H.E. the President for that. Thank you.

THE DEPUTY SPEAKER: Thank you. Honourable colleagues, there is a guidance I have given you. When you are on the microphone, you are on record. Now, we have people who are not on record trying to put you off, especially if they are from a side you do not agree with. Your time is used to respond to other people and you end with uncoordinated events and no submission on the Floor. Someone who will be reading the *Hansard* will say, "what is wrong with this person? Where did he go? Why did he divert this way?" This

is because the person you are responding to is not on record; it is you on the record.

Honourable members, please, do not respond to someone who is not on record. The best thing you can ask for is protection from the presiding officer.

MR SSEMUJJU: Mr Speaker, I am moving this motion under rule 59(1)(n) to close debate since our colleagues have had the opportunity, in Kyankwanzi, to thank the President and they are now repeating what they have said.

I move that a question be put and we discuss other matters because thanking the President, they have done in Kyankwanzi.

THE DEPUTY SPEAKER: Before I put the question, the clarification I would like to make is: from the information I have, State-of-the-Nation Address happened after Kyankwanzi. So, they could not have thanked him on the State-of-the-Nation Address, which had not yet taken place. Nevertheless, I must put the question because that is what the law requires me to do as the presiding officer. Is the motion seconded? *(Members rose.)* It is seconded by Hon. Ssewanyana, Non. Ssenyonyi and Hon. Ssemujju. *(Laughter)*

Honourable colleagues, I now put the question that debate be closed on the motion for a resolution of Parliament to appreciate His Excellency the President for the clear and precise exposition of Government policy contained in the State-of-the-Nation Address to the Parliament of the Republic of Uganda on Wednesday, 7 June 2023.

(Question put and negated.)

So, let us continue with the debate.

Hon. Tom Aza?

2.36

MR TOM AZA (NRM, West Moyo County, Moyo): Thank you, Mr Speaker. I would like to thank the President for the State-of-the-Nation Address.

Infrastructure development, especially roads and bridges, are enablers of wealth creation, poverty alleviation, faster movement of goods and services, movement of ambulances for referral cases to the hospitals and communication as well as security. Mr Speaker, for all these, I would like to thank the President for the development so far achieved.

On the other hand, the ferry services in Obongi and Laropi in Moyo District, across the Nile, often break down and this interrupts the free movement of goods and services. Hence, there is need for a bridge across the Nile at a place called Laropi.

Mr Speaker, the procurement process for the tarmacking of Koboko-Yumbe-Moyo Road started in 2017, but up to now, we are not seeing any results on the ground. So, we request for the fast-tracking of the procurement process because as, I talk, the road is unmotorable; very muddy, very corrugated, thereby causing accidents –

THE DEPUTY SPEAKER: Are you thanking the President? (*Laughter*)

MR AZA: This also applies to the Laropi-Moyo-Afoji Road. However, there are other developments, especially the tarmacking of the Kampala-Karuma-Nebbi-Arua-Oraba Road, for which I thank the President.

Lastly, industrialisation, in any place, can take place when there is electricity. I thank the President for the achievements so far, where poles have been fitted in most of the subcounties. However, the polls do not have the wires and are just rotting. So, I request the Government to fast-track the wiring of these poles so that we can have electricity extended to all the rural areas of this country. Thank you very much.

2.39

MR ALFRED EDAKASI (NRM, Kaberamaido County, Kaberamaido): Thank you, Mr Speaker. I would also like to take the opportunity to thank the President for the several issues he raised. For me – and

probably for the people of Kaberamaido – two issues came out as very significant.

The first is the issue of infrastructure. I was happy to see that the President agreed with the House that the Government gives Shs 1 billion to make our roads motorable. As we speak, there is an attempt by engineers in my constituency who are saying that the Shs 1 billion will be allocated to less than nine percent of our kilometers. They are saying they should be using the parameter of Shs 30 million per kilometer. I think this needs to be corrected because what I remember in this House was that we wanted to make the roads motorable.

I also thank the President for affirming the flagship of PDM as a way forward for our economy and this country. It is my prayer that the Ministry of Finance, Planning and Economic Development will really walk this talk. Last year, we made losses, partly because of slow releases. We hope the releases will be timely so the 39 per cent of our people can actually access this money and put it into production. The other 61 per cent also needs to be sustained.

Therefore, I would appreciate if the other programmes that had been running are also financed so that, for example, the Emyooga programme also continues at the same pace.

Mr Speaker, the issue of seeds has become very important for our people. We are still receiving three tonnes of maize in Teso, for a constituency like mine and sometimes less than that. If it were possible, the Government should allocate more, not just in terms of maize seeds, but also animals – whether it is kids or piglets. Those animals, for example, would enable our people to move on this journey that the PDM programme is meant to achieve.

The issue of food security remains a challenge and partly because of the lack of water for production. I hope the Government can prioritise -

THE DEPUTY SPEAKER: Thank you. Honourable colleagues, on the issue of the

money we appropriated for roads, the district roads committee, where you sit, must decide on how that money is utilised, although there are clear guidelines. Some of you have reached out to me, saying that in some districts, they were even pushing for as much as 33 per cent as operational funds.

Hon. Kateshumbwa, would you like to say small?

MR KATESHUMBWA: Thank you, Mr Speaker. I chair the district roads committee of Sheema and there are two things that surprised me. The first is that the district engineers claim that the Ministry of Works and Transport directed that the ministry will be responsible for all the designs, which is very ridiculous. How can the ministry have the capacity to design every road in every district in this country when we have engineers there?

Two, I would like to tell Members that there is a lot of appetite for that money. We are supposed to approve the work plan for that money, as a district roads committee. We have to be very vigilant because some districts have already allocated Shs 300 million for monitoring. So, we must be able to know the cost per kilometre of a murram road or the cost of light grading so that we get value for money.

THE DEPUTY SPEAKER: Thank you. Honourable colleagues, the issue is just about being alert. Let us not be diverted. Let us go back to the motion.

2.44

MS LOY KATALI (NRM, Woman Representative, Jinja): Thank you, Mr Speaker. I join colleagues in thanking His Excellency the President for the State-of-the-Nation Address. I will start by thanking him for standing firm against the intimidation and threats over the signing of the Anti-Homosexuality Act. This clearly means he still values and is ready to defend the norms and values of this nation.

On the issue of education, it is automatic that most subcounties in this nation get seed

secondary schools. Jinja is not complaining, and, I know with time, the whole country will be covered.

When it comes to tourism, the President is the number one promoter of the tourism sector of this nation. He tells whoever cares to listen that Uganda is the best country with the best food and everything. However, my issue is that the Ministry of Tourism, Wildlife and Antiquities should try to look at other areas because we have many tourist sites that are unknown. In Jinja, we have Itanda and Busowoko Falls. We would be glad if they were brought on board. Thank you.

THE DEPUTY SPEAKER: Thank you. Procedure?

MR SSASAGA: Mr Speaker, yesterday, we had Members in this House, who sat until late with the desire to ably contribute to the motion. However, it was adjourned until today.

I see Members who were not here yesterday getting a chance to speak and after speaking, they immediately run away. Procedurally, I am of the view that perhaps you could pick Members-

THE DEPUTY SPEAKER: No. With a point of procedure, you do not give your views. Honourable colleague, I am in pain - Prof. Nsibambi here, my senior who taught me at law school told me that "*He who comes into equity must come with clean hands*".

Honourable member, you are among the people who seconded that we close the debate; you did not want even the debate to continue. Now, you are the one deciding who should debate. It is becoming difficult for me - you are not innocent in any way to raise such an issue. So, please allow me to run the House. *(Laughter)* In fact, the few who are going to debate will be at my mercy. If I had taken by your position, they would not be debating.

Anyway, I am going to consider honourable colleagues, and we are not closing it today. Usually, we take about five to seven days to

debate this motion; that is the tradition. We shall close it at exactly 3.00 p.m. and go back to other items. For now, we shall suspend it.

2.47

MR DAN KIMOSHO (NRM, Kazo County Kazo): Thank you, Mr Speaker, for the opportunity. I rise to support the motion moved by Hon. Kateshumbwa to thank the President for the State-of-the-Nation Address.

When Hon. Kateshumbwa was presenting, some of Members who had deliberately missed out at Kololo were magnetically glued into their chairs and paying attention because the content was so moving, which was a testimony that the President exactly did very good work (*Applause*).

I want to thank the President for giving this country a clean bill of health that we are still on track. Mr Speaker, State-of-the-Nation was to act and it acted as a reflection of the country, on the journey we have been moving in putting Uganda among the other league of nations, where Ugandans can enjoy their land.

The President assured us of security. Mr Speaker, we can talk about anything but there is no country far away from instability; either internally or with external aggressors. The President gave us assurance with vivid examples and clear demonstrations of the ability of this Government and the UPDF on maintaining stability and peace in this country.

I share a road with one of the districts that hosts refugees in this country and every time, I see six buses passing. If there is anything you would never wish to be, or, to belong to, is a refugee or to leave your country. When the President gave the assurance that we are still stable and demonstrated it in practical terms, it gave me hope that even the economy we are talking about; the roads we are talking about; the unemployment we complain about, the future of this Uganda is secured as long as every Ugandan can wake up and go about their business as usual.

Mr Speaker, I do not take that for granted. Therefore, I thank the President for his steadfastness, relating yesterday and today and giving us hope that tomorrow is coming in a brighter way. I thank the President for that.

Mr Speaker, as I conclude, I want to seek your indulgence on this matter –(*Member timed out.*)

THE DEPUTY SPEAKER: Thank you, honourable member. I had already picked colleagues. Honourable colleagues, Hon. Ssewungu has a complaint that you are thankful, but you are not smiling. So, he wants to see your faces happy. (*Laughter*)

2.49

MS IRENE MULONI (NRM, Woman Representative, Bulambuli): Thank you, Mr Speaker. I rise to join colleagues in congratulating and thanking His Excellency for the precise and articulate State-of-the-Nation Address that he delivered on 7 June 2023.

The President was very focused on the challenges facing our country and clear on the strategies that need to be dealt with so we can have a clearer way of dealing with these challenges. What remains now is implementation.

Looking at the PDM which affects the masses we represent, it is a clear strategy for improving household incomes. Mr Speaker, time and again, you have sent us to play our oversight role to establish how PDM is being implemented. From what we observed that is happening on the ground, we need to join the Government in guiding the people that we lead and sensitising them so that they can put to good use this money that the Government has put in a basket as a revolving fund to improve the household incomes in our communities.

On the issue of water and environment, especially those who are from the mountains with disasters like landslides, the issue of afforestation should be extremely important. We, from Mt Elgon zone, are ready and willing to work closely with the Government in the

process of resettling our people to safer areas so that the trees can be planted in the mountains and harvest the floods and put it into use for agricultural irrigation.

Finally, on the issue of energy, I want to thank and congratulate His Excellency the President who has maintained energy as a priority for this country because it is the foundation on which everything else rests. The increase in capacity is very much appreciated. There is now a need to continue expanding the network so that electricity reaches everyone in this country. *(Member timed out.)*

THE DEPUTY SPEAKER: Thank you, honourable member. Yesterday, Hon. Okeyoh was seated with Hon. Aza and they kept standing up consistently. Let me first pick Hon. Okeyoh. I know Hon. Afidra is complaining because he was here yesterday but let me pick Hon. Okeyoh.

2.53

MR PETER OKEYOH (NRM, Bukooli Island County, Namayingo): Thank you, Mr Speaker. I want to join colleagues to thank His Excellency the President for the State-of-the-Nation Address.

The President clearly indicated that the fisheries sub-sector brought to this country Shs 166.9 billion. This is a goldmine. If properly put to use, fish can turn around the economy of this country. What the fisheries sub-sector requires is to energize our people and provide them with affordable loans so that they get the necessary gear. Once this is provided, the fishery sub-sector will contribute a lot to the economy of this country.

The President also talked about water for production, that is, irrigation. Some of us who come from Namayingo, Busia, Mayuge, and Bugiri have plenty of water. It is not good that we have one season in our country, yet we have plenty of water that could be put to use for irrigation. This is an area clearly the agricultural ministry and the water ministry have to look at and ensure that Uganda is a food basket for this region. Thank you.

2.54

MR RONALD AFIDRA (NRM, Lower Madi County, Madi-Okollo): Thank you, Mr Speaker –

THE DEPUTY SPEAKER: Let the colleague finish submitting and then I pick your Hon. Aloysius.

MR AFIDRA: Thank you, Mr Speaker. I equally join the House in thanking His Excellency for fulfilling his constitutional mandate of article 101(1). I also agree with the mover of the motion to thank him in this august House.

I want to address my mind to his speech on two critical issues, one is the economic growth of this country. For the few years he has been in leadership, he has clearly pointed out the trend of how this country has been growing over time. He indicated that this financial year, we will have about a 5.5 per cent economic growth projection, which is an average of about 6.5 to 7 per cent in the coming five years.

What does this mean to my constituency in economic growth? This means that the state can be able to tax more Ugandans to generate more revenue. With this revenue, we will have the capacity to raise the resources needed to provide the services within this country and the services that we have received as a constituency and a country include health.

We have heard in this country that the lifespan of an average Ugandan has increased over time. From the early days of 45 years of life expectancy, we can now say that the average lifespan of a Ugandan is 62.8 years. Even during the COVID-19 time, few older persons in this country died from COVID-19. Why? It is because of the revenues this country has generated under the leadership of His Excellency, who invested in health across this country. We now have referral hospitals, health centres IV and health centres III bringing the services nearer to the constituencies. This is service delivery to all Ugandans under the stewardship of His Excellency.

As far as the economic gains invested in education are concerned - Members have attributed this to the number of primary schools in each parish and secondary schools in each subcounty. This is a strategic move for this Government under his leadership and he is worth –(*Member timed out.*)

THE DEPUTY SPEAKER: Thank you. I heard a procedural matter from Hon. Mukasa.

MR ALOYSIUS MUKASA: Thank you, Mr Speaker. During your absentia, that is, last week, but one, the Rt Hon. Speaker wisely advised the Minister of Education and Sports to desist from making a security statement on issues concerning Lhubiriha Secondary School. This is not until the defense ministry, of course, makes its own final statement, which was done.

However, the problem now is that we are receiving disturbing –

THE DEPUTY SPEAKER: What is the procedural matter?

MR ALOYSIUS MUKASA: No, it is a procedural issue

THE DEPUTY SPEAKER: Just state me the procedural matter.

MR ALOYSIUS MUKASA: It is the running of Parliament. I am trying to make things clear, Mr Speaker. My question is –

THE DEPUTY SPEAKER: Honourable member, let me guide you. Procedure is about the proceedings now –

MR ALOYSIUS MUKASA: It is true.

THE DEPUTY SPEAKER: We have a debate on the Floor so tell me what is wrong with it. What is wrong with what we are doing now? That is what the point of the procedure should be about.

MR ALOYSIUS MUKASA: Mr Speaker, we are receiving disturbing calls from residents all

over the country from parents transferring kids from the boarding section to the day section. Since it was guided at the very beginning of Parliament that the Front Bench should not be congested so we can raise issues that are pending – we have issues of arson, for instance, in King’s College Buddo and the big fish was apprehended –

THE DEPUTY SPEAKER: Honourable member, take your seat. Colleagues, I think I should attach some Members to mentor some of you. Leader of the Opposition, I request you to talk to some of your Members. If they need help, we can give it. I do not want to comment beyond that.

I am at pain with Members who said we should close the debate. I think we need dialogue to first know whether there is anything you want to contribute to the debate. If you lost and want to join the winning side, then we can debate.

3.00

MS JUDITH ACHAN (NRM, Woman Representative, Nwoya): Thank you, Mr Speaker. I join my colleagues in appreciating the State-of-the-Nation Address. I was one of the people who sat from the beginning up to the end. I appreciate His Excellency for the security, peace, and stability of the country.

I come from a region that has suffered a lot of insurgencies. When I look at the country now and compare it to where it came from 25 years ago, I want to say, “A big thank you” to His Excellency for bringing us this far.

We talked about illegal guns within the country which is still been going on. For the last two to three months, our health centres have been losing drugs. I believe that is not as a result of laxity from the Fountain of Honour. I implore the ministries of defence and security to take charge. There are too many illegal guns within the country. As I speak, eight of our health centres have been broken into and millions of drugs have been taken.

THE DEPUTY SPEAKER: Honourable member, continue until I stop you. Please proceed.

MS ACHAN: Thank you, for the protection. Mr Speaker, the space the President has given us in this country, in terms of peace and security, is one that we are all enjoying. We are the watchdogs of our securities and insecurities in this country. Even as we move out of the country, we feel we are moving with peace.

I would like to thank the President for supporting our neighboring countries, for example, DRC. I remember sometime back, he participated in supporting South Sudan and Somalia. I accord that to the President - we received a delegation from Somalia who came to benchmark in my district; Nwoya, on how to rehabilitate their people.

The rehabilitation we had in Northern Uganda has enabled me to stand before you today and speak. *(Applause)* We want to say that this is something we are looking forward to, even for our generations to come. Thank you.

THE DEPUTY SPEAKER: Thank you. Procedure?

PROF. MUSHEMEZA: Thank you, Mr Speaker. At the beginning of the debate of this motion, you made a ruling that at 3.00 p.m., we shall halt the debate and go for other matters and the debate will resume on another day.

In terms of time management, unless you change your ruling, Mr Speaker, it is now 3.04 p.m. The procedural matter I am raising is: are we proceeding very well in terms of time management since it is now 3.00 p.m.?

THE DEPUTY SPEAKER: Thank you, Prof. Mushemeza, for the kind reminder. Debate suspended to tomorrow at 2.00 p.m. Tomorrow, we shall run a debate of two hours nonstop on this. Let us now handle matters of national importance. Yes, procedure, Hon. Wakayima?

MR WAKAYIMA: Mr Speaker, I am rising on a procedural issue. There are a number of issues of national importance we have been raising but they are not handled. We back them up with letters and at the end of the day, the correspondence is not given. Therefore, I am

seeking your advice: in such a matter, what do we do?

THE DEPUTY SPEAKER: Is it in terms of responses from ministers?

MR WAKAYIMA: From the ministers and the Prime Minister.

THE DEPUTY SPEAKER: Can you give an example?

MR WAKAYIMA: We had a matter on 25 May 2023 to do with schools in Kampala Metropolitan that had their roofs blown off. It was raised by Hon. Kawalya. I backed it up with a letter to the Prime Minister's Office but nothing has been done. What were days have become weeks and months. What do we do in such a scenario? Are we proceeding well without an official response from the Prime Minister?

THE DEPUTY SPEAKER: Rt Hon. Prime Minister, would you like to comment on that before I give my procedural guidance? The honourable colleague is saying, they raise issues, ministers promise to take them up - What I want to first guide is, regarding matters with financial implications; a minister may not be able to say, "I am coming and I am going to give you a, b, c." They have to go back and look at their budget.

However, the issue is communication. When you communicate with a colleague, it becomes easy and that colleague will have what to tell their people. I think that is what we need to focus on. Hon. Wakayima, the Rt Hon. Prime Minister wanted to know the school.

MR WAKAYIMA: The school is in Nansana Municipality and it is called Kazo Mixed Primary School, Church of Uganda.

3.07

THE THIRD DEPUTY PRIME MINISTER AND MINISTER WITHOUT PORTFOLIO (Ms Rukia Nakadama): Thank you, Mr Speaker, for that reminder. Regarding the schools that had their roofs blown off and you

wrote letters, we took them to the concerned ministry, that is, the Ministry of Relief Disaster Preparedness and Refugees, to see how they can appropriate what they have to the schools. We are waiting.

The technical team will tell us the schools that have received iron sheets and those that have not received them. In the case of other things concerning money, we all know that money has not yet been released from the Ministry of Finance, Planning and Economic Development so, we have to keep on waiting. Thank you.

THE DEPUTY SPEAKER: Thank you. Rt Hon. Prime Minister, what helps –For us, politicians, we want something to move on. When you receive a letter, at least respond to it so that the MP informs constituents, “You can see, I presented your matter, I even received a response so wait patiently.” It helps. It becomes like a passport for us to move politically.

MS NAKADAMA: Mr Speaker, we will send a response to Hon. Wakayima and other colleagues because he is not alone. The response letters will come.

THE DEPUTY SPEAKER: And action letters. Hon. Emely Kugonza?

3.09

MR EMELY KUGONZA (NRM, Buyanja East County, Kibaale): Thank you very much, Mr Speaker. I rise on a matter of national importance.

In my constituency, Buyanja East County in Kibaale District, there are five river crossings that lack bridges. In an effort by the residents to be able to transact their businesses, they have made makeshift timber bridges that are quite risky and these have turned into death traps. Many people have actually died and because there are no bridges, they can only move either by boat or boda boda to cross and so, the transportation of agricultural products has become difficult. They fetch low prices.

Most importantly, the critical problem is the people that are dying. Last Thursday, we

lost a two-year child who was crossing from Kyegegwa District coming to Kibaale at one of the crossings on River Muzizi at a place called Katebe. In other places, people have also died.

My prayer to the ministry is: at these five crossings - we have one on Kiyanja, and others at Buhanda and Kiganda and these are on River Nguse. We need the Ministry of Works and Transport to come up with a programme of developing permanent bridges such that our people can freely move.

On River Muzizi, we request a bridge on Rwamariba and at a place called Katebe, where the recent death occurred. These are my prayers. I beg to submit.

THE DEPUTY SPEAKER: Thank you. Government?

3.11

THE THIRD DEPUTY PRIME MINISTER AND MINISTER WITHOUT PORTFOLIO (Ms Rukia Nakadama): Mr Speaker, I request the Member of Parliament to give us the report from the district disaster preparedness and management committee. We shall take it to the ministry and see how to handle the situation.

THE DEPUTY SPEAKER: Thank you. Honourable colleagues, this is why sometimes I insist on most matters falling under Prime Minister’s Time. Such a question would have been sent to the sector so the sector looks into their budget plans and is able to give a very credible answer and response on the floor.

Hon. Kugonza, please put it in writing the way the Prime Minister has advised and we take it up. Yes, Hon. Aisha?

MS AISHA KABANDA: Thank you, Mr Speaker. Last week, a matter was raised about the use of funds that had been allocated to Rural Electrification Agency and the minister committed to bring a response this week. Luckily the minister is here.

He was also supposed to speak about standing poles without connection. He is here and next

week has come. We are happy to receive a response from him. Isn't it procedurally right, Mr Speaker, that he gives us a response because we might not get him another time since they are very busy people?

THE DEPUTY SPEAKER: The way such items come on the Order Paper is that the minister has to submit to the Clerk and copy in the Speaker and Deputy Speaker so we are able to schedule it on the Order Paper. But honourable minister, tell us whether your responses are ready. *(Members rose_)*

Honourable colleagues, I have an Order Paper to finish. Whenever we leave here, the public says, "These people were supposed to handle 10 items. How many did they handle? They handled only three." Points of procedure and so forth derail us. Let us focus on the agenda mainly to be able to finish.

3.13

THE MINISTER OF STATE FOR ENERGY AND MINERAL DEVELOPMENT (ENERGY) (Mr Sidronius Okaasai): Mr Speaker, the issue Hon. Aisha has raised is an issue where a ruling was made that we bring a comprehensive report and this was directed by the Speaker. We are preparing that comprehensive report to submit to the Speaker.

THE DEPUTY SPEAKER: Next week, we shall put you on Order Paper, honourable minister. So, try to expedite it. Thank you.

3.14

MR JOSEPH SSEWUNGU (NUP, Kalungu West County, Kalungu): Thank you, Mr Speaker. The law schools in most of the universities in Uganda subject students to pre-entry exams. After sitting the pre-entry exams, they study for four years and go to the Law Development Centre, where they spend the whole year.

However, after completion, there is a very big hurdle for these young people to get practicing certificates from Uganda Law Council. Law students, frankly speaking, are not like doctors that are paid for internships; they only have to get their practicing certificates.

Mr Speaker, a parent spends money to educate his child, the child qualifies to practice law, but they spend almost three years without practicing because they are not eligible to practice. They are being arrested in courts of law for masquerading as lawyers.

I talked to the Secretary Uganda Law Council and the challenge is not about the funds. Mr Speaker, we need to amend the Advocates Act because those who vet the graduates take a long – they sit once a month – meaning that a number of our young people are missing jobs. For example, those who wanted to be magistrates missed out since they did not have practicing certificates. Those who wanted to work in the Office of DPP, have failed.

Therefore, we would like to know why students leave Law Development Centre, after being qualified, but cannot practice law and earn an income. Instead, they spend money on gazette and all that and continue suffering. I am one of them; I should not be looking for services for my people in Kalungu for things such as bail applications, but I cannot go to court.

Lastly, can we hear from the Attorney-General? Can they bring the Advocates Act here and we amend it so that we put a body that vets these young people and they start working other than having them arrested with their qualifications?

THE DEPUTY SPEAKER: Thank you. Attorney-General?

3.16

THE DEPUTY ATTORNEY-GENERAL (Mr Jackson Kafuuzi): Thank you very much, Mr Speaker. I thank my colleague, Counsel Ssewungu, for raising his concern. *(Laughter)* However, I do not know the point at which his concern changed. Otherwise, the issue that was raised was about certificates of eligibility to enroll as an advocate, but here, he has talked of practicing certificates. Those are two different issues.

Mr Speaker, there is a process under Uganda Law Council for vetting lawyers who are

eligible to enroll as advocates. This process is tedious but meticulous. It is important that the people who are eligible are the right people who will not spoil the name or misuse the profession. *(Applause)*

Now, members of the Uganda Law Council who sit to do the vetting, sit once a month just like Hon. Ssewungu said. I am not trying to justify the delay, but I want you to understand that last year alone, LDC graduated 1,500 students. Every time Uganda Law Council sits, they vet about 150 lawyers. It is tedious but it also has to be meticulous; they have to make sure that they get the right people. Vetting means that it should be done to the dot.

THE DEPUTY SPEAKER: In short, are you saying nothing will change? *(Laughter)*

MR KAFUZI: What I am saying is that if you open it up and regularise the vetting process, you will get every Tom, Dick, and Harry as advocates and the profession will be run down.

THE DEPUTY SPEAKER: Honourable colleagues, let us not be diverted. *(Mr Ssewungu rose)* Hon. Ssewungu is saying he is not satisfied. So, he can explain.

MR SSEWUNGU: Mr Speaker, I think the Attorney-General never heard what I said at the beginning. I said they are subjected to pre-entry exams - Nobody is against vetting and going through the normal process. I said that even the Secretary Uganda Law Council said that the challenge is not about the funds, but the Advocates Act. Whether the students who have come out are 3,000, they qualify and want to work.

The process must not be tedious. For someone to qualify in 2023 and then become eligible in 2027 is not proper. What I am saying is that let us amend the Advocates Act and put up a body. Even the Attorney-General stated it – you said it in your office that we need to change all these. We have people who sit and vet them –

THE DEPUTY SPEAKER: Honourable colleague, do not use my little time. I am referring this matter to the Committee on Legal and Parliamentary Affairs. Let us look into it so that all of you can appear and we get a much better solution. Thank you.

3.20

DR ANTHONY OKULLO (NRM, Lamwo County, Lamwo): Thank you, Mr Speaker, for the opportunity. I rise on an urgent matter of national importance regarding a new wave of livestock raids, at gunpoint, from South Sudan, associated with general terror and insecurity in Lamwo County and the district.

In the last few weeks, fear and terror have gripped my constituency of Lamwo as a result of a new and heightened wave of animal rustling. The animals include cattle, goats, and sheep. The affected subcounties of Lamwo District include Agoro, Madi-Opei, Paloga – my home area – Lokung, Potika, and Nyimur.

As a result of the raids and general insecurity, there has been displacement of people and movement of animals away from the hotspots along the South Sudan border to other areas in the interior of the district. This population and animal relocation has affected and continues to stifle farm production activities on the land.

In particular, the PDM programme is getting scuttled despite the vigorous and successful steps the constituency and district has taken to significantly increase production, following the disbursement of funds to the majority of the SACCO accounts.

Other than the envisaged scuttling of the agro activities, famine and associated complications of disease, hopelessness, and misery are expected to ensue in the near future –

THE DEPUTY SPEAKER: Honourable member, prayers?

DR OKULLO: I am coming to that, Sir. *(Laughter)* This painful and unfortunate situation must not be allowed to occur because

it is reminiscent of the miseries of the Kony insurgency of the 1990s.

A security meeting by various stakeholders took place on the 27th on the subject matter. Mr Speaker, my prayers are:

1. Immediate attention should be paid to securing the affected areas by the security agencies in combination;
2. The LDU personnel who were passed out on 28 June 2023 should be deployed to strategic points to reverse and deter cross-border raids in the district and along South Sudan by, among other things, patrolling the security roads at the border;
3. Diplomatic approach should be put – *(Member timed out)*

THE DEPUTY SPEAKER: Honourable member, switch on and conclude. It is his maiden question. *(Laughter)*

DR OKULLO: Thank you very much, Mr Speaker.

3. Personnel of the OPM and disaster preparedness be dispatched immediately to assess the situation in preparation/anticipation for disaster and other threatening fallouts from the state of fear and displacement of population and animals in Lamwo constituency and the district;
5. The resolutions from the security meeting be studied and internalised by various security agencies for implementation of the interventions.

Finally, Mr Speaker and colleagues – *(Laughter)*- I would like to lay two documents on the Table as follows:

1. A copy of resolutions of the security meeting held in Lamwo District by the leaders in the affected subcounties on 27 June 2023; and

2. The latest document detailing PDM status in Lamwo, which is now in high gear but being threatened. I beg to submit.

THE DEPUTY SPEAKER: Thank you. Honourable members, Dr Okullo was one of the longest-serving army officers and doctors. He had a clinic here at Sheraton and was one of the few specialists we had in the country *-(Applause)-* particularly during those difficult times of Idi Amin. He did a very good job. This is why you see me as patient with him.

Honourable members, I would like to remind you that when you come on the Floor and you are reading, it becomes a statement. That statement should be applauded for each one of us to access. Unfortunately, the rules do not allow a Member to come and make a statement here, apart from rule 55, which is a statement on personal explanations. This is why I always tell you to revise so that you come and in two minutes, you give a summary of your issue, make prayers and we address your concerns. So, that is a kind reminder.

3.26

THE MINISTER OF STATE FOR INTERNAL AFFAIRS (Gen. David Muhoozi): Thank you, Mr Speaker. I have noted the concerns of Dr Okullo, which he has stated with precision. I will seek that he gives me a copy of the documents he laid on the Table, especially the resolutions of the security meeting so that we seek appropriate responses to the problem.

On the issue of the LDUs, the President has fortunately authorised the recruitment of LDUs for these affected areas where cattle raids take place.

THE DEPUTY SPEAKER: Thank you. *[Ms Cecilia Ogwal rose]* From whom are you seeking a point of clarification?

MS CECILIA OGWAL: Mr Speaker, Dr Okullo has raised a very important point that affects many areas, particularly where we come from, the northern region. I remember when His Excellency the President was in the

region - on the 15th, he met the Acholi elders and on the 16th, he met the Lango. This was one of the issues that were raised.

It was observed that in the area where Dr Okullo comes from, Amuru and Gulu, there are armed herdsmen, commonly known as *Balaalo*, armed with guns and forcing their animals to graze in people's land. This is a very serious matter, Mr Speaker.

I would like to appreciate the minister who is here because he is always there, listening to our problems and acting on them. It is important that you do not only listen to what he has told you. The entire northern region is being invaded by armed *Balaalo*. They are no longer just *Balaalo*; they are now *Balaalo* who are armed.

Mr Speaker, I am sorry I had to raise this because it is causing insecurity all across the northern region. I beg to request.

THE DEPUTY SPEAKER: Honourable minister, would you like to respond?

GEN. MUHOOZI: Thank you, Mr Speaker. Regarding *Mama Cecilia Ogwal's* issue, the President has issued Executive Order No. 3 of evicting all *Balaalo* from Northern Uganda. I want to update Parliament about that order.

In the last Cabinet sitting, with permission of my senior, the President extended its enforcement to September because there is another study by Gen. Saleh with the leaders in the north and there are proposals that can enrich the execution of that order.

THE DEPUTY SPEAKER: Honourable minister, I request that you meet the MPs from Acholi and Lango Subregions who are affected, engage on these issues and update them, so that some of them are sorted out at that level without necessarily coming here all the time.

GEN. MUHOOZI: I will, Mr Speaker.

THE DEPUTY SPEAKER: Thank you.

3.30

MR ANTHONY AKOL (FDC, Kilak County North, Amuru): Mr Speaker, I rise on a matter of national importance on the issue of local government structures.

Part V and Section 45 of the Local Government Act establish administration structures, especially the LCI and LCII. Unfortunately, they conducted elections for these structures in 2018 and 2019. These are LCI and LCII chairpersons, and their teams.

Mr Speaker, it has been realised that the term of these people ended this June and therefore, they are sitting in their offices illegally. All of us know how important this team is. They give recommendations. The LCII's also have Local Council Courts. Yesterday, I watched an LCI welcome His Excellency the President in Oyam yet the office is actually operating illegally.

My prayers are:

1. Can the Ministry of Local Government and the Attorney-General tell us whether they have made a special arrangement that is within the law to ensure these offices continue to operate;
2. The Minister of Justice and Constitutional Affairs should update the House when the election of these important offices in this country will take place. I beg to move. Thank you.

THE DEPUTY SPEAKER: Thank you. The Minister of Local Government called me today before the session to extend his apologies because this issue had been shared with him. I want to make the work of the honourable member very easy. He promised me he will be here tomorrow. So, I expect the Minister of Local Government to give us an oral answer which I do not need to reschedule on the Order Paper. He will liaise with the Attorney-General. [Ms Naluyima rose_] Procedure?

MS NALUYIMA: Mr Speaker, still on the very ruling you have made, the women councils are also operating illegally. Wouldn't

it be procedurally right that as the Minister of Local Governments comes tomorrow to explain about the LCIs and LCIIIs, he also gives a response about the women councils?

THE DEPUTY SPEAKER: Government, please do the same.

3.32

MS JUDITH ACHAN (NRM, Woman Representative, Nwoya): Thank you, Mr Speaker. I rise on a matter which I hinted on. In December 2022, unknown gunmen broke into one of the village SACCOs and left with Shs 30 million. We have not been able to recover the money. As the Woman Member of Parliament and my other colleagues, we had to start from scratch with the group members.

On 2 April 2023, unknown gunmen broke into Coorom Health Centre II and escaped with drugs worth millions of shillings. On the same fateful night, Awach Health Centre II, Patuda Health Centre II in Kitgum District, Lerabaro Health Centre II in Gulu District, Cwero Health Centre III, Pudo Health Centre III and Langol Health Centre III was the most recent.

I spoke about this a few minutes ago but it is quite beyond what we are looking at – this needs the attention of the security agencies of this country.

My prayers:

1. Intensify the investigations to their conclusion.
2. Restocking the drugs in these health centres has also been a challenge for us. We make calls and no responses are made.

Let us also revise the issue of deploying single *askaris* to these health centres because they get tired since they work day and night. In Coorom Health Centre II, the *askari* was put at gunpoint, the mother who had just delivered at the health centre and her husband were all locked in and the drugs were taken.

Cognisant of the previous years of insecurity in Northern Uganda, and given that the helms of

these gunmen are not known, this matter should be handled with immediate utmost urgency.

Once again, thank you, Mr Speaker, for this opportunity.

THE DEPUTY SPEAKER: Thank you. I have the Minister for Health and Minister for Internal Affairs. I am sure you have already coordinated to see - the Minister of Health, your health centres are being raided and medicine taken.

3.35

THE MINISTER OF STATE FOR HEALTH (PRIMARY HEALTH CARE) (Ms Margaret Muhanga): Thank you, Mr Speaker. All our health centres; III and IV have got an *askari*, which is even in their organogram. I think they are being overpowered by the militia she is talking about. However, I handover this to security to handle.

THE DEPUTY SPEAKER: Minister for Internal Affairs please coordinate at your level; see how you can support the Minister of Health to protect the health centres.

3.36

MR ALLAN MAYANJA (NUP, Nakaseke Central County, Nakaseke): Thank you, Mr Speaker, for the opportunity. Almost 74 trucks of Ugandan traders loaded with maize grain, maize flour, and wheat worth over Shs 8 billion were confiscated in South Sudan by the South Sudan National Bureau of Standards and it is a month now.

As we speak, all truck drivers in Uganda are on strike and this may increase the price of maize flour in our country.

My prayer is that the Government should intervene as soon as possible in this matter so that these trucks are released as soon as possible.

Secondly, if possible, the minister responsible should bring a statement on this issue because it is a national matter. Thank you.

3.38

THE FIRST DEPUTY PRIME MINISTER AND MINISTER WITHOUT PORTFOLIO (Ms Rukia Nakadama): Mr Speaker, I want to call the Minister of Security, if he has some answers about the issue to respond. If he does not, I will come back with an update.

THE DEPUTY SPEAKER: Can you update us tomorrow even, if it is verbal?

MS NAKADAMA: Let me inquire if he has something to do with the trucks in South Sudan –(Interjections)- It is trade but these ministries – Mr Speaker, tomorrow, we shall update the House. Much obliged.

MR OSEKU: Thank you, Mr Speaker. The procedural issue I am raising relates to the matter that has just been raised on the Floor.

I feel burdened by the fact that most times, Ugandans are victims of incidences where their goods are being prevented to enter or cross within the East African Community. It perplexes our minds to see this going on, yet we are talking about the East African Community Federation and so forth. Most of the time, it is Ugandans who are victims.

The procedural issue I am raising is: wouldn't it be procedurally right, if we had a moment to debate the fate of the Ugandan interests within the East African Community, where we are being victimised left and right yet, we are putting all our efforts and interests to save the situation? Thank you.

THE DEPUTY SPEAKER: Thank you. Gen. David Muhoozi, are you giving us an update?

GEN. MUHOOZI: I would like to provide information with the permission of my leader that that issue was raised in the last Cabinet and the President said he had been informed by President Salva that some of the cargo; maize on the trucks impounded had aflatoxins.

The Rt Hon. Kadaga said they have composed a team to go and check those things and then decide the fate of the trucks. That is the update I wanted to give you.

THE DEPUTY SPEAKER: Honourable colleagues, the Rt Hon. Rebecca Kagada yesterday touched on the same matter here. The most urgent issue is the truck drivers that are causing strikes. Rt Hon. Kadaga, I would like you to find out any quick information that you can give us tomorrow.

On what Hon. Oseku has raised, it is possible; we can have a debate; but how can a debate be yielded? It cannot be generated by the presiding officer. Members have that power; bring a motion and we shall give you space. I do not have that power. So, Hon, Oseku, you can.

Honourable colleagues, I have a lot at my table today so allow me to move on. Hon. Florence?

3.41

MS FLORA NATUMANYA (NRM, Woman Representative, Kikuube): Thank Mr Speaker, I rise on the issue-

THE DEPUTY SPEAKER: Hon. Ssewungu I have a report from your committee that I want to handle today.

MS NATUMANYA: I rise on a matter of national importance. Over 1,000 evictees from Kikuube District, Kasonga Parish, Bukinda LC 1 have pitched camp at my home and the home of the area MP, Hon. Kazini Francis, and others are roaming the district. It has become a security issue in the district and we, the leaders, cannot feed these people or give them all their demands.

In Bukinda, people were evicted from their ancestral home by the Office of the Prime Minister claiming that their land is owned by UNHCR Kyangwali Refugee Camp. They were evicted three years ago, and they have been camping at the RDCs office for one and half years now.

Recently, the landlord where they have been camping evicted them because he wanted to develop the place. This is why they decided to move to our homes.

We have brought his matter to the attention of the Office of the Prime Minister several times and the Minister of Lands, Housing and Urban Development, Hon. Judith Nabakooba who visited the people in Bukinda.

We also brought this matter to the attention of the President when he visited Buhuka, when he had come to launch the oil rig in early April this year, but up to now, there has not been an answer for these people.

It is our prayer, that the Government finds an immediate lasting solution to resettle these people because it has become a security matter.

THE DEPUTY SPEAKER: Thank you. On matters of national importance, we do not allow information. Honourable colleagues, when you come to my office to seek guidance and I guide you, follow it. You two came and I guided you. Why are you now doing it differently? Please, I always want you to follow what we agree on.

Honourable colleagues, for your information, I told the colleagues that we do not allow information on matters of national importance. Hon. Florence, submit and finish. When you finish, I will also allow Hon. Kazini to come on his own. Now you start raising points of information, juggling - That is not how we do things. So, Hon. Kazini has lost out that way.

3.43

THE MINISTER OF LANDS, HOUSING AND URBAN DEVELOPMENT (Ms Judith Nabakooba): Thank you, Mr Speaker. We are aware of the matter and we have been handling it with the respective agencies. I request that you give us time to conclude the matter and come up with a report.

THE DEPUTY SPEAKER: Honourable colleagues, first listen. Honourable minister, we face a lot. A colleague reaches your office and starts crying sometimes and you are the Speaker; you have over 100 people in your home. Hon. Kazini, maybe you can explain it better.

3.45

MR FRANCIS KAZINI (NRM, Buhaguzi County, Kikuube): Thank you, Mr Speaker. It is now three years since these people were evicted from Bukinda and they are camping in the Office of the RDC. So far, we have registered eight deaths. Imagine a situation where a person comes and camps somewhere, the person dies and you struggle, as a leader, to get where to bury these people. They have now camped in our homes.

Imagine a situation where you receive 1,000 visitors when you are not prepared for them. Mr Speaker, we come to you now. This is the House where we belong, as Members of Parliament. We have moved to every office in this country, including the Office of the President. The last resort is now to come to this august House where we belong but more importantly, to you, as a parent and also the leader of this House.

This country has not failed to resettle these people. The Government has got a lot of idle land that they have been giving to investors but these are Ugandans that have been voting for this Government. I beg that, if possible, part of Bugoma Forest be gazetted to settle these people. If not, let the Government look elsewhere and settle these people.

Finally, see the situation we are in, as leaders and the people we are leading. You cannot lead comfortably when the people you are leading are suffering. They are in our homes and we do not have what to feed them on. We do not have where to accommodate them. They are sick - This is the situation we are in now.

I beg, Mr Speaker, that you help us. Perhaps even the Government can come and provide food as we look for a solution. Mr Speaker, save us as leaders. We are suffering with our people. Thank you.

THE DEPUTY SPEAKER: Honourable minister, why I am stuck - When you meet a delegation that comes to my office, and I am a leader. They said they have gone everywhere but

not finding a solution. Now start contributing. Should we start fundraising on the Floor? We have picked people from Bududa and resettled them in Kiryandongo. They do not need to be resettled around Bunyoro alone. We can get land somewhere else and resettle them. Honourable minister, you were responding to the matter. We need your help.

MS NABAKOوبا: Thank you, Mr Speaker -

THE DEPUTY SPEAKER: Let us listen to the Honourable Minister.

MS NABAKOوبا: Thank you, Mr Speaker. As I have said, we have been handling this matter. Regarding the people who are staying in the homes of the MPs, I have just learned of it from here. I knew about them when they were at the RDC's place and we have been coordinating with the RDC and other stakeholders to find a lasting solution to the problem.

Mr Speaker, if they were evicted, we need to find where to resettle them. We need to look around, from within the same region, to find vacant land belonging to the Government or land the Government can buy to resettle them.

THE DEPUTY SPEAKER: Honourable minister, if we fail to find land, do you want us to treat them as refugees in their own country and put them in a refugee camp? I have not seen us coming here on the Floor saying we are waiting to get space for refugees. We always get it immediately. So, can we get space for Ugandans? I know you cannot decide alone but can you coordinate, as a Government, then tomorrow, give us an update so these people get out of the homes of MPs?

MS NABAKOوبا: Mr Speaker, I am going to coordinate with the Office of the Prime Minister. We shall give you an answer tomorrow.

THE DEPUTY SPEAKER: Tomorrow, you will update us at 2.00 p.m. Thank you. Let us conclude matters of national importance.

3.49

MR DENIS OGUZU (FDC, Maracha County, Maracha): Mr Speaker, by commission or omission, the Government has not been able to meet a statutory obligation that requires that at the end of every year, ex gratia should be paid to local or lower council leaders and LC1s.

We have now ended up with a very undesirable and discriminatory situation where some councilors and LC1s are paid and others in the newly created administrative units are not paid. I want to hear from the Government, led by the Prime Minister and the Minister for Local Government comes tomorrow, what remedy do they have, now that the financial year has ended?

Mr Speaker, we passed a Budget of Shs 52.7 trillion this financial year. I have been reliably informed that as at the end of last financial year, monies have been returned from districts and MDAs and these monies are with the Ministry of Finance, Planning and Economic Development. In accounting, that money is supposed to be treated as balance brought forward and added to -

THE DEPUTY SPEAKER: Honourable member, you know that I only allowed you one question? I thought that you are still on -Does one question feed into the other?

MR OGUZU: Exactly, that is where I am coming. *(Laughter)* In accounting, they are supposed to be treated as balance brought forward. Ideally, we should have started with the money which was returned, before we talk of the money we are going to raise this financial year.

Therefore, can the Minister of Finance, Planning and Economic Development update us on how much money has been returned to the Consolidated Fund, where these resources are, and where they are going to be spent so that we address very pertinent statutory obligations like this? Thank you.

THE DEPUTY SPEAKER: Tomorrow, these issues should also be responded to.

MS OBIGAH: Thank you, Mr Speaker. It is heartbreaking to hear that Terego returned over Shs 6 billion and this includes money from donors and money as gratuity and pension.

I was in Terego on Monday and I found many people crying because their pension and gratuity was not paid. Wouldn't it be procedurally right to ask local government to explain why Chief Administrative Officers (CAOs), who have no capacity are being deployed? Terego District has written several letters saying this gentleman has no capacity. He should be put where there are a few activities. Wouldn't it be procedurally right to get an answer on the Floor of Parliament?

THE DEPUTY SPEAKER: Honourable colleagues, Hon. Rose Obigah is very clever. (*Laughter*) She knows she should have come to the office and presented her matter so that we agree on how she could present it, but she has brought it under procedure.

Honourable colleagues, I will not be giving attention to issues that are brought that way; I will not call the minister. This is because MPs should walk to the office, present their issues, go through them, and agree on which ones fall under the Prime Minister's Time, motions, and these matters of national importance. It is a critical issue, but Hon. Obigah has dodged visiting my office. However, tomorrow, the minister can also look at that.

Hon. Prof. Mushemeza, present your matter of national importance.

3.54

PROF. ELIJAH MUSHEMEZA (Independent, Sheema County South, Sheema): Thank you, Mr Speaker. I rise on a matter of urgent national importance.

As we prepare to implement the competition law, after assent by the President and as we also embrace Islamic banking and other services in this modern digital era, many consumers are

complaining about how telecom companies are cheating them.

Mr Speaker, the issues of concern are but are not limited to expired bundles; call-back tune payments to artists; and who are benefiting from the mobile money of the deceased, among other issues.

I stand here as a voice of the suffering and bleeding consumers. It would be of interest to the country if a committee of Parliament, such as the Committee on Tourism, Trade and Industry, investigated these concerns.

Since the issues I am raising are of consumer protection and competition in nature, my prayer is that this House, through your guidance, Mr Speaker, refers the matter to the Committee on Tourism, Trade and Industry for a thorough investigation. I beg to submit.

THE DEPUTY SPEAKER: Thank you. Honourable member, I see that you are petitioning but you also want the matter to be handled by your committee (*Laughter*)

However, it would have come better if it was, for example, a petition or a motion. Since the issues are well captured, I will use my general authority to refer the matter to the committee on ICT, which looks after the sector, and it should report back in 45 days. Next item. Yes, point of procedure?

MS NAKUT: Thank you, Mr Speaker. Since you have referred that matter to the committee, I am reminded that on 15 November 2022, a matter was referred to the Committee on Education and Sports.

It was a petition by the Pre-primary Teachers' Association for Uganda on the question of pre-primary education. I report here that, to date, nothing has happened.

So, I am worried: when we refer the matter to a committee, will it get the attention it deserves? When should the committee come back to this House to report that they cannot handle the matter?

THE DEPUTY SPEAKER: The committee should be reporting back in 45 days. For more than 45 days, they should be seeking more time from the House. Hon. Ssewungu, I know you are a member of the Committee on Education and Sports - I do not see the leadership here. Do you have any information regarding that matter? Oh! The vice-chairperson is here.

3.58

MR JOSEPH SSEWUNGU (NUP, Kalungu West County, Kalungu): Mr Speaker, I have been on that committee with him and he was appointed the vice-chairperson, but we have not had that matter. We shall see from the *Hansard* and take responsibility.

However, Mr Speaker, you had given me room to respond to something very serious – the issue raised by Hon. Mayanja. The reason we have many ministers – though some of us were against having a big number – was because the President justified that he wanted to make it easier for him to do his work.

When Members bring an issue like the one on the lorries being in South Sudan and it takes a month - we pray to the Prime Minister to take these matters seriously. For example, on the issue of the honourable member who was almost crying here, we want to know whether the minister taken an interest to visit that place to find out what is happening. We pray that the Prime Minister takes this matter seriously.

Whenever we raise our matters, the Speaker calls you on phone. That is why you come here to respond. However, after responding, some of them take off. For example, the Attorney-General is no longer here because my matter was disposed of.

Mr Speaker, where we have a bilateral relationship - one time Rwanda refused our items and South Sudan is coming in – they should take quick interest before it even comes to the House. Members of Parliament find -

THE DEPUTY SPEAKER: Thank you, Hon. Ssewungu.

MR SSEWUNGU: Mr Speaker, as I conclude, I know the Prime Minister will take this seriously, however, kindly, under bilateral arrangements and the cries of the Members, reach out to them and take interest in the locus before we handle this matter.

THE DEPUTY SPEAKER: Thank you. Clerk, please cross-check and find out whether, indeed, this matter was conveyed to the rightful committee. After making a resolution or a directive by the House, the Clerk should extract that resolution and communicate to the committee. So, in the morning, confirm to me if that was done so that the matter is handled.

Hon. Christine Kaaya, you had a procedural matter?

MS KAAYA: Thank you, Mr Speaker. My procedural matter is about the time allocated to the different aspects here. For example, the State-of-the-Nation debate, according to the Order Paper, was allocated 60 minutes. Likewise, other subjects are allocated time and we prepare - you know, when you look at the minutes, you are like, probably, I will have a chance to speak and we research. However, when we come here and, Mr Speaker, you come up with different allocations of the time.

Therefore, are we proceeding rightly? We come here prepared after looking at the time allocated to some subjects but then we come here that time allocation is changed.

THE DEPUTY SPEAKER: Thank you. Honourable colleagues, if I went strictly with this time, each one of you would have half a second; 30 minutes presenting a report, debating and concluding it and we move to another one. However, I usually extend it to an hour or beyond, depending on the subject. So, I have to manage the situation, depending on how it is.

Number two - and I always advise colleagues – if you know you have an interest in a matter and you have made your research and you believe you can guide the House on that matter that is on the Order Paper, visit the presiding officer

and tell them. Otherwise, I do not know how I can look at you and get to know you have made extensive research on this and have good guidance. You all look the same to the House. *(Laughter)* Yeah. I look at you and you all look innocent. None of you have had problems with DNA results. You are all humble and your future is bright. So, I tend to give you the same amount of time.

Otherwise, if you reach out to me and say, “Mr Speaker, I have read the Order Paper, there is this topic. I am an expert, for example, on this issue or I have done extensive research and I believe my submission will guide the House better,” I can even give you five minutes. Therefore, try to communicate with us.

Hon. Mugole, I see that you are itching; I do not know what the problem is.

MR MUGOLE: Mr Speaker, it is just an additional procedural issue in regard to the money being returned. We are talking about the Ministry of Local Government.

Wouldn't it be procedurally right to invite the minister for finance – because for example, nationally, the money for all UgIFT secondary schools in Uganda was received on 20th June and taken back. I have three of them in Kabweri Constituency, which I represent, and now they cannot proceed; they bring the money but in two weeks, it is taken back. So, that is why I am saying, couldn't we just debate it? That is the procedural matter I am raising.

THE DEPUTY SPEAKER: Honourable Minister of Education and Sports, are you here. Have you sent back the money for UgIFT?

4.03

THE MINISTER OF STATE FOR EDUCATION AND SPORTS (PRIMARY EDUCATION) (Dr Joyce Moriku): Mr Speaker, the matter on the Floor is very critical. Just this morning, at Hotel Africana, leaders from all local governments discussed the report on service delivery performance. One of the critical issues that was being discussed was the money getting back to the Consolidated Fund, including the UgIFT Fund.

This time round, something has to be done because it is becoming too much. Due to that, the construction work cannot go ahead yet we needed that school, not today, but yesterday. I want to believe that with that discussion going on - and before the Prime Minister – she is right there - we will come up with a solution with your support so that this money gets back to the local governments.

THE DEPUTY SPEAKER: Thank you. Colleagues, I remember when some people were protesting - and I even saw some writing in papers when we were handling the supplementary here – do you remember when I insisted that we handle part B so that it stops holding critical money? That was the money. That is the money I was calling upon colleagues to approve because part A was already spent. Later on, colleagues, agreed to move and we approved that.

However, the question is why should such critical money wait to come under the supplementary budget that needs prior approval, when we allow you to spend three per cent and you come for a retrospective approval later?

I do not want us to interfere with the work of the Executive, especially with what the minister has said. My thinking is what you are discussing now; that this money is very critical. From here, since we have entered July, you are going to release it back to districts under three per cent because you have a window under three per cent. Then, you can report back to Parliament in four months as per the law. That would be our advice as of now. Those are issues, which you can handle, as Government, but this is not money we expect you to again bring in May under a supplementary budget. Then, we again issue it to you and it bounces back to it the Consolidated Fund; then, it again comes as –

Committee chairperson, kindly follow up this with the Chairperson of the Committee on Budget. However, I am also going to take it up seriously. Honourable colleagues, let us move on to the next item.

MOTION FOR ADOPTION OF THE
REPORT OF THE COMMITTEE ON
HEALTH ON A PETITION ABOUT
DELAYED COMMENCEMENT OF
MEDICAL INTERNSHIP FOR THE
2023 INTAKE AND THE WELFARE OF
MEDICAL INTERNS

THE DEPUTY SPEAKER: Chairperson, Committee on Health?

4.07

THE CHAIRPERSON, COMMITTEE ON HEALTH (Dr Charles Ayume): Mr Speaker, I beg to lay on the Table the report of the Committee on Health on a petition about the delayed commencement of medical internship for the 2023 intake and welfare of medical interns and its appendages, which include the minutes.

THE DEPUTY SPEAKER: Thank you.

DR AYUME: I would like to draw your attention to page one, which is the introduction. On 24 April 2023, representatives of prospective medical interns for the 2023 intake petitioned the Rt Hon. Speaker of Parliament over the delayed commencement of medical internship for the 2023 intake and welfare of medical interns.

In accordance with Rule 30 of the Rules of Procedure of Parliament, the Rt Hon. Speaker referred the petition to the Committee on Health for expeditious consideration before reporting back to the House. Prior to the petition, the committee interacted with senior house officers over the non-payment of their allowances and found it necessary to handle issues affecting the two categories concurrently.

Mr Speaker, permit me to go to the background —

THE DEPUTY SPEAKER: Honourable, it came from here. So, just go straight because today I want us to finish our Order Paper.

DR AYUME: If it suits you, Mr Speaker.

Background

Let me tease out some excerpts of the background to bring Members up to speed. Practical supervised medical work for one year is a mandatory stage for graduate medical interns, pharmacists, dental surgeons and graduate nurses the world over, before licensure to practice.

We shall skip paragraph 2 and go to paragraph 3. The aforementioned laws create professional bodies, which issue provisional licenses to be used for the period of internship.

During the internship, graduate medical doctors work under the supervision of senior medical doctors/specialists in the field of surgery, medicine, pediatrics, obstetrics, gynecology and other specialties for one year. Thereafter, they are eligible to be registered and licensed to practice medicine.

In addition, graduate dental surgeons, pharmacists and nurses also work under the care of their respective senior professionals as a prerequisite for registration and licensing to practice.

Over time, due to the liberalisation of the education sector in the 1990s, the number of health training institutions has increased. Similarly, the number of medical interns has grown from 965, in 2016, to 1690, in 2022. This has further increased to 1901 in 2023.

Medical interns are paid an allowance during the period of practice. In 2017, they were receiving a gross monthly allowance of Shs 750,000. It was enhanced to range between Shs 960,000 and Shs 1 million in 2019.

On 19 August 2021, His Excellency, the President, directed that allowances paid to all cadres of medical interns should be half of what is paid to fully appointed entry-level public officers in respective private professions. To date, the Presidential directive has not been fully implemented due to financial constraints.

I would like to draw your attention to page three, which was the methodology we used. We interacted with the petitioners and other prospective medical interns for the year 2023 intake.

Findings, Observations, and Recommendations

These were in respect to the terms of reference drawn from the prayers of the petitioners which is bullet five on page four; to ascertain whether the Ministry of Health involved the prospective medical interns for the 2023 intake in the ongoing consultations to find a solution to the delayed commencement of medical internship.

The Director-General of Health Services, Dr Henry Mwebesa, in a letter dated 31 March 2023, addressed to the executive directors of national referral hospitals, hospital directors of regional referral hospitals, hospital directors of regional referral hospitals, medical superintendents of general hospitals and medical directors of private Not-For-Profit internship training centres, informed them that the commencement of internship for the Financial Year 2023/2024 would delay by two weeks, pending detailed consultations with various stakeholders for a sustainable national internship programme.

During the interaction with prospective interns, the committee was informed the interns were not informed of the delay in the commencement of the internship, rather they learnt of this through unofficial ways such as social media, and to date, no formal communication has been made about the delay of commencement of the internship.

The committee observed that there is a communication gap between the Ministry of Health and the prospective medical interns. This has led to anxiety.

This is partly attributed to the fact that the prospective medical interns for the year 2023, have no formal association/organisation through which the Ministry of Health can update or inform them regarding the current situation.

The committee recommends that the Ministry of Health should involve Medical Interns in the ongoing consultative process through various medical councils to find a solution to the delayed commencement of the internship and update Parliament accordingly.

The Ministry of Health should further develop a framework under which prospective un-deployed interns can be continuously engaged and consulted on internship issues, from time to time.

The Ministry of Health should devise means of periodically updating prospective medical interns either through print or electronic media.

To establish whether the Ministry of Health has set a date for the commencement of medical internship for the 2023 intake with the commitment of a monthly payment of allowances to medical interns and senior House officers

Mr Speaker, I would like to draw your attention to page six. The committee observed that there is no commencement date that had been set for the 2023 Medical Interns intake due to lack of funds.

The committee recommends that with immediate effect, the Ministry of Health should provide an update to the House about the ongoing consultations with stakeholders in regard to the delayed commencement of internship for the next financial year.

To establish whether discrepancies in the allowance of Medical Interns have been harmonised in compliance with the Presidential Directive

Mr Speaker, I would like to draw your attention to Table No.1, which shows the various cadres of medical interns, the salary appointed for the Public Health Officer, what they should be getting, what they are getting and the discrepancies. The last column is for the discrepancies.

Mr Speaker, I would like to draw your attention to Page 7. The committee recommends

the Presidential Directive should be fully implemented.

The committee further recommends the alignment and harmonisation of the Presidential Directive on allowances of medical interns with Public Service Standing Order J(5) of 2021.

To establish whether the Ministry of Finance, Planning and Economic Development can provide a supplementary budget for arrears of medical interns for the 2023 intake and arrears of first and second-year senior house officers.

Mr Speaker, please allow me to read that one verbatim. The committee established that Shs 51.1 billion was appropriated for medical interns and Senior House Officers for the Financial Year 2022/2023.

The committee further found out that medical interns of the 2022 intake were not paid for the month of March 2023, which was their last internship month. Similarly, Senior House Officers in their first year were last paid in October 2022. The Senior House Officers, in their second year, were last paid in December 2022.

In response to the above issues, the Ministry of Health explained that for the current Financial Year 2023/2023, the funding provided for Medical Interns could only cater for eight months. As a result, the Ministry of Health utilised funds for Senior House Officers to cover interns for the three months of December, January and February 2023.

The final month of March 2023 has not been paid up to now, although the medical interns have already been signed off and left the training institutions.

Part of the funds released to the Ministry of Health for the fourth quarter of this financial year has been allocated for the payment of allowances for Senior House Officers.

The committee observed that according to Section 25 of the Public Finance Management

Act, 2015 and Regulation 18 of the Public Finance Management Regulations, 2016 there are processes that an entity must follow in case the need for a supplementary expenditure arises. It is not therefore, up to the petitioners to ask for a supplementary budget.

The committee further observed that since the financial year under consideration is in the last quarter, it may not be feasible for the Ministry of Health to consider raising a supplementary request for the allowances of medical interns.

The committee therefore, recommends that Shs 46 billion and Shs 23 billion be provided by the Ministry of Finance, Planning and Economic Development in the next Financial Year 2023/2024 to cater for the shortfall of the budget for Medical Interns and Senior House Officers respectively since the 1,901 Medical Interns have already been allocated to the 58 internship sites. They have been allocated, honourable colleagues, but they have not yet been deployed. So, that is the money that the committee recommends.

The Ministry of Health in consultation with the Ministry of Education and Sports and the Ministry of Finance, Planning and Economic Development, should set a fixed number of interns to sponsor every financial year based on their academic performance at the university.

The committee recommends that the arrears should be paid with immediate effect.

To establish whether allowances for Medical Interns and Senior House Officers for the 2023 intake have been provided for in the national budget for the Financial Year 2023/2024

Mr Speaker, I beg to also read this verbatim.

The committee was informed that in comparison with Financial Year 2022/2023, there is a reduction in the budget for allowances of medical interns and Senior House Officers by Shs 40.9 billion from Shs 51.1 billion to Shs 10.23 billion next financial year. This is the current Financial Year 2023/2024.

The committee noted that the incoming 1,901 Medical Interns will require a budget of Shs 54.6 billion while Senior House Officers will require Shs 25.85 billion for the next Financial Year 2023/2024 which amounts to Shs 80.45 billion. This leaves a shortfall of Shs 70.22 billion.

Mr Speaker, as I proceed, I noticed I made one fundamental mistake. I did not bring you and the Members up to speed on what Senior House Officers mean. These are doctors who are doing their Masters, what we call resident doctors. So, they do their Masters for three years and Government agreed they will also be paid an allowance.

The committee observes that the allocated funds can only run the internship program for one month. Failure to provide funds for Medical Interns and Senior House Officers will worsen the already dire situation in the health sector.

The committee recommends that a shortfall amounting to Shs 70.22 billion be acquired to finance allowances of Medical Interns and Senior House Officers for the Financial Year 2023/2024 and should be allocated before Parliament concludes appropriation of the National Budget.

Mr Speaker, this report was ready on May 12, so some of the things have been overtaken by events.

Page 9, Mr Speaker, there are some general observations and recommendations that the committee made in regard to medical education and training. I would like to draw your attention to the first paragraph on page nine; Liberalisation of the education sector.

The committee observed that over time, due to the liberalisation of the education sector, including health education, the number of health training institutions has increased. Similarly, the number of medical interns has grown from 965 in 2016 to 1,690 in 2022 and has reached 1,901 in 2023. To emphasise that, when I was in medical school, there were only

two universities training doctors. Now I think there are about 11.

Currently, there are 19 accredited universities producing graduates requiring to do internship as opposed to four universities six years ago. I would like to draw your attention to Table 3 and you should look at the increment from 2016 to 2023. That number has more or less doubled from 965 to 1,901.

Accreditation of health training institutions

The committee was informed that the National Council of Higher Education has a quality assurance framework for accreditation of health training institutions. Inspection of the training institutions is carried out by a joint team from NCHE and respective professional bodies.

In 2018, the NCHE introduced a limit to cap the number of students particularly training institution provides based on the available facilities and capacity. This is being implemented at the point of renewal of the accreditation of each institution.

The committee recommends that the NCHE should expedite the process of developing a database for students in higher institutions undertaking the different medical courses and have it ready by the end of the Financial Year 2023/2024. The database should be updated annually and be accessible by the Ministry of Health for better planning in the short and medium term.

The committee recommends that the Medical and Dental Practitioners Act and the Nurses and Midwives Act should be amended to expressly provide for structured pre-internship examinations of all prospective interns and pre-registration examinations for those who have completed internship. This will act as a mechanism for quality assurance.

Pre-registration exams are already provided for by pharmacists under the Pharmacy and Drugs Act while the practice of subjecting all the graduates from different institutions to

one exam is already being implemented under BTVET Act for the Allied Health Professionals and Nurses and Midwives.

Criteria for admission to health training institutions

The committee was informed by the NCHE that the criteria institutions for higher learning used to admit students for medical courses is direct entry, mature entry, diploma holders and Higher Education Certificate in Biologicals. However, the cut-off points depend on the institution/training schools. Therefore, it is not universal.

The committee observed that many of the medical schools which are accredited by the NCHE have a high number of part-time staff due to financial challenges and inadequate teaching professionals/lecturers. NCHE should stipulate that part-time staff should not be more than 30 per cent of the teaching staff.

Lack of a policy on training for medical interns

The committee was informed that there are 58 internship training centres in Uganda for the 2023 intake but no policy to guide the training.

Annually, the Ministry of Health provides guidelines for the training of medical interns. According to the guidelines, one specialist with a minimum of five years' experience is meant to supervise four medical interns. The current practice is that one specialist supervises between six to eight interns.

The committee was informed that the Ministry of Health has been allowing specialists with three years' experience to supervise interns. This has a potential of compromising the quality of medical training rendered.

The committee was informed by the Ministry of Education and Sports that a nine-member inter-ministerial committee was constituted and inaugurated in order to address challenges in health training in the country. This committee is comprised of representatives from the Ministry

of Education and Sports and Ministry of Health. The policy will be submitted to Cabinet by the end of the Financial Year 2023/2024.

The committee therefore, recommends that the Ministries of Education and Health should ensure that the policy on internship training is presented to Cabinet before the end of the Financial Year 2023/2024 and a report presented to Parliament thereafter.

Conclusion

Mr Speaker, the delay in deployment of 1,901 medical interns has been majorly attributed to budget shortfalls to cater for their allowances in the Financial Year 2022/2023 and Financial Year 2023/2024. This has been compounded by the significant increase in the number of medical interns graduating from the various institutions and lack of early budgetary planning due to inadequate information on the number of students undertaking medical courses at the various universities.

The lack of an internship policy which is still under development has further led to inadequate guidelines to address the number and corresponding budgetary allocations. The 1,901 medical interns for the 2023 intake already fulfilled the various processes of applying to their respective professional councils and have already been allocated to their different internship sites by the Ministry of Health. The senior house officers were already deployed but have not been paid due to budgetary shortfalls.

The committee therefore, urges Parliament to adopt this report in order to address both the current and medium term challenges facing medical interns and senior house officers in the country.

These two cadres are the workhorses of our health care system. If we do not motivate them, it is a very big disservice and any of us can fall prey going to a regional referral hospital within your region and these people are not on station, they are outside moonlighting.

Yesterday, we passed a resolution here to increase the number of judges. I also hope that our dear minister here can also come up before this Parliament - Because when the judges fall sick in the courts where they are, Mr Speaker, I think these doctors will be the first on call to address them. I beg to submit. Thank you.

THE DEPUTY SPEAKER: Thank you, committee chairperson. *(Applause)* Committee chairperson, I have a problem with your conclusion, especially where you said that among the reasons for failure to budget was lack of early budgetary planning due to inadequate information on the number of students undertaking medical courses. For such a conclusion, when the budget was reduced – At least if they had maintained the budget and then you say, no, we projected on the same numbers of last financial year. But here you reduced it by about Shs 40 billion; from Shs 51 billion to Shs 10.23 billion. Was that due to lack of adequate information for planning on projections? No, this was deliberate.

DR AYUME: Mr Speaker, the committee forecast that and gave the projected figures of Shs 80 billion to the Budget Committee but what finally came out was Shs 10 billion.

THE DEPUTY SPEAKER: No, how much did the Government put in? Did the Government budget for Shs 50 billion and Parliament reduced it?

DR AYUME: Mr Speaker, what happened was that we put Shs 80 billion –

THE DEPUTY SPEAKER: No, what did the Government put in their budget proposal?

DR AYUME: Sorry?

THE DEPUTY SPEAKER: What did the Government put in their budget proposal? Government presented to us their budget estimates. How much did it allocate?

DR AYUME: That was the Shs 10 billion, Mr Speaker.

THE DEPUTY SPEAKER: Shs 10 billion? So, we never interfered with the Government proposal. You see, an issue might go out that Parliament reduced money for interns, yet it did not. Even where we try reallocation, we are accused of tampering with the budget. So, Rt. Hon. Prime Minister, do you see our dilemma, as Parliament?

DR AYUME: Mr Speaker, payment of interns and senior health officers are under subventions. I remember bringing it to the attention of this House and the Budget Committee that subventions were cut by 80 per cent across the board. Thank you.

THE DEPUTY SPEAKER: Yes, I know and I agree with you, only that I was focusing on your conclusion, plus page 8, where you say: *“The committee was informed that in comparison with the Financial Year 2022/2023, there is a reduction in the budget allocation for the allowances of medical interns and SHOs by Shs 40.0 billion, from Shs 51.1 billion to Shs 10.23 billion in the next financial year.”*

So, if Government had brought a proposal of Shs 50 billion and this House reduced it, then, Parliament would be guilty. However, this is what came from the Government and it is what we took.

What I also want to know is that I came to understand, honourable minister, that some of these interns are foreign students who come here, do internship, we pay them and after their internship, they carry their qualifications to their countries. They are not only East Africans; I do not think they are only from East Africa. I know many Nigerians and people from other countries who are studying here. So, with your meagre resources, what situation are you in and is it the same practice in other countries?

Honourable members, there are issues where you have to look at sustainability and reality. The committee chairperson has shown us, in the report, that the number of interns has increased from 965 in 2026 to 1,901 in 2023.

You also remember the allowances were tripled. So, did we make any plan or estimates, or did we look at future projections to make this decision before tripling this money? I am sure that if they had been doubled, they would have appreciated it.

Finally, I know it is a question that might be unpopular to many, including those who are here. However, as a person who has run a business, sustainability and reality help you to make a very clear business decision. Is this issue sustainable? The day you get 5,000 doctors, will you be able to pay interns this much?

Number two, what does it help for you to pay someone as a trainee and then after one year, you send him on the street or to run a salon because you cannot employ him? We have doctors who do not have jobs.

What do we need? Do we need these doctors to complete their training and we employ them in their subcounties? In fact, if it were possible, for me, this money would be used to employ these doctors in health centres III in the subcounties. (*Applause*)

You are training people and giving them money for one year. They taste a good life and, after a year, they end up on the streets. Why don't we look at reality?

Anyway, these were just my observations. Honourable colleagues, let me open the debate – no, the shadow minister is a member of the committee. Please, the rules prohibit you from debating this report.

I am going to open the Floor; we shall have 15 Members and I will use numerical strength to determine how you speak – from NRM, independents and the Opposition.

Let me give you two minutes each. I will not pick those who have spoken today. I try to balance people.

Honourable members, when we are debating – I know some of you like submitting under point of procedure. Hon. Lucy Akello, what is

your procedural matter?

MS LUCY AKELLO: Mr Speaker, you raised a very important issue regarding the conclusion about the role that Parliament played in budget allocation – and you clarified that. The procedural matter I rise on is whether we should maintain that in our records.

You have clarified it, but wouldn't it be procedurally right for us to make the record right by saying that it is wrong and then we remove it from our records? Thank you.

THE DEPUTY SPEAKER: Committee chairperson, what would be your view on that? You see, the *Hansard* is full. The clarification, which the committee chairperson conceded to, is captured on the Floor. The report should maybe remain the way it is. However, the report cannot stand alone; it moves with the *Hansard*. So, it has now been clarified on the *Hansard*. I think it would be sufficient, honourable member.

Yes, Hon. Ssenyonyi.

4.39

MR JOEL SSENYONYI (NUP, Nakawa Division West, Kampala): Thank you, Mr Speaker. I think the critical issue here is that we need to begin to put our money where our mouth is. We have numerous challenges that we grapple with, as a country and, so, spreading our resource envelope can be a challenge. However, there are things that are critical.

Healthcare is important. The bulk of the work in these hospitals is done by these interns. (*Applause*) As we speak, in many hospitals – I have gone to those in my area such as Naguru Referral Hospital - the few doctors who are there are overburdened. You find people who are stuck in the corridors with patients. These doctors will tell you: "I have been alert for the past 48 hours without sleep." They will collapse and die. Why? It is because the interns are not in place.

We need to facilitate them. We need to cease to see this as just some luxurious expenditure; it is not. These interns have to feed. Many of

them are being thrown out of the houses they are renting today. Many of them have to walk for miles - and some in the night - because they retire from work late in the night to return home. They do not have transport money. So, it is important that we begin to facilitate them.

Now, there is the worry about the doctors when they have eventually finished their studies and so on. Once they are available for work, they should be paid as well. So, I think that should comfort the concern that we will be paying them double. No! We pay them now because they are doing the bulk of that work. *(Applause)* When they finish their studies and are available to do the work, we should pay them as well.

This is important; it is not a luxury. The Government should cease to see it as a luxury. Let us pay these people today, for the sake of the people that we represent. Thank you.

THE DEPUTY SPEAKER: Thank you. The question I was asking was on sustainability. I am not saying no one should be paid; I am looking at the issue of sustainability. The day the number of interns hits 5,000 doctors, will you be able to pay that much? That is a question for all of us as leaders to look into.

4.42

MS FORTUNATE NANTONGO (DP, Woman Representative, Kyotera): Thank you, Mr Speaker. I thank the committee for the work well done.

The issue of medical interns should be a priority. In most cases when we go to the hospitals, you will notice that the specialist doctors work in shifts. And you go there at night, you will find only find medical interns on duty.

So, Mr Speaker, this issue should not be undermined. The government should prioritise it because the services they render are equivalent to the services that the special doctors render and they are simply called on emergencies. The government should take this as a priority and provide the money needed to pay the medical interns and they should communicate clearly because the communications are so diverse.

Today the ministry is communicating that the rich parents can apply for medical internships and the poor kids do not have the opportunity. Please come up with clear communication as to when the internship is to begin and the money should be provided as soon as possible because we are in a crisis. Thank you.

THE DEPUTY SPEAKER: Thank you. The most important aspect and most painful is that these are people who have studied but they cannot do anything in society until they undergo internship. That is what is very painful. They are loitering and crying around. They cannot do anything.

Maybe someone was trying to be innovative to say those who can afford should be allowed to go and do, but that is the most painful bit of it. They are like as if they are not educated because they cannot be allowed to practice. I had already picked the Members, but okay, let us hear from the member for youth, then Hon. Ameede.

4.44

MR EDSON RUGUMAYO (NRM, Youth Representative, Western): Thank you, Mr Speaker, I feel that we need to speak the truth to our health sector. Beside the -

THE DEPUTY SPEAKER: Colleagues, you do not have to reach near me to get a chance to speak; do not mind I will pick you. No, I monitor how you move.

MR RUGUMAYO: Apart from the interns, if you visited our major hospitals today, most times you will find that our senior specialists, our doctors in these hospitals are either absent or present for a few hours. This is simply because we have not had clarity on our policy. When we pay these doctors how much time they are supposed to accord Ugandans in government facilities. What happens most times is that they run to their private clinics leaving a lot of work to the interns that we facilitate to be in these hospitals. This makes it a non-questionable issue that we should facilitate interns to stand in these facilities.

Secondly, I feel that we need to fault the Ministry of Health. In this current electronic and digital era, how do you fail to set up a database to communicate to all the interns that you are now going to eat on the Consolidated Fund?

I think this is negligence of duty; we need to fault the Ministry of Health. There should be communication. When there is a delay, communication should be made to them, other than that we have a current situation where we have anxious young people who feel neglected by the government they intend to serve.

Lastly, I feel that the Ministry of Health again failed to predict and manage the numbers. On the question of sustainability, the government should be able to draw a particular number of interns that they can manage. Make the entry competitive such that the ones that qualifies under that competitive nature qualifies and that other avenues should be created for example, in private facilities so that the ones who do not qualify to go ahead and do an internship. Thank you.

THE DEPUTY SPEAKER: Thank you. Colleagues, the record will not sound good when we have a clear indictment on ourselves. You cannot convince me to pay an intern because the doctors we pay do not do their work. Then someone should explain why there is no supervision. This is because those doctors are supposed to support interns. They learn from the doctors. Otherwise if you are taking it as if when interns come then I run away and the doctors go to their private clinics, it means there is a problem. And that is why there was an increment in the salaries of doctors to address that but I am sure the Minister of Health shall be given an opportunity to respond to these issues; to me it is a big point of concern.

I had picked Hon. Ameede and then I will pick - let us first allow Members to debate. Hon. Ameede - we already have an issue here, so a motion n will be debated on its own merit, so we shall be diverted. I had allowed the Member for Workers then Hon. Ameede but let us start with Hon. Ameede since she is here.

4.47

MS AGNES AMEEDE (Independent, Woman Representative, Butebo): Thank you, Mr Speaker, and I thank the committee for the report presented. I have three observations:

1. The issue of interns is a policy and management deficit. One evening, I could not believe my eyes - and this can either be retrieved from NTV or UBC - I heard the Permanent Secretary of the Ministry of Health saying - when the journalists were putting her on the spot why they claim they do not have the right data on interns - that they wrote to the various universities to give them information and they did not provide it to her. I could not believe myself because that is incompetence of the highest order.

The issue of interns is a very serious issue. Regarding the numbers and affordability, this is also a policy issue. For example, the private students' fees should be indicative of the cost of the internship.

This also calls for a review of the Higher Institution Loan Scheme. I had actually come up with a motion, which I provided to the Speaker's Office, unfortunately that motion did not come to see the Order Paper but it was about higher education financing.

The other issue I want to raise, honourable colleagues - I just want to get my story - *(Member timed out.)*

THE DEPUTY SPEAKER: Unfortunately, Honourable member, we do not have time for your story but you have got time for your good submission. Honourable colleagues, let us hear from workers' representative then I go this side; I am picking four from the Opposition, three from independents, and from the NRM.

4.49

DR ABDULHU BYAKATONDA (Independent Workers Representative): Thank you, Mr Speaker, the action of people defying the presidential directive is a very serious matter. The President gave a directive to absorb

COVID-19 frontline workers, but the same ministry declined it. He gave a directive to deploy doctors at health centre IIIs, the same minister has defied it.

Mr Speaker, economies like Rwanda, Pakistan and Indonesia, how can you defy a presidential directive? I find this matter very serious and I would recommend that you invoke rule 25, under your mandate as presiding officer, to implement this matter unconditionally.

There are gaps in hospitals, and when you talk of human resource planning, we are planning for our own people so that we have succession planning. Where are the gaps then? This is an element of subversion, which must be handled. I thank you.

THE DEPUTY SPEAKER: The minister will give us an update on what the government is doing about it. Hon. Komakech, you are independent or you are – yes, Hon. Komakech.

4.51

MR CHRISTOPHER KOMAKECH (Independent, Aruu County, Pader): Thank you, Mr Speaker. No one will save us but ourselves and we must walk the path. We are discussing this report today because of two important facts:

1. The better education system in the Republic of Uganda. Thanks to the ruling government; and
2. The security in the country has enabled our students to study and now they want to be employed. Thanks to the Government of Uganda.

Mr Speaker, we have the Ministry of Education and Sports sending interns from the education system. The person absorbing them is the Ministry of Health. There was a time in this country when the Ministry of Health would actually prepare the interns, teach them and employ them. However, around 2010 that policy was overturned.

The Minister of Education and Sports prepares with its own budget on a particular vote, the number of students to be taken up by the Ministry of Health, not knowing how much the Ministry of Health has. The Ministry of Health is just expected to absorb.

Mr Speaker, isn't it prudent that at this particular moment, the minister explained to us, why they cannot reverse that policy and the Ministry of Health trains the health workers, employs the health worker because this will help them work within their budget? Thank you so much.

4.53

MS SARAH OPENDI (NRM, Woman Representative, Tororo): Thank you, Mr Speaker. The problem we have in this country is that we do not want to speak the truth even when we know that the President has given a directive, which cannot be implemented. The pay was Shs 1 million, and previously interns were not being paid. However, because the bulk of the work in the hospitals is being done by interns, we moved this to Shs 1 million. Now aware that it was not possible to pay the interns 2.5 million, the relevant ministers of finance and health should have immediately said this is not possible so that they find a way of handling this matter. However, they sit down until there is a crisis. The ministry does not have an internship policy, what was there were guidelines and that is what we left there.

So, there is a need to have the internship policy in place, so that we know how interns are handled but if it is not possible to pay the interns 2.5 million, that was a presidential directive, as a way forward, let the ministries review and pay the interns what they can afford so that the interns can complete. Otherwise, as we speak now, other students are graduating and this lip service on the issue of promoting sciences in this country must also end. You cannot talk about promoting sciences. Some of these students have studied on the students' loan scheme, and they must pay the money back, but they are seated at home and have no work. They cannot work because they have not completed the internship.

Mr Speaker, for me as a way forward, let us review, and deploy, otherwise, the numbers are increasing and at some point, we shall fail to handle this situation. Thank you, Mr Speaker.

4.55

MS CHRISTINE APOLOT (NRM, Woman Representative, Kumi): Thank you, Mr Speaker. I had the same point but just to supplement. If you look at the enhancement of salaries of scientists in the country right now, the government is in problems. Government is not able to pay timely, because of such presidential directives. I, therefore, want to support what Hon. Sarah Opendi has said.

Mr Speaker, I want to confirm what the youth representative said that most of our doctors are not fully in their stations and now they have prioritised their clinics; operations are no longer done in the government facilities and innocent mothers are forced to pay a lot of money yet to government enhanced the salaries.

So, it looks like we are going to facilitate the interns, and then when they become fully employed citizens of the country, they will abandon their normal duties, which is a very big problem.

Therefore, Mr Speaker, does the Minister of Health have statistics of the forthcoming interns for 2023/2024 right now? The Committee of Health during the time of budgeting, they are supposed to clearly outline the priorities, those that should not be left out, with those that are identified but unfunded, so that this House is critically guided on what is supposed to be prioritised in a given financial year. Otherwise, this issue is causing a lot of shame to the government. Why should government declare a certain figure, when the government knows that it does not have the capacity to pay? We need a clear way forward on this matter.

4.56

DR EMMANUEL OTAALA (NRM, West Budama County South, Tororo): Thank you, Mr Speaker. I want to begin by thanking my brother, the chairperson of the committee, for

his report but to do quickly dive into tackling the issue of sustainability.

First and foremost, Mr Speaker and honourable colleagues, I would like to inform this august House, that internship is a critical part of the training of health professionals across the board. Whether it is the training of lawyers or training of whatever profession, internship is very critical. So, training medical students or nursing students, and abandoning them on the way without deploying them to complete internship is a gross disservice and it reflects on poor planning, and it reflects on the many opportunities we as a country are not tapping into. We are blessed and endowed with so many young people, most of the countries in the West now lack doctors, other than Uganda, deploying non-professionals outside in the Middle East and elsewhere, we should take lessons from countries like India that have seized the opportunity. They are training doctors in their 1000s and seizing the very many opportunities available outside there. We know how much - *(Member timed out.)*

4.59

MS FLAVIA NABAGABE (NUP, Woman Representative, Kassanda): Thank you, Mr Speaker. I am a teacher by profession, and a teacher of English and literature. One of the key challenges we face in the teaching profession, especially we as teachers, is students running away from our subjects, because the government has concentrated on promoting science subjects and so they are running to science subjects.

In fact, by the time I went to Namilyango College, the literature class was almost empty until I came in, and now they are still - because they believe you know - we have students and parents that are taking up and investing in sciences, but the government cannot accommodate them when it comes to training and facilitating them. There is a huge problem and I think I agree with my sister who says that right now the Government is merely paying lip service to science promotion. We need to put our money where our foot is.

Lastly, we have widespread demotivation among our health workers. The statements that are made by our health ministers really are leading to promoting demotivation amongst our health workers. These health workers especially the interns, when they are not there - such statements are compromising the quality of our health services and our health workers. If we do not motivate them in any way possible, including adopting some of the recommendations that the report from the Committee of Health has pointed out, I think we are going to lose many of them. That is why we lose so many health workers here and I think that it is more important that we have them remunerated well and that we stop paying lip service.

5.01

MS AISHA KABANDA (NUP, Woman Representative, Butambala): Thank you, Mr Speaker. We end up conflicting ourselves - we have been promoting some professions and we have motivated our children to do those particular professions, then at the end when we fail to manage the challenge, we again start doing things that demotivate them. You have heard in the previous submissions when they talked about lawyers, we have taught many of our students to go and study law because we thought it was easy to be self-employed after you study law, but they make it so difficult for someone to get a practising certificate. We have now been motivating our students, and children to go and do medicine after they have graduated, Mr Speaker, we are now going to start making it difficult for them to practice. You have heard on page seven and I am going to propose - Chairperson, I request that you give me an opportunity to move a motion. The report is proposing that we now start putting up examinations so that after graduating with a degree, then there is an examination for a license to practice. This is simply to make life extremely difficult for these people.

These people have graduated and degrees have been conferred upon them. Why do you subject them again to so many examinations? If you cannot employ them, the world is waiting for them.

For that matter, Mr Speaker, I pray that you allow me to move a motion to amend, and I pray that you will give me a minute for this. Page seven of the recommendations says, "The committee recommends that the National Council for Higher Education should expedite the process of developing a database for students for higher education." I think that is the second one.

"The committee recommends that the Medical and Dental Practitioners Act, the Nurses and Midwife Act should be amended to expressly provide for structured pre-internship examination of all prospective interns and pre-registration examinations for those who have completed internship." Now, those are three sets; exams for the graduates, exams for pre-internship and now exams after internship. "This will act as a mechanism of quality assurance" - that is, according to them. Mr Speaker, the doctors we have in this country -

THE DEPUTY SPEAKER: Honourable colleague, when moving a motion, you are required to state the rule under which the motion is being moved.

MS AISHA KABANDA: I am moving, under rule 58, a motion without notice to make an amendment. I beg your indulgence if I quoted the wrong one. Thank you.

THE DEPUTY SPEAKER: That is rule 59. I will just allow it because it is under my discretion under 59(1)(k) because the motion you are moving is not provided for anywhere within the rules but under 59(1)(k), I am allowed to permit you, as the Speaker, if I see it is an urgent matter.

Is the motion seconded? Colleagues - because after the debate, I will put the question. She wants us to amend so that we remove the examination component before students are allowed to do internships.

The committee has recommended that before students are allowed to do an internship, they first do an examination the way you see LDC pre-entry exams are conducted. The Member

is saying this is too much, these people have already gone through a lot.

I wanted to first know whether the motion is seconded then I will call the Chair to tell us the reason behind it before I put the question.

Okay, it is seconded by Hon. Kalule, Hon., Ssewungu, Hon. Okeyoh, Hon. John, Hon. Nulu, Hon. Achan, Hon. Esenu, I have Ntungamo, Hajj - no, you do not need to speak to such a motion because in your argument already - in the interest of time, we never go into that - no, no, no, we do not. You see, you are now under my mercy because it is not provided for under the rules.

Honourable chairperson, what is the major justification for you to recommend that we must have examinations first?

DR AYUME: Mr Speaker, as the committee, we are trying to put quality controls in place - *(Interjection)* - to ensure -

THE DEPUTY SPEAKER: Let us listen to the chairperson because you see, he is speaking on behalf of the committee.

DR AYUME: Mr Speaker, we want to put quality controls in place to ensure that these doctors that we are churning out have understood the fundamentals of being doctors, nurses, and pharmacists.

Mr Speaker -

THE DEPUTY SPEAKER: Colleagues, in this House, we listen to one another. The moment you do not listen; you miss out on knowing why you have disagreed with someone. Let him explain, as a Chair, because it is fair that we listen to both sides.

DR AYUME: Mr Speaker, the spirit in which we are putting these controls is a good spirit. The number is the one that is subject to discussion. We are making these decisions on behalf of my relative in Koboko, somebody's mother in Kayunga, in Kanungu, where once you have posted a doctor there to do a caesarean section,

they are doing a caesarean section that has stood the quality of time and they are not half-baked and all these other medical procedures.

The spirit in which we are making these recommendations is not to frustrate doctors but it could be any of us in the constituency. Thank you.

THE DEPUTY SPEAKER: Thank you. Colleagues, we have bodies that are in charge of quality control in the country provided for clearly under the law. I think these bodies should be given a chance to do their job.

However, let me put the question - Yes, colleagues, I do not have time to go so much into this. I put the question - not on the full report but on the motion. Attorney-General, you had an issue with that? Then I will also allow Hon. Kaducu as a senior doctor.

5.09

THE DEPUTY ATTORNEY-GENERAL (Mr Jackson Kafuuzi): Mr Speaker, I wanted to speak as a layman and not as the Attorney-General.

THE DEPUTY SPEAKER: Then there, save me because I do not have time for that.

MR KAFUUZI: Please allow me to say this now that I am here. As a patient, you have handed your life to a person who is going to diagnose and operate you. That person must be tested and must know what he is doing because it is your life. *(Applause)*

For you to want to make it easy for him to graduate and lower the standards, you are putting everyone at risk. Be that as it may, we are in the East African Community. If we lower our standards, our professionals will be shunned. I beg to submit.

MR SSEWUNGU: Mr Speaker, I am at pain to raise a point of order to the Attorney-General. Let me explain why I am raising a point of order. They give pre-entry exams to students who join Makerere Law School. After pre-entry, many fail. They go to LDC, do another

pre-entry and fail. At the end of the day, more than 1,500 students who go through pre-entry fail. Where is the quality control?

Therefore, is the honourable Attorney-General, who wants quality control, in order to continue in the same spirit that we are fighting against in this House; to subject our children to all forms of torture when they are studying yet from 'A' level, they have qualified for further studies?

Mr Speaker, you have said rightly here that there are a number of agencies that give quality control in professions. Is the honourable minister in order, well knowing that the LDC and his law course is one of those that have given us a hard time in the same spirit?

THE DEPUTY SPEAKER: Colleagues, let us not waste time on this. This is an Executive matter. What the honourable member's motion is saying is very simple. She is saying, maintain the status quo. As the Executive, if you feel you want to bring this quality control, go through your agencies, make a study, see its impact and then do your work.

Honourable Attorney-General, what the committee recommendation is doing is trying to interfere with the work of the Executive. The Attorney-General might assess and find that they are not necessary and say, change them. We have government bodies in charge of quality assurance. When they were introducing pre-entry exams at LDC, they did not come here. When they were introducing pre-entry exams at Makerere University, they never came here because you have your own bodies, as the government, which do that. So, to me, it is - but let us allow the senior doctor here to speak. Yes, Hon. Dr Moriku Kaducu?

5.12

THE MINISTER OF STATE FOR EDUCATION AND SPORTS (PRIMARY EDUCATION) (Dr Joyce Moriku): Thank you, Mr Speaker. This is a very sensitive matter. For sure, by the time we were undergoing training, there were only two medical schools - and that was more than 26 years back.

There are currently over 14 universities, both government and private, which are training nurses, doctors and pharmacists.

The practice is that these universities have a minimum standard and requirements. They teach a curriculum that has been approved by the National Council for Higher Education. In all these universities, once the students come out, they are not subjected to pre-internship exams.

However, we have the National Medical Council, which is aligning Uganda to the Inter-University Council of East Africa; they are, actually, now integrated. Now, our practice is that when we have a student that is not trained within a Commonwealth country, which is not within our standard - for example, if a student is trained in a country that does not share the same format with us, they are subjected to pre-medical examinations by the National Medical Council. *(Applause)*

I recall that while I was still at the Ministry of Health, one of our colleagues, who is here, had a child who trained as a doctor in China. The colleague thought that the child could immediately start internship, but the law does not accept that; this person had to be subjected to pre-internship examinations because they are not trained from a Commonwealth country and, so, does not meet that standard. When - *(Member timed out.)*

THE DEPUTY SPEAKER: Switch on and conclude, honourable minister.

DR MORIKU: What I am trying to say is that -

THE DEPUTY SPEAKER: Honourable minister, you are not "trying", you are saying. *(Laughter)*

DR MORIKU: What I am saying is that our amendments should take into consideration the practice that is taking place right now. The examination is not cutting across the board; it is for a specific category of people.

THE DEPUTY SPEAKER: Committee chairperson, with that, would you want – usually, for some of these things, we study the mood and see how to proceed.

DR AYUME: Mr Speaker, I concede. *(Applause)*

THE DEPUTY SPEAKER: Thank you. So, now the motion carries the day without much hurdle. Clerk, please, note that this part should be expunged from the record – that is, recommendation No.2 on point No. 6, which is on page 10.

Hon. Sarah Opendi is saying that we should not expunge it, but just say that this recommendation was rejected. Let us capture on the record that this recommendation was amended and not taken. When we are putting the question to the report, we shall include the amendment so that it is captured under that. Thank you.

5.16

MS FLORENCE NAMBOZO (Independent, Woman Representative, Sironko): Thank you, Mr Speaker. It is said that a wealthy nation is a healthy nation. I thank the committee chairperson and his members for their elaborate report. However, I want us to look at this issue of interns not being taken care of or absorbed into the health care system as a time bomb to this nation.

I think this is a little careless on the part of Government. Today, you see very many mushrooming clinics and pharmacies. If we leave these people to go and start these health centres, they are going to destroy this country. People are going to die because these health workers are not fully trained to go out and have their own clinics.

When you look at our health centres in the districts, some of them are empty. When you go to the referral hospitals, like Mbale, where we go – for those who come from the eastern region - you will even find cleaners in the corridors and they are the ones that you speak to because our doctors have their own clinics.

We are encouraging people to go and do sciences, yet sciences are among courses that take the longest time to study and are also among the most expensive courses. Let us look at our parents from the rural areas who have spent and even sold their animals to make sure they pay for these students to go and study, yet at the end of the day, we cannot absorb them.

I think the Government needs to become a little more serious. If you look at the very many pharmacies and the small health centres that are mushrooming every day - because these people will need to earn a living –*(Member timed out.)*

THE DEPUTY SPEAKER: Thank you. Hon. Nyamutoro? I will conclude with Karamoja.

5.17

MS PHIONA NYAMUTORO (NRM, Youth Representative, Female): Thank you, Mr Speaker. I join the rest of my colleagues to add a voice of concerns on the issues of medical interns. This is one of those issues that tests us, as a leadership, on where our priorities lie as a country.

As a voice of emphasis, I agree with my honourable colleague who stated that we needed an internship policy as soon as yesterday. With the growing number of interns and the budget that has been cut to Shs 10 billion, it only indicates that, as a country, we are headed for a crisis. This means that we totally have no plan for the increasing number of medical interns.

I do not agree with the notion that there is a problem with the President's emphasis on science subjects because the population is growing as well. We only become better, as a country, when the ratio of our medical workers to the citizens is narrowed. *(Applause)* This means that the Ministry of Health should come up with some clear criteria that will eradicate this problem sustainably.

Uganda loses nothing by being one of the best East African countries that produces quality medical workers to the world. We want to emphasise this, as youth representatives, that

these medical interns are young people; they lay their lives to save Ugandans but that they cannot work at the mercy of whether we can prioritise them in the budget or not. If it is a policy in other countries to pay their medical interns, we should also be able to do the same. Thank you.

THE DEPUTY SPEAKER: Thank you.

5.20

MR ALBERT LOKORU (NRM, Tepeth County, Moroto): Thank you, Mr Speaker. I come from Moroto, not Karamoja. *(Laughter)*

THE DEPUTY SPEAKER: Sometimes, honourable colleagues, I use many descriptions to reflect - because today, I have not heard, for example, a Member of Parliament from Karamoja presenting. So, it is not that I do not know you, Members.

MR LOKORU: Thank you, Mr Speaker. I also thank the committee chairman and his members for the wonderful report on the issue of the interns in this country. The issue is very critical in the health profession because the interns help in supplementing the work done by the qualified and employed doctors in this country.

The biggest challenge is the wording we are trying to apply – whether it is “welfare”, “motivation” or “payment”. What do we mean when we have these interns in these hospitals? Are we talking about payment? Let us be specific so that when we are planning, we know what we are talking about.

The other issue is about the relevancy of internships. It is a requirement for you to do an interview when there is an employment opportunity because they say “without hands-on experience, you cannot use only theory to execute duties at a high level.” How I wish that the policy of the Government on upgrading health centres II to health centres III is implemented. This would be able to absorb some of these interns after finishing the internship period.

Again, the certificate they will get will help them in being competitive, but Mr Speaker, you find private hospitals are handling this – *(Member timed out.)*

THE DEPUTY SPEAKER: Thank you honourable. Colleagues, I have noted those who have not spoken. On the next item I will give you priority. We still have many items.

5.23

MR JOSEPH SSEWUNGU (NUP, Kalungu West County, Kalungu): Mr Speaker, I want to thank the committee for the good report presented. I do not normally refer to papers but I want to read this section properly for them, and it should be noted by the House. Section (J)(1) of the Public Service Standing Orders, 2021 requires that where a training programme mandates students to gain practical skills in the world of work like, it is for medical interns – under Section (J)(5), they should be paid at the existing rate at the entry level of the trainee. So, in effect, Medical Interns should be paid more than what the President directed.

Mr Speaker and honourable members, the issue of paying interns - I do not know why the Ministry of Finance, Planning and Economic Development and the Ministry of Health do not make this payment a recurrent expenditure in our budget because this money is supposed to be paid.

Secondly, Mr Speaker, it is only the medical doctors in Uganda, leave alone teachers, lawyers and others, who are not graded. Doctors are not graded; he can attest to that. They do not have first class, second class upper or pass. For them, they are graded as medics. What was the reason for the philosophers? Maybe because people would have run out, “I want one with a first class to treat me”; “I want one with a second class, that one got a pass and cannot work on my body.” So, whenever we come to medics, we should pay more attention to them but this is all after planning.

Rt Hon. Prime Minister, you look at the ratio of Ugandans, how many people are catered for by each doctor? In Africa, go to Namibia,

you will find most Ugandans working there as doctors. Let us give priority to our own. It is you who made this decision. Remember we fought against paying Science teachers against Arts teachers. Now you have scientists and you are running away from them.

There is no teacher in Uganda who was graded as a teacher without doing school practice. When we went for school practice, Mr Speaker, we did it but after leaving school, within one month, the schools would run dull because teachers doing practice had gone away.

Here you have doctors who are working almost 24 hours, training as doctors during internship, doing the donkey work at the cost of those who are getting masters, then you fail to pay them. When they strike, you beat them. That is irregular, we must fight against it.

As I conclude, Mr Speaker, I pray that when we are budgeting; let us plan for this money as a recurrent expenditure, not as an unfunded priority. Once you put in the Budget and spread it as recurrent expenditure, it will mean we shall not have any wars. Mr Speaker, as you stated, you can reduce the payment but still the workload is big. When you read to the Public Service Standing Orders - I have read – you will notice that there is no way you would run away from it unless you amend it in Parliament through the Attorney-General's Chambers.

Lastly, I want to thank the Prime Minister. The Minister of Health is far away, seated there; she has not been following what we are doing and all that is hers. We pray that next time, Madam, you pay keen attention while seated there because that will show your seriousness.

THE DEPUTY SPEAKER: Hon. Ssewungu, here we know Hon. Margaret Muhanga's situation; she cannot sit in chairs of this nature, she needs a chair with a hard background and we all know it.

What Hon. Ssewungu is saying to the Ministry of Finance, Planning and Economic Development is to revise our chart of accounts so that instead of this item being captured as

a subvention, it is captured under recurrent expenditure. The numbers are growing, so we need to make a very clear projection.

However, I was worried; this was not how the issue was captured because it was reduced from Shs 51 billion to Shs 10 billion. So, it is deliberate somewhere somehow. If there is an attempt to revise the policy, then they should tell us. Yes, Minister of Health.

5.28

THE MINISTER OF STATE FOR HEALTH (PRIMARY HEALTH CARE)

(Ms Margaret Muhanga): Thank you very much, Mr Speaker. I have been noting down all the concerns of Members though I do agree with most of the issues they have aired. I want to thank the committee that brought this report and those who contributed and their observations have been noted.

I want to first of all say that medical interns are not all doctors; they are pharmacists, nurses, midwives and other health workers. The money that we received in the last financial year, Shs 22 billion, was to pay arrears for the senior officers' housing, as the chairman of the committee has explained very well and also to pay their arrears and to pay them up to 30th June. Therefore, once we start this new financial year, there has not been a budget appropriate enough to pay them.

Mr Speaker, I have taken concern and note of so many of these questions raised -*(Interjection)* - I have not said anything; now what do you want to clarify on?

THE DEPUTY SPEAKER: Honourable minister, go on.

MS MUHANGA: I have taken note of the observations made by Hon. Joel Ssenyonyi, Hon. Ssewungu and most of them talked about the importance of these medical interns. Seriously speaking, we know that in our healthcare system already we are understaffed. We keep writing requests for some of the specialists.

Remember we have got to request the Ministry of Public Service to put these people on the payroll. So, we arranged the organogram of our national referral hospitals and regional referral hospitals up to the last health centre; that we shall have this number of workers and these are the specialists we require. But sometimes we do not get all those numbers approved. So, we have shortfalls.

The chairperson also explained that when we deploy these interns as the numbers grow, we need specialists to supervise them while they are working in hospitals. Now, every three interns are supposed to be supervised by one specialist but he has already told you we are at eight or seven on average, meaning that we need more people in the hospitals to supervise the interns.

The number of interns, since 2016, has doubled yet the number of specialists has not doubled. So, there has been this school of thought that we could maybe give a ceiling to each university, for instance, we say Makerere University, please admit 200 each year, or maybe 20 doctors –(Interjection)– no, I am just explaining - it is nonviable. All universities are training doctors as and when they have them. There is no ceiling that has been given –(Interjections)- just listen to mw so you learn more.

Now, without having this ceiling, the numbers may triple in the next three to four years.

Mr Speaker, in the next two to three years, we need to be prepared to handle these numbers. So, we need the money to pay these interns because they work in these hospitals all the time though like support staff. Even if they are training, they really have a lot of work that they do in these hospitals. Not that the specialists run out, but specialists are supposed to ask medical doctors to give them a report of what they have given, and then the specialist gives his opinion and maybe changes the drugs or something like that.

Hon. Amedee said we have a deficit in policy and management. Even if we had our act

together, the rate at which the numbers are growing is really insane; from one university to now 14 training medical institutions. When the resource envelope has not multiplied as much to take care of all these people coming out of universities, we only need to make it a priority. As we speak, we have one doctor for every 100,000 people, which is very small.

Now, this Parliament appropriates and when we lack a budget, we have no one to blame but ourselves or work hard to have this money that we require for these hospitals.

THE DEPUTY SPEAKER: No, Hon. Ssewungu, once a member is not ceding ground and you insist, then it becomes more or less harassment. So, please let us allow the minister to continue.

MS MUHANGA: Hon. Komakech also raised an issue that we need to work together with the Ministry of Education and Sports to make sure – the interns we shall have every year - let me tell you - because I have heard this come from many Members of Parliament - we cannot determine how many interns we shall have until they have graduated. For people who have been in medical school, you very well know that some people do not finish on time. So, you have to wait until they graduate to know how many we need.

Universities will tell us the people we admitted but those are not the people who will qualify at the end of the day. So, we wait for these universities to send the names of all the students who have finished their courses and then we list them.

THE DEPUTY SPEAKER: Honourable minister, you conclude. You do not need to answer each and everything. Some will be captured in the report.

MS MUHANGA: Most of them were talking about the same thing, Mr Speaker. It was about making the interns a priority, which I agree with, 100 per cent. I also agree that these many exams that people go through are necessary. I want to give a scenario before I leave the Floor.

There is a qualified gynaecologist who was treating Ugandans in Somalia. She studied in Italy and came to Uganda to practice with all the good qualifications; she has a Master's in Gynaecology and Obstetrics.

What happened is that they asked her to go to our hospitals to learn more about medicine because she studied in Italy, the language of instruction there is Italian, yet in Uganda, we use English, so she needed to learn the terminologies and the machines we use. She went to Mulago Specialised Women Hospital for three months and it was until she learnt that she was certified by the Medical Council to practice medicine in Uganda.

So, that is the difference; when somebody trains in China, the language of instruction is different. When somebody trains in Germany, the language of instruction is different. So, we orient them to our system here. Thank you.

THE DEPUTY SPEAKER: Thank you, honourable minister. Honourable colleagues, I now put the question that the Report of the Committee on Health on a Petition about delayed commencement of medical internship for the 2023 intake and welfare of medical interns, be adopted with amendments.

(Question put and agreed to.)

Report, adopted.

THE DEPUTY SPEAKER: Honourable minister, in line with Rule 220 of our Rules of Procedure, bring an action-taken report on this matter in one month. That would be enough for the Government to go and consult and put everything together and we see how best we can address this concern. Thank you. Next item.

MOTION FOR ADOPTION OF THE REPORT OF THE COMMITTEE ON EQUAL OPPORTUNITIES ON THE STATE OF CHILDREN'S AFFAIRS IN THE COUNTRY

THE DEPUTY SPEAKER: Committee chairperson? The chairperson is not here. Next item.

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

THE DEPUTY SPEAKER: Thank you. Committee chairperson, this report has been uploaded. You have 15 minutes to present the report and then we have a debate. We have to finish the Order Paper today.

5.38

THE CHAIRPERSON, COMMITTEE ON HIV/AIDS AND RELATED MATTERS (Ms Sarah Netalisire): Thank you, Mr Speaker. I would like to remind you that on 24 April 2023, I presented this report on the Floor of Parliament. What was remaining was to debate and adopt the report.

THE DEPUTY SPEAKER: Oh, we did not? As if we concluded it.

MS NETALISIRE: No.

THE DEPUTY SPEAKER: That is okay.

MS NETALISIRE: Mr Speaker, if you allow me, let me just use a few minutes like five.

THE DEPUTY SPEAKER: No, Members should refer to the report. These are general issues. Maybe just read the recommendations. You can use three minutes.

MS NETALISIRE: Thank you very much, Mr Speaker. The Committee on Internal Affairs reported to this Parliament that there were high rates of HIV/AIDS infections in prisons and this gave us space to go and do investigations.

We looked at four areas: the first objective was to establish why there were high infection rates of HIV/AIDS. The observation was that all the inmates that are detained undergo mandatory HIV/AIDS testing for us to get the exact result of the prevalence rate there.

Number two, we also found out that they are inmates who share sharp objects like razor blades for shaving, which was confirmed by the Commissioner in charge of prisons. This accounted for about 1 per cent of the inmates who walk in negative and go out when, they are positive.

There were also allegations of men having sex with men, that is homosexuality taking place in prisons. When we interacted with the Commissioner in charge of Prisons, they never denied or confirmed this. But when we looked at their survey that came out in 2016, it indicated that five prisoners had experienced issues of homosexuality in prison.

Therefore, looking at the survey that was conducted by the prison themselves, the committee confirmed that homosexuality is taking place in prisons and it is also one of the reasons the prisoners who walk in when they are negative since they undergo mandatory testing on entry, and they also test them on. So, they find out that they are HIV positive.

Mr Speaker, the second area was for prisoners to access ART services while they are in prison. We discovered that there are only 45 accredited health centres that provide ART and 112 of the 260 do not have any ART services provided for them. They have to use the public health centres and this puts a lot of burden on the staff to escort the prisoners to get the services.

We also noticed that there was lack of specialised nutritional needs for the HIV positive prisoners. We have made some recommendations but because of time, I will not go into the details.

Regarding the issue of sources of financing, we also discovered that there is a very big challenge in terms of financing. For example, with the Uganda Police Force, to manage HIV issues, they needed Shs 1.5 billion in the Financial Year 2021/2022. However, only Shs 287 million was released to them. Therefore, it gives them a lot of challenges in managing HIV issues.

When it comes to Uganda Prisons, they needed Shs 12 billion. However, they only secured Shs 4 billion and there was a gap of Shs 8 billion. Therefore, as a committee, we feel that the Ministry of Health should help and increase the health facilities in these prisons. Out of the 360 centres, 112 are missing HIV services and yet an HIV client is supposed to take ART drugs on a daily basis.

When it came to Uganda Police, it was not amusing for us. We know that the law gives 48 hours for people in detention to be produced in Court. However, experience has shown that the suspects stay for a longer period of time. There are those who stay for a month still in police detention and have not been arraigned in Court.

What they normally do in the police is to just assemble people in the morning and then ask, "Who of you is HIV positive?" The issue of privacy is not adhered to. We still have stigma amongst the population and so, for people to come out during an assembly in the morning and declare that "I am HIV positive" is very challenging. Therefore, they hide their status and do not speak out.

This has caused drug resistance because when they are arraigned in Court and sent to prison, they come out after a period of a month and then, start swallowing the drugs. That is where they have issues of adherence.

Therefore, Mr Speaker, we are imploring the Ministry of Health to make sure that the health centres and areas to facilitate ART services are provided in most of our prisons and also police stations. This is to make sure that we do not lose the struggle that we have almost achieved.

Mr Speaker, I thank you. Since the report was presented in detail, allow me to leave some time for Members to debate the report. Thank you, sir. *(Applause)*

THE DEPUTY SPEAKER: Thank you. Honourable members, I am going to pick only five Members and we quickly move to other items. I will start with Hon. Naome Kabasharira,

Dr Batuwa, Hon. Milton Muwuma, Hon. Kyooma and Hon. Ochai. I will also include Hon. Obigah; she has been very insistent.

Hon. Hanifa Nabukeera, didn't I pick you yesterday? Okay, then. Some of you have just come; I know those who have just come. Even when I look at their faces, I know. We have other items; I am going to ensure we include them. Let us speak for two minutes each. There is a procedural matter.

MR OGUZU: The issue of financing for health service delivery has continued to emerge even when Uganda has signed declarations to offer universal health services across the country. I am acutely aware that this Parliament has powers to re-allocate resources from one Vote to another to deal with such serious emerging issues.

Wouldn't it be procedurally right that you lead this Parliament into re-allocating resources that are used to deliver Government officials for treatment outside and resources that are being used to maintain some UPDF forces in Equatorial Guinea in assignments that we cannot explain to such critical health service delivery areas, which are afflicting our people?

I need your guidance on how we can offer solutions because it has emerged that this Parliament did not allocate resources for those services. Thank you.

THE DEPUTY SPEAKER: Thank you. Honourable member, we have that power. Unfortunately, the appropriation period has already ended. The Appropriation Bill has already been assented to and the unfortunate bit is that as a private Member, you are limited by Article 93 of the Constitution from tampering. Therefore, we cannot introduce any amendment to the Appropriation Act; our hands are tied. However, what I pick from you is that in the next budgeting cycle, we should take note of these issues before passing the Budget.

5.48

MS NAOME KABASHARIRA (Independent, Rushenyi County, Ntungamo): Thank you very much, Mr Speaker. I would also like

to thank the committee for the report, much as it has taken long on our shelves. Nonetheless, it is good that it has come.

I get concerned about our prisoners and now that those who are on ARVs cannot access them - That aside, regarding the way our prisoners are taken, we really infringe on their rights. Being in prison does not mean you should be denied your rights and other services and more so, health. They are in prison so that they change, come back and live with other people when they have been rehabilitated.

Some time back, I brought here a matter of national importance concerning a certain type of ARVS used by someone who has taken a while without taking ARVS. Once the person is freed from prison, he is likely not to adhere. Therefore, he is put on that line of ARVs and they are very expensive. If, God forbid, our partners withdraw because of this law that we passed, our Government is going to face it rough to cater for these people.

112 –(Member timed out.)

THE DEPUTY SPEAKER: Please, conclude, honourable member.

MS KABASHARIRA: Thank you very much. There are 112 centres without health facilities to pick ARVs. Mr Speaker, it is not necessary to have a health centre to cater for them. They can just create some place or way of giving these people ARVs. One hundred and twelve is a big number. We are going to cause unnecessary deaths.

I beg that the Ministry of Health takes it seriously and looks after these people who are in prison. I thank you, Mr Speaker.

5.51

MR MILTON MUWUMA (NRM, Kigulu County South, Iganga): Thank you, Mr Speaker. Allow me to thank the committee for the report. It is true that as members of the Committee on Defence and Internal Affairs, we visited different prisons. The fact of the matter is that no single administrator of the prison would admit that the vice was taking place. However,

after further engagements with inmates in the prisons, you find them admitting, in one way or the other, that it happens as a result of the congestion in the prisons.

The recommendation and proposal I am putting to Members is for us to avail more resources to the prison service so that they can expand on the available space. Secondly, they should fast-track the judicial processes to reduce the number of inmates in prisons. There are inmates who take over five years without appearing before judicial officers.

This recent recruitment exercise is helping because we provided resources and the DPP's office is recruiting. Magistrates and judges are being recruited. Maybe that is one way through which we will be able to decongest prisons and end up eliminating the vice that we stood firm against, as the Parliament of Uganda.

Mr Speaker, I thank you for this opportunity.

5.53

MS HANIFA NABUKEERA (NUP, Woman Representative, Mukono): Thank you, Mr Speaker. I appreciate the chairperson of the committee. My concern is about the supply of medicine.

Since National Medical Stores had delays in supplying medicines, it could also have happened that supply of drugs to prisons could have been less in quantity. However, when they read the report, it did not reflect that.

I would like to ask the Ministry of Health to do routine check-ups. There are those you test at entry and they are positive and others that are negative, but later they contract the virus. I do not know whether there are routine check-ups.

I request the Ministry of Health to do routine check-ups so that we get better statistics of those who have and those that do not. Thank you.

5.54

MR XAVIER KYOOMA (NRM, Ibanda County North, Ibanda): Thank you, Mr Speaker, for the opportunity. I thank the chairperson and the committee for the report.

Mr Speaker, 18 per cent prevalence rate is really high, especially given the environment where there is that vice and they are also sharing some of the facilities and devices such as razor blades.

Most of these prisons have clinics or sick bays. Can't the ministry ensure a regular supply of ARVs? For them, they do not have an opportunity to buy.

Hon. Muwuma has good points, but in the meantime, what do we do? Is it possible, for example, for all prisoners to be subjected to testing so that those who have are separated from those who do not have? I know that may be coupled with stigma, but also – *(Interjections)*– first listen to me, honourable colleagues. Think about this inmate who has gone HIV-negative and gets out when he is HIV-positive. Sometimes – actually, as Hon. Muwuma said, after the judicial process, the inmate is released, say after three years, when he is positive. The stigma will be too much.

Information?

THE DEPUTY SPEAKER: That is how you will conclude because you have two minutes.

MR MUZAALÉ: Thank you, Mr Speaker. What my colleague has just talked about, of course, will look like discrimination. However, for someone like me who has ever been in *akadukulu* – police cell – for at least a night, when you reach there, there are commanders in those small cells.

About 20 or more detainees are congested there. You are at the mercy of the commander in that cell for any kind of funny act that they may wish to do on you – *(Interjection)*– I have never been in a prison, so, I do not know the behaviour there, but I am giving an experience of a cell -

THE DEPUTY SPEAKER: With your current behaviour, you are not about to go there.

MR MUZAALE: Thank you. I do not know the kind of behaviour in those prisons but I am giving a scenario of a cell where you are at the mercy of a commander.

The concern is about those who go there when negative and come out when they are positive. For some of these, it could not have been their wish but because they were at the mercy of the commander. Thank you.

5.59

MS ROSE OBIGAH (NRM, Woman Representative, Terego): Thank you, Mr Speaker, for giving me this opportunity. The situation is like moving from the frying pan to fire. Space that is supposed to be occupied by one prisoner is occupied by five prisoners. They sleep back-to-back; you cannot avoid what my sister has presented here. This Parliament should address its mind on how to help prison services.

Mr Speaker, it is not only about medicine, but the food is also running out and even uniforms are not there: the situation is bad.

We allocated money to Police to improve on accommodation, but these people went and improved offices. They must come here and explain why they are not interested in accommodation.

The situation is very bad and HIV/AIDS is real. In cells, just as my brother said, there is a lot of congestion and detainees just stand – there is no more sitting or lying at night. People sweat from head to toe. Petty offenders are put inside.

There is a need to bring various ministries to explain to us why we cannot do better than that. Otherwise, thank you.

6.00

MS JOYCE ACAN (NRM, PWD Representative): Thank you, Mr Speaker. I also thank the committee for the report that they have come out with.

Mr Speaker, the people who have spoken before me have already spoken what I wanted to bring out. The issue of congestion in the prisons is serious and it is something to do with allocation of funds to prisons. I think the Committee on Internal Affairs and Defence has to look at the fact that these prisons have to be given a lot of money when it comes to budget, we always look at Defence and give them more money but we have not looked at the problem inmates go through.

Mr Speaker, when we leave the issue of congestion in the prisons unattended to, it means that even the law about homosexuality that we have just passed will be a problem when inmates come out. So, I still plead with the Parliament that we need to increase the Budget for prisons. I thank you.

THE DEPUTY SPEAKER: Thank you. Honourable colleagues, item nine that we are going to handle next is closely related to this. So, allow me to put a question on this, then we handle the subsequent issues under item number nine. (*Member rose*) No, I do not want to go back to most of these issues. The ministry will respond through the action taken report.

Honourable colleagues, I now put the question that the report of the Committee on HIV/AIDS and related matters, the assessment of the high HIV prevalence rates and accessibility of HIV service delivery in police detention centers, and prison facilities be adopted.

(Question put and agreed to.)

THE DEPUTY SPEAKER: Thank you, Honorable Chairperson and members of the committee. Honourable minister, you have three months to bring an action taken report as per Rule 221 of our Rules of Procedure.

MOTION FOR ADOPTION OF THE
REPORT OF THE COMMITTEE ON
PUBLIC ACCOUNTS (COMMISSIONS,
STATUTORY AUTHORITIES AND
STATE ENTERPRISES) ON THE REPORT
OF AUDITOR-GENERAL ON THE
FINANCIAL STATEMENTS OF NATIONAL
MEDICAL STORES FOR THE FINANCIAL
YEAR ENDED 30 JUNE, 2022 AND
OTHER MATTERS

6.03

**THE CHAIRPERSON, COMMITTEE ON
PUBLIC ACCOUNTS (COMMISSIONS,
STATUTORY AUTHORITIES AND STATE
ENTERPRISES) (Mr Joel Ssenyonyi):**

Mr Speaker, I beg to for starters lay on the Table, the report of the Committee on Public Accounts (Commissions, Statutory Authorities and State Enterprises) (PAC- COSASE), on the report of the Auditor-General on the Financial Statements of National Medical Stores (NMS) for the Financial Year ended 30 June 2022 and other matters.

Mr Speaker, I also beg to lay the attendant minutes. As you guided earlier for want of one time, I will skip a couple of things; the introduction, background, methodology, and start right away with findings, observations and recommendations.

1. Revenue performance:

Beginning with the performance of non-tax revenue.

It was noted that although the entity budgeted to collect non-tax revenues of Shs 56.34 billion during the year under review, only Shs 45 billion was realised, representing a performance of 80 per cent of the target. As a result, a number of planned activities were not implemented.

The Accounting Officer explained to the committee that NTR is obtained from development partners and that sometimes this was not easy to determine. Rather, NMS makes Budget estimates based on the estimates made by development partners, which they make to the government and these are informed by

bilateral agreements. He also submitted that post COVID-19 many supply chains were disrupted, and development partners could not provide all that they had promised, which shows why there was a drop.

The committee observed that;

- i) Over-reliance on development partners is a cause for concern, given that the operations of National Medical Stores can be severely impaired if the development partners pull out.
- ii) We also noted that COVID-19 negatively impacted the ability of development partners to provide the non-tax revenue as planned in the year under review, and this impacted on the implementation of planned activities.

We recommend that the accounting officer should engage the Ministry of Finance, Planning and Economic Development at the time of budgeting to develop realistic NTR estimates.

Mr Speaker, the other issue is the performance of the government of Uganda receipts. According to the approved budget, the entity was supposed to receive Shs 600.314 billion out of which Shs 589.056 billion was warranted, resulting in a shortfall of Shs 11.258 billion. The shortfall represents 1.87 per cent of the approved budget. These funds that were not warranted were meant to facilitate the implementation of activities that we have adumbrated in a table there.

The Accounting Officer submitted to the committee that the government of Uganda's contribution was Shs 543 billion for procurement and distribution of drugs, and the rest was from development partners. When the release from the government was made, the appropriation in aid was added to make the total of Shs 589 billion. Therefore, the total of Shs 589 billion was a combination of the government of Uganda contribution, and the non-tax revenue, internally generated by NMS.

The committee observes that the inability by NMS to receive all funds budgeted for, affected the operations of this entity.

And we recommend that the Accounting Officer engages the Ministry of Finance, Planning and Economic Development, to ensure that the entity receives all the funding required to execute its mandate.

2. Non-viable stocks

Management reported Shs 13.4 billion as non-viable stock for the year in the statement of financial performance. This represents an increment of Shs 8.2 billion during the year. The increment relates mostly to third-party stock informing of donations from development partners.

It was also noted that this included within the non-viable stock, donated gloves worth Shs 1 billion that failed the NDA tests but were allowed into NMS stores.

Mr Speaker, in that table, we are talking about a summary of the stocks that were not non-viable and not fit for usage, including drugs, gloves, condoms, and so on.

The implication:

The increase in non-viable stock not only increases the costs involved in the destruction of these expired medicines and medical supplies, but also indicates a denied service to the citizens.

The Accounting Officer submitted that there was a procedure to be followed both in the release by National Drug Authority for all medical supplies from the port of entry and receipt of the same by the National Medical Stores and NDA.

I want to run down again for want of time, the bulk of the drugs 89 per cent consisted of ARVs; the bulk of these drugs that were not fit for usage. The rest were phased out medicines and test kits for TB and hepatitis B testing kits and a small percentage of other drugs whose demand

had drastically reduced due to COVID-19, which had resulted in limited movement of people, leading to reduced demand.

The committee observes that non-viable stock denies members of the general public the much-needed service they would have attained if the stock had been fit for use.

We recommend that the accounting officer should always work with development partners to ensure that the stock of drugs supplied meets the national and international standards to avoid wastage.

3. Debtors

As it was noted that the Ministry of Health is the biggest debtor to the National Medical Stores at Shs 31.4 billion followed by the CDC project at Shs 8.9 billion. According to NMS efforts to have these funds recovered have been futile.

In addition, management reported the provision for doubtful debts to the tune of Shs 25.8 billion as detailed in the financial statements. Included in this is the amount of Shs 66 million in respect of the Uganda Aids Commission debt for handling fees. According to management, this has become irrecoverable due to a lack of contract documents.

The accounting officers submitted that the money is related to work done by NMS on behalf of the Ministry of Health; that is the debt owed by the Ministry of Health, and that some related to relief items for COVID-19 and Ebola. Despite various reminders from NMS to the ministry, the payments had not been met. The debts relating to the Uganda Aids Commission were incurred back in 2006 and there was no documentation to support their claim.

The representative of the Permanent Secretary of the Ministry of Health told the committee that the Ministry had constituted a team of senior officers from the ministry to undertake a thorough examination of the figures, and have them included in the statement of financial position to the Ministry of Finance.

He informed the committee that whereas the ministry always submitted a budget for domestic areas, the allocations were inadequate.

The committee observes that:

- i) The Ministry of Health owes huge amounts of money to National Medical Stores (NMS), and this affects the ability of NMS to execute its mandate.
- ii) Whereas the Ministry of Health informed the committee that there was ongoing reconciliation to verify the amount indicated by the Auditor-General, there was no evidence submitted to indicate that this was actually happening.

The Committee recommends that:

- i) The Accounting Officer of the Ministry of Health, in conjunction with the Ministry of Finance should settle all the outstanding arrears to NMS within six months from the date of adoption of this report.
 - ii) The Accounting Officer should ensure that all transactions of NMS are backed by proper documentation to avoid challenges while making claims for payment.
4. Contingent liabilities - Management presented the status of 12 Court cases for and against NMS as part of the contingent liabilities. However, three of the Court cases stretched to over 10 years- that is from 2008, without any ruling from the courts of law.

Mr Speaker, I would like to skip and go to observations.

The committee observes that:

- i) The bulk of the long outstanding cases emanate from the dismissal of former employees, upon a special forensic audit report conducted on behalf of the Auditor-General by Johnson & Nyende Certified Public Accounts.

ii) *In National Medical Stores vs Jonah Kyeyune & Others Civil Suit No. 75 of 2010* in which NMS sued the defendants on grounds that it lost money when the defendants folded orders for delivery of drugs to various medical facilities, whose judgment was delivered on 18 April 2023, the Court found that there was no evidence to show that NMS had suffered a loss and dismissed the suit with costs.

iii) *In Stephen Wasira & Helen Bitature vs National Medical Stores Civil Suit 175 of 2009*, where the plaintiffs sued NMS for unlawful dismissal, delivered on 19 December 2022, the Court found that among others, the forensic audit report made by Johnson & Nyende was inaccurate, insufficient and should not have been relied upon by the defendants' body, that is NMS Board of Directors, to dismiss the plaintiffs without further investigation, and ordered the defendant to pay general and special damages.

We recommend that:

- i) NMS should hire the services of an external, competent legal firm, to provide legal services because we discovered one of the reasons they were running into legal wars was because they do not have a competent legal firm to help them with these matters.
- ii) The Board of Directors should always ensure due diligence in its decisions to avoid legal liability.

5. Management of IT systems in Government and I will move to procurement, development, and use of software licenses.

Firstly, the entity budgeted Shs 5.3 billion for the acquisition and implementation of IT services and equipment and received Shs 4 billion.

It was noted that ERP System is one of those systems they use, which is used to undertake the roles of warehousing finance, procurement,

audit, and fleet management was not integrated with other Government systems such as IFMIS, Human Capital Management and e-Government procurement, making it difficult to track.

The Accounting Officer submitted that the integration was on-going and it was a requirement that NMS+ should be integrated for access to IFMIS.

We recommend that:

- i) The Accounting Officer should ensure that NMS+ is integrated with all other Government IT systems within three months of the adoption of this report.

The other item is disposal and decommissioning of ICT assets. It was noted that three IT systems- Mac Operation Systems and Navision were not being used at the time of the audit but were yet to be decommissioned, in contravention of paragraph 15.11.1 of the Treasury Instructions of 2017, PPDA Act of 2003, and PPDA Regulations to efficiently and transparently dispose of assets as recommended.

In the circumstances, data that is resident on or extracted from the decommissioned systems and equipment is prone to misuse and loss.

The Accounting Officer submitted that the three ICT systems contained information that needed to be kept and that the systems were instead integrated with NMS+.

The committee recommends:

- a. The Accounting Officer should put in place appropriate policies, strategies and procedures to ensure data availability and integrity preservation during decommissioning of IT systems.

Other matters and this is the last item, Mr Speaker and Members. Complaints over-delayed delivery of drugs and other medical supplies.

The committee raised concern over the delayed delivery of drugs and other medical supplies by NMS to Government health facilities, which caused a shortage of much-needed drugs in health facilities.

The Accounting Officer explained that they too have seen the complaints in the media but said that they could be arising from the delayed requisition of drugs and other medical supplies by the affected health facilities.

The Accounting Officer further submitted that when NMS gets the requisitions late, inevitably, the delivery will be late.

He added that lately, NMS sends messages to Members of Parliament, whenever deliveries of medicines are made to the health facilities in their constituencies- That is what the Accounting Officer told us.

The committee observed that the shortage of drugs in health facilities, on account of whatever reason affects the general public, which is meant to benefit from these drugs.

We recommend:

- i) NMS should streamline the cycle of procurement, dispatch, and delivery of medicines and other supplies to health facilities with strict timelines.
- ii) NMS continuously, should sensitise Government health facilities, about the progress of requisition and delivery of medicines, so that the shortage of drugs on account of late requisition is addressed.

Conclusion

National Medical Stores plays a critical role in the distribution of medicines and medical supplies throughout the country. However, the committee is concerned that the Ministry of Health owes NMS money that has not been paid for a number of years. If this trend continues, there is a risk that the operations of NMS will be severely affected.

Additionally, it is imperative that the delivery of drugs to health facilities is done in time.

Mr Speaker and Members, I beg to move.

THE DEPUTY SPEAKER: Thank you, honourable Chairperson. Now, making a summary is not just in the interest of time, it is because we are supposed to read this in advance so it was uploaded.

Now coming here again, he repeats everything. What is very important is for the *Hansard* to capture the whole text of the report in its entirety, and then the Chairperson gives a summary. If you waited to read only when he is presenting, then you end up missing out and that will encourage you to research and read and prepare in advance before coming here.

So, honourable colleagues, I open the debate right away. If you know you have already spoken today, please, do me a service, sit down so that I can start with Hon. Mamawi in the corner, then I go to Maracha, Hon. Norah, Rwampara, Bukomansimbi, Ntoroko- I am going to give you the opportunity, do not mind. Two minutes each- Hon. Esenu since yesterday, sorry, it is not that- I do not have anything personal on you, but sometimes I am here juggling. I am going to give you an opportunity, Hon. Esenu.

6.20

MR JAMES MAMAWI (NRM, Adjumani East County, Adjumani): Thank you, Mr Speaker. I thank the chairperson of the committee for this elaborate report.

I want to talk about the budget for NMS. From the report, the committee noted that there is over-reliance on the development partners. When we passed the Anti-Homosexuality Bill, the donors threatened to withdraw their funds. Now the report has come and we are saying that the country relies a lot on donor funding.

I base myself on the issue of lack of ARVs in the prisons. Doctors are facing challenges of multi-drug resistance among the communities as far as ARVs are concerned and we are losing many people, day in, day out.

I caution and ask this august House that if we have such reports in time, during the Budget cycle, we can look into some of these matters and see where we can address them. We expect this report to come in time because by this time, we would have done something. However, we are receiving this – This means that there is a need for us to plan and budget in the next coming financial year and yet, we needed this yesterday. Therefore, it is very important – *(Member timed out.)*

6.22

MS JENNIFER DRIWARU (NRM, Woman Representative, Maracha): Thank you, Mr Speaker, for the opportunity. I thank the committee for the report. Sometimes, when we hear some of these committee reports, particularly this one on health, we feel like crying.

I want to address myself particularly on the issue of procurement. I overheard him say that there are non-viable drugs. I wonder whether a needs assessment was done because when procurement is to be done, there has to be a need. Some of these procured drugs go to waste. For instance, they could have been donations or they could have been procured but when there is no need, they just expire and go to waste and yet, our hospitals and health centres III lack drugs. It is very disturbing. This is why I said we feel like crying.

Therefore, I feel like most of these Government projects - you see them like white elephants just because no needs assessment was done. Even if the needs assessment was done, they are not putting it to the right use. I implore the ministry to do needs assessment and put these drugs to their rightful use, especially drugs for neglected diseases – *(Member timed out.)*

6.24

MS NORAH BIGIRWA (NRM, Woman Representative, Buliisa): Thank you, Mr Speaker, for the opportunity. Allow me to appreciate COSASE on this very wonderful report, especially on the findings that have been raised by the committee.

It really defeats my understanding and this matter perturbs me; that the Government we are talking about, with all its various institutions has one entity that is not being paid and yet year in, year out, this Parliament plays a very big role in appropriating funds. Why would the NMS not be paid by the Ministry of Health and Government and we curtail their operations? I think we need to up our game because these are systems within the Government and something has got to be done.

Many of our people are dying in various institutions in our constituencies because of a lack of drugs. Maybe these expired drugs have been given to many of our people and as a result, there are challenges; health hazards have come their way. It is definitely important that as Government, we try to change our way of doing business when it comes to issues of health; it is very important that we do this.

It is also very perturbing when I hear something to do with doubtful deaths. With all due respect, who is supposed to incur all this? Who is supposed to suffer the consequence of doubtful deaths? What are we doing as Government and different institutions about this? Something has got to be done and it has to be done here. Thank you very much, Mr Speaker.

THE DEPUTY SPEAKER: Whoever has already spoken, please - Yes, I know - I do not mean you, honourable. You are not among those that have spoken. Why do you have a problem? However, your neighbour has spoken twice. Honourable colleagues, I might also give you an opportunity, even if you have spoken, but I want to first give those who have not got a chance. That is what I mean. Then, I can pick out some -

6.27

MR JULIUS TUSIIME (Independent, Rwampara East County, Rwampara): Thank you, Mr Speaker, for the opportunity. I commend the work that the National Medical Stores are doing. However, there are glitches in its execution of the work, especially on what our districts and health systems request for and what is delivered. It needs to be streamlined

so that what we request for at the district is actually what is delivered.

From the report, we observe that there is an issue to do with integrating the information systems. NITA-U has done a commendable job in Uganda to ensure that we have a backbone infrastructure across the country. In this era and digital age, it is important that the NMS+ system is integrated together and all systems in Government talk to each other. It strengthens data tracking and data sharing across the board. Issues of lack of providing the equipment and medication needed to complement each other would not be there if we had an effective information management system. I thank you.

6.28

MR IBANDA RWEMULIKYA (Independent, Ntoroko County, Ntoroko): Thank you, Mr Speaker, for the opportunity. I also thank the chairperson for the report.

I am concerned about the expiry of drugs because our health facilities lack drugs. At the end of the day, boxes of drugs are being destroyed by NMS. My questions are: do they buy drugs that are nearing their expiry date? Do they buy poor quality drugs? Do they delay to supply these drugs? What is the problem? It is very disturbing, Mr Speaker. Our health facilities lack drugs and at the same time, NMS is destroying drugs because they are expired and not fit for human use.

The second thing is about the Ministry of Health becoming a debtor, which is disturbing. Why should the Ministry of Health fail to pay NMS Shs 31 billion? We should compel the Ministry of Health to pay the money so that these people provide services to Ugandans because health is paramount and we need drugs in our health facilities. I thank you, Mr Speaker.

6.30

MR PETER OKOT (DP, Tochi County, Omoro): Thank you, Mr Speaker. I join my colleagues in commending the committee for a good report. From the report, it is clear that NMS can actually be very efficient if they are fully supported with all the resources that they need.

Our people in the countryside depend on health centres II and health centres III, which are in the parishes and subcounties. When these health facilities go without drugs, our population suffer a lot. In our area, if I may take Omoro as an example, for the last three months, most health facilities have gone without drugs. You ask yourself: what is happening?

The report has alerted us that the problem has been non-payment to NMS by the Ministry of Health. Something needs to be done so that NMS is efficient in their work.

Secondly, when some of these drugs are taken to the health facilities and they do not last long, by getting expired, it is very expensive to transport them back to NMS because, by law, the health facilities are not allowed to dispose them off. So, this creates a lot of problems.

Something needs to be done so that the health system is efficient in this country. Thank you very much, Mr Speaker.

THE DEPUTY SPEAKER: Thank you. Hon. Ssolo?

6.32

MR GEOFFREY SSOLO (NUP, Bukomansimbi South County, Bukomansimbi): Thank you very much, Mr Speaker. I would like to thank the committee for the report. I would like to speak about two issues.

The first issue is the lack of delivery of drugs, where the NMS and the Ministry of Health say that hospitals or health centres delay to put in requisitions, which is a lie. I think the Ministry of Health and the Ministry of Finance, Planning and Economic Development should work hand-in-hand because that leads to the loss of lives of our people.

The second issue is about non-viable stock. You might find that in Bukomansimbi, they bring drugs for Sleeping Sickness, yet the problem is malaria. At the end of the day, those drugs are burnt.

The other thing, which is very crucial, is about the condoms procured. I got a complaint from my area; they brought condoms of very small sizes, which could not fit the users. *(Laughter)* At the end of the day, they did not use them. They burnt them and I am sure some people lost their lives.

I beg to submit, Mr Speaker.

THE DEPUTY SPEAKER: I will call Dr Batuwa and Dr Kamara. Of course, you will not be surprised about what Hon. Kayemba is concerned about. *(Laughter)*

6.33

DR TIMOTHY BATUWA (FDC, Jinja South Division West, Jinja City): Thank you, Mr Speaker. My concern is on item three, which addresses debtors to the NMS.

Mr Speaker, the report has reliably informed us that the Ministry of Health is indebted to NMS to a tune of Shs 31.4 billion. This arises out of the appetite to do procurement activities that should actually be done by NMS.

In this budget that we are about to partake, when you look at the development budget, items worth Shs 1.5 trillion is going to be procured by the Ministry of Health. This figure is 14 times the amount of all other agencies under Ministry of Health.

Let us be cautious that while they procure Shs 1.5 trillion worth of things to do with development, this amount should not include things to be procured by NMS. Otherwise, if we do not amend this report and put a stoppage – a complete one – to the Ministry of Health to stop procuring things on behalf of NMS, we shall have this debt increasing.

When you procure gloves, it has a cost of storage and transportation, which the Ministry of Health does not put into account. So, let the Ministry of Health leave NMS to do its work. Let it construct, let it paint hospitals, let it buy soap to clean hospitals –*(Member timed out.)*

THE DEPUTY SPEAKER: Shadow minister, please, conclude.

DR BATUWA: So, I move under Rule 59 of the Rules of Procedure to amend, without notice, that the recommendation on item No. 3 be amended to read that: “The Ministry of Health should completely stop doing procurements on behalf of NMS.”

Since NMS has a Vote, it can receive this money. It has a procurement department; it can procure. It can attach costs of storage and logistics on these items that it has procured that would otherwise cause a debt on the side of the Ministry of Health, if the ministry were to do it.

THE DEPUTY SPEAKER: Honourable colleagues, for these amendments, you can only do them under my mercy. And, under my mercy, it has to be an emergency – as provided for by rule 59 (1) (k). The rest of the amendments should clearly be with notice. I have not received a notice, so, I will not grant these amendments because they are not of an emergency nature. They can be resolved any time.

You can bring a motion regarding that so that we debate, listen to the minister and even process it in a sectoral committee. Otherwise, if you depend on an accountability committee to make such an amendment without the submission of the sectoral committee that has been supervising – and where you are – then, it becomes difficult, honourable members.

DR BATUWA: Thank you, Mr Speaker, for your guidance. For this particular matter, I thought the ministry had taken care of it. It came to our notice at the time of COVID-19 when we had gloves in the storage of these facilities, but we did not have gloves in the health facilities at the peak of COVID-19 pandemic. The reason was that there was no money to transport –

THE DEPUTY SPEAKER: Honourable member, I have already ruled. This is a matter

of a policy nature, but here we are handling accountability issues. However, you can study it very well and come up with a motion and we shall give you space on the Order Paper to handle it substantively.

DR BATUWA: Much obliged, Mr Speaker.

THE DEPUTY SPEAKER: Thank you. Dr Kamara?

6.38

DR NICHOLAS KAMARA (FDC, Kabale Municipality, Kabale): Thank you very much, Mr Speaker. I thank the committee for the report. My comment is about one of the observations about overreliance on development partners as a cause of concern.

When you look at the financing of the health system of Uganda, 40 per cent comes from partners, 40 per cent comes from our pockets and it is only 20 per cent that comes from the Government.

When you go down to drugs, over 90 per cent of the ARVs are funded by donors or partners. Over 90 per cent of Tuberculosis drugs are funded by donors or the so-called partners.

For Malaria drugs, over 90 per cent are also funded by partners. That is why you can find Coartem at the lowest centres like health centre III or health centre IV, but you cannot find a single anti-Cancer drug at a regional referral hospital.

Therefore, to solve this problem once and for all, we must promote the National Health Insurance Bill. Parliament must decide once and for all and bring this Bill forward and discuss it and pass it. Otherwise, if the donors pulled out now, our health system would be in very big trouble.

I beg to submit, Mr Speaker.

THE DEPUTY SPEAKER: Thank you, Doctor. Hon. Kibalya?

6.40

MR HENRY KIBALYA (NRM, Bugabula County South, Kamuli): Thank you, Mr Speaker. We need to amend some of our rules as far as these reports that are tabled are concerned so that we give more powers to Parliament, after we have got the report, to take care of these other requirements.

Mr Speaker, the issue of NMS and expired drugs or nonviable stock is not by accident or mistake, there is a racket. It has been there for a long time and it circulates in the National Drug Authority, the National Medical Stores and the Ministry of Health, it goes to some of these health units, they arrest them and say, we are going to destroy it and it goes back and finds its way back in the market.

I request that we investigate this beyond what the report has recommended. I have just left it to your office and beg that you use your office to see how best we handle some of these issues. The issue of saying that we should purchase drugs that meet national and international standards; these are competent people who purchase these drugs. So, purchasing drugs that do not meet national standards cannot be by accident.

In the report, the Accounting Officer told the committee that they send drugs to medical centres according to the request, so, they delay sending because of the delayed requests. Mr Speaker, that is totally wrong. I always supervise the health units in my area and they tell you that they last received four months ago, according to their requests *—(Member timed out.)*

THE DEPUTY SPEAKER: Thank you. I thought the Government only procures medicine from factories certified by WHO and NDA together with NMS and makes visits before approving. So, I do not know how we would define the issue of the international standard.

However, we have a minister here who will help us with that.

6.43

MR EVANS KANYIKE (NUP, Bukoto County East, Masaka): Thank you, Mr Speaker. I thank the Chairperson for the Committee on COSASE for the report. I have the following issues:

1. There is the issue of procurement. I understand the report is indicating that we over-rely on development partners, but as NMS, the money which is given to them by the Government of Uganda, they should prioritise the medicine for the common diseases we have in Uganda.
2. There is a lot to investigate on NMS because the other week, we saw the IGG visiting NMS in Entebbe, but they had even failed to open for her. I think that there is a lot to investigate.
3. Lastly, about the messages they send to Members of Parliament, sometimes they send these messages when they have already delivered the medicine. It is prudent that they send the messages prior so that when you are in the constituency, you can even go to the hospital before they deliver and you receive the medicine and certify what they have delivered. I thank you.

THE DEPUTY SPEAKER: Honourable, that is going beyond our mandate. It is important for them to deliver, they inform you and then you go and ascertain whether they delivered or not. However, someone will say, “But even the MP was around when we delivered.” They might even provide where you sign and you will never question these people.

So, let us avoid anything that can put us in an angle of being accountable, but we should supervise, indeed.

6.44

MR RICHARD OSEKU (NRM, Kibale County, Pallisa): Thank you very much, Mr Speaker. Just like the issue of interns that we have been discussing, the issue of NMS relates

to the health of the population of this country. I think this is very critical.

From the report, I can see that we have two serious problems. One, is budgetary in terms of supplies because NMS has faced problems of funding, one of the areas is that it is owed money by the Ministry of Health.

Mr Speaker, the Ministry of Health is the Government of Uganda; how can the Government of Uganda sabotage its own people by failing to provide the funds to pay for the money that is supposed to be used to procure drugs for the population that is suffering?

We had a meeting with the Ministry of Health and we had three cycles missed by the hospitals without getting any drugs. The explanation was that there was no money. Now, again, NMS also claims that –(*Member timed out.*)

THE DEPUTY SPEAKER: Please, conclude Hon. Oseku.

MR OSEKU: They also claim that the hospitals do requisition for the drugs late. I think there is a contradiction here that needs to be ironed out. Like I said, the problem is budgetary but the other one critical is about deliveries. The NMS is so centralised in that to drive drugs from here to Amudat and Kaabong, among other areas and vehicles overturn on the way due to bad roads, this is to sabotage the right to health for Ugandans.

I think there is also a need to restructure the managerial issues and the management of the procurement of the drugs in NMS. Even sundries like soap, some of this money should go directly to the users. Regional hospitals can procure soap and gloves, among other things. Thank you, Mr Speaker.

6.47

MR GODFREY ONZIMA (NRM, Aringa North County, Yumbe): Thank you, Mr Speaker. I would like to talk about two issues. One is on the nonviable stocks that were raised. I had an engagement with the National Drug Authority. We were a team of about six

Members who were constituted by the Speaker at the beginning of the 11th Parliament. In our engagement, many of the drugs that get expired, particularly, which we have talked about; things to do with test kits and COVID-19 related drugs among other issues, there was a complaint raised by NMS that they are given the mandate to procure medical supplies but during COVID-19 time, this was hijacked by the Ministry of Health.

This procurement did not look into the demand of our health units. What normally happens is that health units project their demands and these are sometimes submitted to National Medical Stores and they do procurement in line with this. That is why most of those drugs are consumed without any challenges.

However, when you look at these issues of drugs that have been supplied to NMS, it is not only the issue of expiry but these drugs are supplied in excess and the component of transportation is not catered for. Again, when they provide storage facilities for the drugs that they procure, it is in line with the available space they have. So, sometimes, some of these –(*Member timed out.*)

6.49

MS FAITH NAKUT (NRM, Woman representative, Napak): Thank you, Mr Speaker. The report indicated that the irrecoverable debts are huge and have no supporting documents. So, that is why they are irrecoverable. A debt of that magnitude, which is reported here, cannot smuggle itself into the financial statements without supporting documents. Because of the missing documents, I am tempted to think that there is connivance to hide the evidence so that we do not trace those documents with information and NMS does not recover the money, which is outstanding.

I know you have ruled that we cannot amend the recommendations. However, it is my appeal that this being a criminal case, the IGG picks it up. Somebody is responsible for hiding the documents that will make NMS get back this money; that is my prayer that the IGG takes it up.

THE DEPUTY SPEAKER: Thank you. Government has to present a Treasury Memorandum that will be processed and debated again. Usually, that is the action taken on the report. We shall transmit the report together with the *Hansard* so that all these issues are captured, even if they are outside the report.

6.51

MR ANTHONY ESENU (NRM, Kapelebyong County, Kapelebyong): Thank you very much, Mr Speaker. I thank the committee and the chairperson for the very good report submitted. One of the challenges with these reports is that we focus on issues that are negative.

I had a chance to go to NMS and reviewed that place for almost two days. I would be happy if we also appreciated that in Uganda today, we have one of the best medical stores in Africa, with the best procurement system on the continent. It has the capacity to store some of the antibiotics and vaccines, which cannot be found elsewhere on the continent.

I was actually happy to hear that there is no report of funds misappropriated by management. So, I feel that through you, Mr Speaker, let us give credit where it is due. Let us thank NMS for a job well done to procure drugs for this country, delivering them across the country and having very few losses over the years.

I thank the committee for that but let us thank NMS management for doing a good job in serving our people. Thank you.

THE DEPUTY SPEAKER: Thank you. Honourable member, this report is not an investigation. This report is processing issues raised by the Auditor-General, who is a Government official. So, it is not about questioning the capacity or good work but it goes beyond that. However beautiful you are, the Auditor-General looks through your beauty and finds some defects and helps you to improve.

The aim is to ensure that, indeed, we point out areas for improvement where NMS is not performing at 100 per cent and we make recommendations. You have seen some of them. So, the report should not look like it was doubting anything.

6.53

MS JANEPHER MBABAZI (NRM, Woman Representative, Kagadi): Thank you very much, Mr Speaker, for the opportunity. Mine rotates around timely correspondences.

We have seen from the report that NMS lost a case due to untimely requests from the ministry. This calls for the Ministry of Health to work in time with the stakeholders. It should work in time with the relevant districts and hospitals to provide their requisitions on time so that we do not lose funds and time that will cost service delivery.

The other issue is about the timely delivery of drugs. We meet a lot of congestion in hospitals and this is because drugs are not delivered on time. You find people lining up for one session; drugs are there. Those who do not receive are told to receive it another time.

What causes the problem here is - The effect is that we lose a lot of money or waste drugs in due course. People who are sick and have not been able to receive drugs go to the hospitals or private clinics but when they hear that medicine has come, they go to the hospital again, claiming thus; "I was here a week ago but did not receive the medicine."

So, the medication given to that person at that time is wasted because we do not know to whom the prescription is going.

The other issue is about *-(Member timed out.)*

THE DEPUTY SPEAKER: Please, conclude that point.

MS JANEPHER MBABAZI: Mr Speaker, the other issue is about fund releases. To some extent, this is a very big issue, which Parliament needs to work on. It is good that the

Auditor-General noticed that untimely requests can bring a lot of problems.

Many MDAs have brought their requests but they are not funded on time. As Parliament, we need to work very hard to have these fund releases on time. An event that comes late affects the others in due course.

THE DEPUTY SPEAKER: Thank you.

6.56

MR XAVIER KYOOMA (NRM, Ibanda County North, Ibanda): Thank you, Mr Speaker. I thank the chairperson and the committee for the good report. I will focus strictly on debtors and the provision for doubtful debts.

We have just handled the issue of interns; that is under the Ministry of Health. This is an issue to do with drugs; medicines in our health centres. By the time a debtor becomes a doubtful debtor, it has gone too far.

I would like to ask; do you mean that as Government, we are doing so badly that we have started becoming bad debtors and therefore, we should be written off? This implies that our credit rating is greatly affected. I do not buy the excuse of reconciliation. As soon as the Auditor-General's report comes out, the accounting officers normally do those adjustments and make corrections.

These are bad debts, which relate to 2006. Mr Speaker, this is very dangerous. We run a danger – in fact, when Hon. Dr Batuwa was moving a motion, he did not consult me. This is an issue of emergency, Mr Speaker. *(Laughter)*

Please, listen to me. This is an issue of emergency. By the time we start writing off a debt to the tune of Shs 26 billion, we are running into danger; in future, NMS will not be in a position to – *(Member timed out.)*

THE DEPUTY SPEAKER: Please, conclude.

MR KYOOMA: Thank you, Mr Speaker. The NMS will not be in a position to procure drugs and supply our centres. So, if this is not

an emergency, what do we call it? Can the Ministry of Finance and Ministry of Health be serious?

THE DEPUTY SPEAKER: Thank you. The conclusion was for that point.

6.59

MS HELEN NAKIMULI (NUP, Woman Representative, Kalangala): Thank you, Mr Speaker. We thank the chairperson for the report.

When we talk about limited funds, I think it is unfair to the NMS because Government is supposed to do this for the entire country. However, if this institution keeps crying and singing this song, it is unfair to all of us. I think that is why they even end up procuring small-sized condoms for our people. *(Laughter)*

THE DEPUTY SPEAKER: How do you know that the condoms were small-sized, Hon. Nakimuli? *(Laughter)*

MS NAKIMULI: Mr Speaker, I am the voice of the people of Kalangala. *(Interjections)* I beg for your protection. I am the voice of the people of Kalangala and they tell me this. The fishermen tell me the condoms are very small in size; they do not fit them and yet we are fighting HIV; so, it is a point of worry.

Secondly, when we come to the legal issue, you cannot say that the legal firm that is being used is incompetent. That means there is something wrong happening in the NMS. Maybe, they hire firms that are incompetent in order to lose and we look stupid.

For example, how does Parliament have an incompetent legal firm? How does the NMS have incompetent legal firms to handle their cases? This is something we need to look into and investigate, as Parliament, to avoid losses for the Government. I thank you.

7.01

MR ERIC MUSANA (Independent, Buyaga East County, Kagadi): Thank you, Mr Speaker, for the opportunity. Allow me to make a small conclusion on the risk of connivance. There

seems to be a deliberate effort to fail the health system. Just like colleagues have submitted, how do we fail NMS, yet they are the holders of our lives? We want to stay alive and we must have services from NMS, but we have issues with health centres and district hospitals. If there was no connivance, we would see drugs moving to health centres.

Secondly, we are seeing a situation where an entity contracts an agency that is not fit to provide services; an entity that is being supervised by the ministry and the ministry fails the same entity. Yesterday, we were talking about corporate governance. There seems to be an issue with the way NMS is being managed. Thank you.

7.02

MR JOSEPH SSEWUNGU (NUP, Kalungu West County, Kalungu): Thank you, Mr Speaker, for the good guidance you have given us while deliberating on this matter. I also thank the committee.

Regarding the issue of losing cases, when you look at the cases that they have lost, there might be some witch hunting. I do not know whether you undertook a deep investigation into this matter. What we see in most of these cases is a principle of fair hearing and it is not about the legal team they are using. However, for as long as they made a mistake in irregularly terminating their workers, such matters must arise. At the end of the day, the cost goes on the entity. For example, in the case NMS v. UAP Old Mutual regarding what the committee wrote, the mistakes are on the other side.

Mr Speaker, from Hon. Batuwa our shadow Minister of Health, I think we need to go back to our Committee on Health and ask them - The Ministry of Health has no powers whatsoever to procure any health products or goods, which are supposed to be run by NMS. It is irregular and should be condemned right from the Committee on Health. We have had the same situation on the Committee of Education, but we stop them. This is not allowed; this is mismanagement and the Financial Institutions Act is very clear on that.

When it comes to failure to pay NMS yet the Ministry of Health has been given money, they will accuse Finance and at the end of the day, it is our citizens suffering. Everybody knows that since November last year, NMS has not been procuring drugs. When they procure, they do not bring the right ones.

Mr Speaker, the Ministries of Health and Finance must explain clearly because we budget for these funds. These funds must go to NMS and we have been together for some time. You may remember that NMS was performing well and everybody was happy but we are going back to where we started. The issues we corrected are now resurfacing.

Why should the Ministry of Health get money from Finance and refuse to give it to NMS to procure drugs? We are going back to amend the law; that they should get their money directly, but they are supervised by the Ministry of Health. That is painful and we must fight it.

Mr Speaker, we note that whenever the Auditor-General makes his report, there is an exit report. They sit and go for an exit report to see all the irregularities and areas where they are not satisfied. Therefore, by the time the Auditor-General notes this and the committee as well, there must be a challenge.

Since Finance is here, they should explain to us. Why do we give you money to pay NMS to procure drugs and at the end of the day, NMS remains redundant? - because now, it is not performing. Otherwise, I want to thank you, Mr Speaker and with your indulgence, I pray that - You heard the procedural matter I raised yesterday; we began with a full House but at the time you discharged us, we had reduced. I pray that tomorrow, you start with these very Members who are here.

Also, when you think about those to travel anywhere, look at those Members who are regular in Parliament. Those people who think that they will just enjoy - That is my prayer, Mr Speaker.

THE DEPUTY SPEAKER: Thank you. I usually try to scan and sometimes, I remember some and sometimes you do not. I really try to scan. Honourable colleagues, these accountability reports are issues where the committee interacts with the accounting officers, not the political leaders. Even the minister is not in position to answer these issues related to recommendations and all that. That is why it is referred to the minister for action and then, she reports back to the House. The government reports back and then the Treasury Memoranda are now processed and debated in the House.

At that level, we shall be asking the minister because it is the minister we gave the responsibility to go and implement the recommendations of the committee. Therefore, I do not want us to rotate on it very much. Chairperson, you can conclude, if you have anything to add on. Colleagues, I have been sitting for a long time so please save me. The doctors are saying what I am doing is totally wrong. At least you get a chance to move a little bit.

MR SSENKYONYI: Thank you, Mr Speaker. In just a minute, to clarify on the question of over-reliance, I agree with Hon. Dr Kamara that development partners support a great deal, especially when it comes to health. However, what we are saying is, if you are going to bank on that and it does not come through and where you are meant to get your resources from, the Ministry of Health is not footing its bill and so you have challenges, let us address these bottlenecks as opposed to looking so much on the other end. You who owe the entity, pay so that it is not having these shortfalls.

Finally, the question of non-viable stock is a serious one because part of them are donations and part of it is procured by NMS. However, we are saying, envisage the expiries. There is one particular one where they were saying, eventually they changed the combination of drugs and that one is not very viable, this one is the one that is viable, so do not use that one. They can envisage these things because they

are scientists and they can fix the issues in time. I thank you.

THE DEPUTY SPEAKER: Thank you. I now put the question that the report of the Committee on COSASE and the report of the Auditor-General on the Financial Statements of National Medical Stores for the Financial Year ended 30 June 2022 and other matters be adopted.

(Question put and agreed to.)

THE DEPUTY SPEAKER: Honourable minister, within six months, as per the law, please, bring the Treasury Memorandum.

Honourable colleagues, I have an issue. The President returned the Income Tax (Amendment) Bill as provided for using his powers under Rule 143(1) of the Rules of Procedure. There is a new clause he proposed on tax exemption for Bujagali. The committee and everyone were debating that the minister should introduce it on the Floor formally so, for the avoidance of doubt, let me allow the minister to present it and then we refer it to the committee for processing. We will not make any decision here but refer it to the committee for processing.

MOTION TO INSERT A NEW CLAUSE
IN THE INCOME TAX (AMENDMENT)
BILL, 2023, AS RETURNED BY HIS
EXCELLENCY THE PRESIDENT

THE DEPUTY SPEAKER: Please, wait honourable member. I have allowed the minister and I gave my ruling and guidance very well.

7.10

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

(Mr Henry Musasizi): Thank you, Mr Speaker. I beg to move a motion to insert a new clause in the Income Tax (Amendment) Bill, 2023, as returned by His Excellency the President.

THE DEPUTY SPEAKER: This is something, which we are not going to vote on. I refer the motion to the Committee on Finance, Planning and Economic Development for further processing because they are already processing that Bill. It is not anything new.

House adjourned to tomorrow at 2.00 p.m.

(The House rose at 7.11 p.m. and adjourned until Thursday, 6 July 2023 at 2.00 p.m.)