# COVID-19 Interventions Report

# Financial Year 2019/20

**October 2020**

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# 1.0 Introduction

The Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-Cov-2) is a new virus that had not been previously identified in Humans and thus no population level immunity exists. This virus belongs to the Coronavirdae family grouped together in 1968 due to existence of crown-like appearance on their cell membrane.

The virus is highly transmissible by way of droplet infections attacking the respiratory, intestinal and brain tissues. Infection from SARS-CoV-2 results in the 2019 coronavirus disease (COVID-19) which manifests along a spectrum ranging from mild to severe symptoms; in severe cases, death can occur due to complications from the disease. The seafood and animal market in Wuhan, China was implicated as the origin for the current outbreak.

The World Health Organization (WHO) was notified of the outbreak on 31st December 2019 and the causative agent was subsequently identified as SARS-Cov-2 on 7th January 2020 by the chines government. The reservoir host for the virus however remains unknown. In view of the rapid spread, the WHO upgraded the status of the outbreak to a Public Health Event of International Concern (PHEIC) on 30th January 2020 and announced it as a pandemic on 11th March 2020 upon thousands of cases in over 100 countries.

In Uganda, the first case of (COVID-19) was identified on 20th March 2020. This was preceded by a Presidential address made on 18th March 2020, where His Excellency President Yoweri Kaguta Museveni with approval of the Cabinet and National Task force for COVID-19 imposed restrictions which included: Closure of borders with some countries, schools and all other education institutions, stopping religious gatherings of any form, closed business operations, that were categorised as non-essential, and imposed travel restrictions both internally and internationally.

A number of sectors got supplementary funds to undertake COVID-19 prevention activities or buttress the effects of the pandemic on the livelihoods of people in Uganda.

## 1.1 Methodology

The information was collected by the Budget Monitoring and Accountability Unit as part of the annual monitoring work for FY2019/20. The physical monitoring was conducted between August-September 2020.

The sectors assessed include Agriculture; Education and Sports; Health; ICT and National Guidance; Industry sub-sector; Public Sector Management; and Science, Technology and Innovation.

# 2.0 Sector Performance

## 2.1Agriculture Sector

**COVID-Emergency allocations of vegetable seeds and cassava cuttings**

To mitigate the negative effects of the COVID-19 pandemic disruptions on food security in the short and long term, emergency procurement of planting materials was undertaken by Government under the Agricultural Advisory Program/Operation Wealth Creation to support agricultural production for season A, 2020. These included cassava cuttings (175,000 bags); onion seeds (400kgs); amaranth seeds (175,000 bags, egg plant seeds (27,800 sackets); and Sukuma wiki (27,800 sackets) which were distributed to 124 districts.

The planting materials were still being delivered to districts by 1st September, 2020 despite the intended intervention targeting season A, 2020 which runs from March –June. All the allocated vegetable quantities were delivered apart from pumpkin seeds. There were delays in delivery of the inputs in most districts. The delays were attributed to the COVID-19 lockdown related measures and guidelines that affected input procurement and transportation.

## 2.2 Education and Sports Sector

**Background**

On Friday 20th March 2020, His Excellency the President of the Republic of Uganda announced closure of all educational institutions in a bid to curb panic and the potential rapid spread of the COVID-19 virus. This directly impacted approximately 73,240 institutions (pre-primary to higher), 15,126,167 learners, 600,000 learners in refugee settlements and 548,182 teachers[1]. As a result, the COVID-19 preparedness and response plan was formulated by the Ministry of Education and Sports (MoES). This plan was purposed to ensure better preparedness and effective response by MoES, DLGs and stakeholders to COVID-19 outbreak.

Specifically, it had three core objectives: i) Minimise the adverse effects COVID-19 on learners, teachers and the education system at large, ii) Promote coordination and collaboration among education stakeholders and other agencies for a more effective response, and iii) Enhance the capacity of DLGs and stakeholders to promote protection of learners and teachers and ensure continuity of learning and transition to normal school programme.

**Interventions undertaken**

Over the course of the lockdown period (March todate), MoES alongside various different stakeholders, embarked on implementing a variety of interventions to ensure the continuity of learning. ***It is worth noting that all these activities were done on CREDIT and the ministry is yet to pay.***

### A. Mitigate the impact of COVID-19 on learners, teachers and the education system at large

Under this objective, the planned interventions were as follows; i). Map stakeholders, capacities and resources; ii) Capacity building of MoES, LGs, DEOs, head teachers, and school management committees, (LC1, para-social workers in conjunction with community-

[1] Report on the Master List of Education Institutions in Uganda (MEIU) UBOS 2019

based services), Boards of Governors, and Governing Councils; iii) Develop and disseminate messages on COVID-19; iv) Continue to support risk analysis and design mitigation measures; v) Develop a recovery plan (including guidelines on resumption of learning, time-table, exams etc; vi) Effectively implement the recovery plan in schools and vii) Enhance the capacity of stakeholders for monitoring and evaluation of education and sports sector COVID-19 response.

**Performance**

**Development of the stakeholder engagement and recovery plan**

The plans included mapping of key stakeholders in the sector, development of SOPs with the Ministry of Health (MoH) and development of the new timetable. In addition, support supervision was provided to the LGs to clarify any misinformation and provision of information about the re-opening of schools and how LGs can support to teachers and learners.

### B. Promote coordination among education stakeholders and other agencies for a more effective response

Under this objective the planned interventions were as follows; i) establish an Education National Task Force for COVID-19 response; ii) establish a coordination mechanism of COVID-19 education response at district and sub-district levels; iii) provide a coordination and communication mechanism among education stakeholders (establishment of various task teams for core areas of education response); iv) provide cross sector coordination with stakeholders (MoH, MoES, MoGLSD, MoLG, UN agencies, NGOs, DLGs) and; v)mobilize resources and fund-raising mechanisms.

**Performance**

All the interventions were implemented. The national taskforce was established encompassing members from all departments of the Ministry. Through that taskforce, strategies to mitigate and control the spread of the disease were established, coordination and communication mechanisms among stakeholders were put in place and resource mobilisation and fund-raising mechanisms were developed.

To this end, the taskforce applied for and secured a grant through the World Bank Uganda COVID-19 Education Response (GPE) Project. The grant is valued at US$20,000,000 and is at grant signing stage.

Once the funding is made available it will support: (1) student learning during school closures with the provision of self-studying home packages and use of radio and television to deliver lessons, (2) safe reopening of schools and re-entry of students through school grants and funds for handwashing facilities, WASH, psychosocial support, safety and security of students, and fumigation and repairs of schools that were used as isolation centres for COVID-19, (3)vulnerable and disadvantaged groups through large print and braille materials, radio lessons saved on memory cards and TV lessons with interpreters for students with hearing impairment, (4) a remedial program for at-risk girls and a re-enrolment campaign to reach girls and children from vulnerable populations, (5) strategies to support the continued learning of students, teachers, activities to improve coordination among various stakeholders and building capacity of systems of education at all levels.

**Challenge**

- The taskforce was not able to raise enough money to deliver instructional materials to all students. Despite the US$14.57bn raised so far, the taskforce requires an additional US$30.43bn to adequately implement all of their planned interventions.

### C. Enhance the capacity of MoES, LGs and stakeholders to promote protection of learners and teachers, and ensure continuity of learning and transition to normal school programme

Under this objective, the planned interventions were as follows: Develop COVID-19 national preparedness and response plans for education and sports sector, provide support to LGs, sub-county authorities, School Management Committees to promote protection and wellbeing of teachers and learners. Build the capacity of teachers to carry on messages to ensure that children are supported by their parents and guardians.

The taskforce implemented a number of activities to ensure continuity of learning during the different phases of the lockdown. They developed a framework of learning which proposed the following modes of lessons delivery: 1) Print and self–study home package, which will be adapted into large print and braille for learners with special needs, 2) Radio live recorded lessons and live presentations which will be placed on SD reader cards and memory cards for learners with special needs, 3) Television- lessons which will make use of interpreters for learners with hearing impairment, 4) Online uploads to be uploaded on phones.

**i) Print self-study home package**

The Ministry, through the National Curriculum Development Centre (NCDC), and Uganda National Examinations Board (UNEB) developed home study materials to facilitate continuity of learning during the lockdown period. Distribution of materials was guided by the Uganda Bureau of Statistics (UBOS) population data which depicts the number of children between the ages of 6 -18 in each district and sub-county. These materials were printed and delivered by *The New Vision*.

The materials were handed over to the District leadership led by the Resident District Commissioner (RDC), Chief Administrative Officer (CAO) and the District Education Officers. They would then distribute the materials to the sub-county chiefs, for handover to parish chiefs for onward distribution to Local Council Ones to give them to learners in their different homes.

**Performance**

The study materials were developed and distributed; however, the intervention was affected by concerns relating to adequacy, effectiveness and the mode of distribution. Specifically, it was noted that:

**Study materials were inadequate:** Education departments monitored the use and distribution of learning materials and learnt that the materials only covered a quarter of the targeted group (Pre-primary to Senior 6). For instance, over 50% of the sub-counties received as few as three copies for all their schools. Education departments used their own resources to photocopy for their sub-counties which were expected to photocopy for schools in their

respective parishes. Learners in private schools and learners with special needs were not taken care of in phase one of the distribution.

**Effectiveness of study materials:** Findings indicated that schools across districts did not complete the syllabus for term I and the study materials had content not covered, whicht the learners could not understand without assistance from teachers or parents.

Additionally, study materials for P1 to P4 were in English yet schools in various LGs used local languages as medium of instructions for lower primary. Therefore, apart from schools in big towns and urban centres that use English as the language of instruction, many learners in rural schools could not use the distributed materials.

Furthermore, lack of interaction between teachers and learners made the slow learners in particular not to benefit from them since they needed particular attention and remedial teaching from teachers. The learners did not receive necessary feedback from teachers particularly after attempting to answer questions/write assignments which were not marked/assessed to know whether learning had taken place.

***"How can I listen to a radio for a whole month with no assignment, no evaluation and say there is learning?!"*** DEO Rukungiri.

The Ministry did provide a Parent's Booster to assist parents in supporting the learners, but many parents returned the boosters to the district because they found it difficult to understand.

**Mode of distribution:** There was limited, and in some case, non-involvement of DEOs and Inspectors in distribution of learning materials: In some districts such as Rubirizi, Kyenjojo and Kabale, the RDCs were using LC1 chairpersons without the involvement of DEOs, Inspectors and head teachers. This made identification of learners in their localities difficult and many missed out. Transportation of these materials was equally a challenge and some materials were dumped at sub-counties.

**ii) Media**

The ministry planned to air radio and TV lessons taught by model teachers selected from districts across the country, at a stipulated time. Parents/ guardians/siblings were encouraged to support learners to listen/watch when these are being aired. These lessons were to be delivered on different media platforms across the country.

**Performance**

To this effect, the NCDC produced the scripts for airing on radio and TV, however, findings indicated that the radio programs in various districts had limited coverage. For instance, Radio Uganda, which is the official channel used by government, does not reach all districts of Uganda (e.g Kyenjojo, Nebbi, Katakwi).

Additionally, MoES partnered with regional radios to conduct radio programs, however a number of radio stations did not cover all the different local dialects thus many learners were left out.

Many regional radios concentrated on candidate classes (P.7, S4 and S.6) and largely missed out on learners of other levels. Others only conduct lessons for P4 to P7, thus disenfranchising learners in the lower primary. Learners in Rukungiri District had to follow lessons on Radio Kabale; however, the station was only handling lessons from P4 to P7.

Furthermore, the time for the lessons on the stations is not conducive for learners in rural districts as many lessons are conducted between 9:00–1:00pm when many are engaged in the agricultural work and by the time they return home all lessons have ended

Lack of close supervision of learners in homes was another big challenge. Many learners are left on their own in homes to follow lessons on a radios without close supervision by an adult. With no control and supervision children's concentration levels are likely to be low and change to other competing attractions and not learn.

"***The old adage says "I hear I forget, I see I remember, I do I understand".*** Therefore, for effective learning, children need to see, hear and engage the teachers which is not the case with the radio programs.

**iii) Online**

All the lessons were available and uploaded online to be accessed by learners and parents though their computers or phones. The ministry is also working on a digital learning strategy and an ICT in Education Policy with funding from World Vision. A draft is in place. The study materials were all available online on the MoES website, this intervention favoured those with reliable internet access and finances to buy data.

**iv) Stakeholder supported interventions**

- In collaboration with War Child Holland, the MoES launched a digital learning innovation branded "*Can't Wait to Learn"*. The program is centred on improving literacy and numeracy skills for children, using a gaming approach. These educational games allow all children to learn at their own pace and are in line with NCDC objectives. It was piloted in Nalongo Primary School, Luweero District, with a view of scaling up to the rest of the country.
- The United States Agency International Development supported the establishment of a call centre with a free toll line so that learners can access support, guidance and protection. The centre is staffed with counsellors and teachers equipped to address the children's' needs.
- An umbrella group of NGOs spearheaded by UNICEF provided off budget support - supply of additional study materials, however, this was largely in the districts where these NGOs were already working.

**Challenges**

- **Outstanding debt**: Majority of the interventions commenced following verbal agreements between the MoES, LGs and the service providers. The ministry is currently in debt of Ug shs 1.30bn to about 38 radio stations and the teachers who taught the lessons. Similarly, *The New Vision* was not paid for the printing and distribution of the study materials with Ug shs 6bn. The ministry still intends to rely on these service providers as the pandemic continues, and as other classes remain closed, but there is a fear that they might refuse due to prolonged non-payment.
- The learning materials were inadequate and many learners across districts did not receive them. In addition, the distribution of the materials was
- Lack of close supervision of learners in homes was a big challenge particularly when using the study materials or when listening to the radio programs
- Lack of support to returning teachers: The MoES has not clearly indicated plans for retooling teachers as they prepare for re-opening of schools.

**Recommendations**

- The MoES should formalise the contracts made with the different service providers and also expedite processing of their payments
- The MoES should plan make a comprehensive plan for the next distribution of learning materials to cover learners of all classes in all sub counties in the different districts. Distribution of learning materials should involve the DEOs, Inspectors of schools and the head teachers who know the learners in their different sub-counties, parishes and villages.
- Since teachers are in the villages, the DEOs with their head teachers should assign teachers to follow up learners in different villages/homes. Learners can also form clusters in the villages and teachers are assigned to the different clusters for follow up and offer feedback on the different issues learners may be raising.
- Given the changes in the academic time table, the MoES should make adequate plans and guidelines for all teachers returning to schools to catch up with the syllabus within the available time.

## 2.3 Health Sector

During the annual monitoring for the FY 2019/20 BMAU undertook an assessment of the performance of the Health Sector in response to the COVID-19 pandemic in all treatment centres including, Mulago National Referral Hospital, Regional Referral Hospitals (RRHs), some general hospitals, and selected local governments. This section highlights findings in relation to GoU allocations to the health sector initiatives towards COVID-19 prevention and response in FY 2019/20.

### 2.3.1 Financial Performance

The initial support totaled to Ug shs 25bn from the GoU Emergency and Consolidated Funds to Ministry of Health (MoH) for emergency medical response towards the pandemic. In addition, the MoH received a supplementary budget of Ug shs 94.1bn in response to the COVID Emergency Plan. The MoH also received in-kind and cash contributions from the public, private sector, and development partners among others amounting to over US$109,736,160

Overall, the budget for the Multi-Sectoral COVID-19 Response (March 2020 to June 2021) was Ug shs 2,221,990,315,936. By 30th June 2020, a total of Ug shs 766,732,429,404[2] was received and committed towards COVID-19 prevention and response interventions. These funds included Ug shs 386,608,640,216 already disbursed by the GoU to the various sectors, on-budget support by development partners and contributions from individuals and private sector and individuals was committed. This left a gap of Ug shs 1,454,961,814,164.

Expenditure commitments were made as follows: Approximately 35% on supply chain management, 15% on health infrastructure, 12% on leadership, coordination and stewardship, 10% on community engagement and social protection, 7% on surveillance and laboratory, as well as logistics and operations respectively. The rest was spent on human resource, case management, and risk communication among others. LGs also got Ug shs 165m while the RRHs received emergency health workers and Ug shs 270m in response to COVID-19.

**[2] US$ 207,224,981 at an exchange rate of Ug shs 3,700**

By 30th June 2020, the MoH, had received and spent a total of Ug shs 119bn while Ministry of Finance, Planning and Economic Development (MFPED) had not released Ug shs 89bn. Approximately Ug shs 144.9million was released by various development partners as budget Support to the health sector.

Annual Monitoring focused on GoU allocations to MoH (Ug shs 208bn) and the World Bank funds allocated under the Contingency Emergency Response Component (CERC). Table 2.1 indicates allocations to the MoH by source.

**Table 2.1: COVID-19 On-budget Support (Ug shs) to MoH by 30th June 2020**

| Source | Received | Pipeline | Total |
|---|---|---|---|
| GOU / MoH | 119,188,234,110 | 89,000,000,000 | 208,188,234,110 |
| GOU/WB CERC | 55,500,000,814 | - | 55,500,000,814 |
| Islamic Dev't Bank | 51,023,000,000 | - | 51,023,000,000 |
| GFTAM | 28,033,934,300 | - | 28,033,934,300 |
| GAVI | 10,418,249,100 | - | 10,418,249,100 |
| GFTAM C19RM | | 69,624,983,100 | 69,624,983,100 |
| GOU / WB UCREPP | | 56,561,515,200 | 56,561,515,200 |
| **Total** | **264,163,418,324** | **215,186,498,300** | **479,349,916,624** |

***Source: MoH***

The MoH also provided items in kind including Personal Protective Equipment (PPEs), vehicles, motorcycle, hand sanitisers, medical supplies among others.

**Planned Interventions:** According to the COVID-19 Preparedness and Response Plan (March 2020 -June 2021), the MoH planned a number of interventions under the following pillars. Leadership, Stewardship, Coordination and Oversight provided to all sector players; Surveillance and Laboratory services provided; Case Management at selected facilities; Strategic Information, Research and Innovation (SIRI) undertaken; Risk Communication and Social Mobilisation (RCSM) undertaken;

Others were: Community Engagement and Social Protection initiatives undertaken; Logistics; Essential Health Services continued in various facilities; Risk and Hardship allowances paid to surveillance teams and drivers, Airport staff, Points of Entry staff and case management teams in hospitals. The broad interventions resulted into more specific outputs listed below under the GoU support and the World bank support:

**Planned outputs under the GoU support to MoH included**:

- Ambulances procured
- Specialized Medical Equipment including ICU machines procured
- Accommodation Hired to quarantine abroad returnees and quarantined suspects
- Transfers made to RRH treatment centers for case management
- Mobile Health Facilities established at Border Points:
- Personal Protective Equipment procured and distributed
- Non-Medical Masks Procured and distributed
- Blood collection materials for UBTS
- Test kits procured
- Allowances and contract staff salaries paid
- Spray pumps procured
- Operationalization of testing laboratory at the Boarder points

### 2.3.2Overall performance

The sector appropriately responded to COVID-19 demonstrated by the over 47% recoveries out of the 3,353 confirmed cases by 6th September 2020; conducted and released over 395,875 sample results, following up over 17,888 contacts, procurement and distribution of 13,455,657 by 4th August 2020. Sensitised Ugandans on prevention of COVID-19 with support from GoU, private sector and development partners. The sector also operationalised testing laboratories at the boarder points such as Mutukula, Elegu, and Malaba to enhance effectiveness and improve turnaround time.

The World Health Organization (WHO) and Africa Centre for Disease Control (CDC) accredited Uganda Virus Research Institute (UVRI) as the Regional Reference Laboratory for COVID-19. The institute had undertaken over 200,000 tests by 27th August 2020. The sector also established and reactivated with support from the development partners' effective surveillance system in the fight against the pandemic

### 2.3.3 Detailed Performance by output for GoU Support

**Emergency Ambulance and boats procured:** The planned 38 ambulances were still under procurement. M/s AutoZone Armor Processing Cars L.L.C through M/s City Ambulance Limited was contracted to supply the ambulances at Ug shs 11bn. All funds (100%) were uploaded onto a letter of credit at BoU by 30th June 2020. Actual payments to the service provider will done upon delivery. The initial delivery date was 30th July 2020, this was not achieved by September 2020 and extended to November 2020.

**Specialized Machinery and Equipment procured:** The MoH was allocated a supplementary amount of Ug shs 42.3bn for procurement and installation of emergency Intensive Care Unit (ICU) equipment in RRHs. A number of contracts were signed in this regard. These were:

- M/S Elsmeed EA Ltd was contracted to supply equipment worth Ug shs 26bn on 18th June 2020. Initial deliveries were expected in August 2020, however due to high demand of the same equipment internationally, delivery period was extended to December 2020. The supplier was expected to supply 1,553 units of equipment to 17 RRHs. These included defibrillators, suction and infusion pumps, nebulizers, mobile x-rays, oxygen concentrators, weighing scales, portable ultrasounds, patient trolleys, ventilators, icu beds among others.
- The second contract was signed between MoH and Joint Medical Stores (JMS) to procure ICU equipment worth Ug shs 10.5bn on 24 May 2020. The JMS was expected to deliver 388 pieces of ICU equipment comprised of 28% ventilators, 25% patient monitors, 24% oxygen therapy apparatus, while the rest (22%) were ICU beds. The equipment was expected to be delivered in six weeks. This was not achieved by 30th June 2020, however JMS had delivered equipment to six hospitals; Naguru, Entebbe, Jinja, Mbale, Lacor and Lira. Other hospitals had not received the equipment by 2nd September 2020. Deliveries and installations were expected to be completed by December 2020. *It was noted that some hospitals like Gulu and Arua did not have adequate have space for the ICU equipment*.
- In total, two contracts will supply 145 ventilators, 143 ICU beds, 137 patient monitors and 150 oxygen therapy apparatus to various hospitals. Regional disparities were noted in terms of the ICU equipment under procurement. RRHs in central will receive more equipment at 34%, while those in the North, West Nile, Karamoja will share 26%, RRHs

in the West at 25% and only 16% in the East. There is need to harmonise the distribution list for equipment in line with availability, need and regional parity.

- The contract for megaphones worth Ug shs 2.9bn was signed on 11th May 2020. For messaging at parishes and sub-counties. The MoH bought 108,863 megaphones at a unit cost of Ug shs 230,000 and 43,450 pieces of dry cells at Ug shs 10,000 each. These were expected to facilitate communication of COVID-19 messages in all parishes. *The megaphones were delivered on 22nd June 2020, however, districts visited by the monitoring team in July, August and September had not received these items. These included; Oyam, Omoro, Apac, Agago, Gomba and Butambala among others.*

- M/s Silver Bucks Pharmacy Ltd was contracted to supply and install oxygen plants for Mulago and Entebbe hospitals at a cost of Ug shs 6.4bn. Supply 450 cylinders including regulators, humidifier bottles, and cannula among others. The contract was signed on 6th May 2020, it provided a two-year warranty including spare parts. Although 100% of the invoice value of number R1658/MAY20/01 was paid by 30th June 2020, deliveries and installations had not commenced by September 2020.

  *It is worth noting that the same supplier M/s Silver Backs installed oxygen plants in 13 RRHs in 2017 at the same amount cost that the GoU is spending on only two oxygen plants today (FY 2019/20). A contract was signed between M/s Silverbacks and Naguru Hospital to install 13 oxygen plants at a sum of US$ 1,800,347 in May 2016 (this translated into 6.0billon at a then going exchange rate of Ug shs 3,370).*

- *A number of activities outside the budget line on equipment were implemented and paid by the MoH. These included: Procurement of emergency tools for the MoH Service Bay, Printing of pull up banners and tear drops for the National Fitness Day. Purchase of a flag and a bull bar for the Minister of General Duties. These payments were made to individuals.*

- **Furniture and Fixtures procured: The MoH** signed a three contracts with M/S JMS worth Ug shs 1.3bn to supply 1,000 beds and mattresses, 2,000 blankets and 2,000 bed sheets and (ug shs 1bn, 282 and 103million respectively). The unit cost of each bed was Ug shs 890,000 and Ug shs 119,491 for a mattress covered with PVC.

- The JMS supplied 2,000 single size bed sheets at a cost of Ug shs 51,500 on 23rd June 2020. All the beds and mattresses were reportedly delivered. The monitoring team verified delivery of only 331 beds and mattresses. The list of the rest of the beds was not availed to the monitoring team.

  Although over 300 beds were moved from Namboole (Quarantine Centre then) to Mulago Hospital, the latter acknowledged *receipt of only 290 instead of the 300 beds communicated*

**Some of the broken beds delivered by JMS at Namboole Case Management Center**

*by the MoH. Mulago hospital also received 108 mattresses which were not commensurate to the beds provided. Three of beds were already broken and left at Namboole.*

**Some of the beds delivered at Mulago Hospital in August 2020**

- M/S Global Center Limited also supplied 2,000 single size bed sheets with each costing Ug shs 51,500. Deliveries were made on 23rd June, 2020 and a total of Ug shs 103million paid to the supplier.

- **20 sleeper tents procured:** Sleeper tents worth Ug shs 3.8bn were procured from M/s Lumious Uganda Limited. Each of the 100 capacity tents was procured at a sum of Ug shs 163million. *Although the contract stipulated 20 tents, only 13 were signed and installed at Namboole by time of monitoring in September 2020. All the tents procured failed and could not be used to accommodate patients as earlier anticipated due to their weak specifications and capacity. The users and stakeholders at Namboole questioned the suitability and quality of tents procured by the MoH.*

**The Ug shs 3.8bn Sleeper Tents at Namboole Stadium. These could not serve the purpose of their procurement for lack of proper specifications**

- **ICT and equipment including software procured:** The MoH renewed the Anti-Virus Licenses for 450 users from Tech Man Computer Solutions Limited on 28th May 2020. Five desktop computers were procured from M/s Kamage Enterprises Limited at Ug shs 24.3million. ICT equipment was also procured for Points of Entry at boarder facilities by Nutu Investments Limited. Development of E-card for fleet management was also done.

**Mobile Health Facilities established at Border Points:** M/s Modula House Engineering and Construction Company Limited was contracted to establish fabricated health facilities at selected border points at a sum of Ug shs7.5bn. These were: Elegu, Malaba, Mirama Hills, Mutukula, Katuna and, Mpondwe. Each facility was estimated to cost Ug shs 533million. The scope of works involved: Precast reinforced concrete placed on situ concrete foundation

slab. Partitioned using concrete block walls, roofed with iron sheets. Installation of aluminum windows and doors including internal wooden doors. The facilities were expected to have a laboratory and a staff house.

The contract signed was a lump sum contract and was expected to start 14 days upon contract signature on 16th June 2020 and end by 16th September 2020. However, by 15th September 2020, the contractor had fabricated 50% of the mobile facilities required, however, he could not install any for lack of land at the designated places. *Confirmation of land availability was not done prior to contract signature leading to resource overruns. Equipment and human resource to run these facilities was also not planned. An explicit plan for both items could not be traced by time of monitoring done on 15th September 2020.*

**Accommodation hired to quarantine abroad returnees and COVID-19 suspects:** The MoH accommodated over 2,500 COVID-19 suspects and returnees in various institutions by August 2020. These included: Fisheries Training Institute, Diary Development Authority (DDA) Training Institute, Institute of Surveys and Land Management, National Metrological Training School among others. Others were accommodated hotels like Grand Global Hotel Ltd, Central INN Hotel Ltd, Emburara Safari Limited trading as Nyumbani Hotel; Kirigime Guest House among others. *The unit cost of full accommodation varied from Ug shs 60,000 to Ug shs 250,000. Although there was a guideline that travelers from abroad should cater for their accommodation costs, the MoH incurred costs for a number of people. The selection criteria regarding the beneficiaries of these services remained unclear.*

*The MoH paid M/s Kirigime Guest House over Ug shs 170million to Kigirme for quarantine services rendered to 86travellers. The cost per room at Kigirme Guest House was Ug shs 60,000 exclusive of meals of Ug shs 50,000 (breakfast and evening tea at Ug shs 10,000 respectively; Lunch and dinner at Ug shs 40,000). However, other districts with Points of Entry (POE) did not receive such services. The selection criteria for POE districts like Kabale that received such support also remained unclear.*

**Transfers to RRH Treatment Centers for Case Management:** A total of Ug shs 4,088,640,000 was transferred to 16 RRHs for COVID-19 case management. Each hospital received Ug shs 270,000,000 except Entebbe RRH that got an additional allocation of Ug shs 38million to cater for food and risk allowances of health workers, their total allocation was therefore Ug shs 308.6million. By end of August 2020, Entebbe Hospital registered more COVID-19 cases followed by Gulu Hospital. Entebbe discharged more patients compared to the rest of the hospitals. Table 3.4 highlights performance of hospitals in Case Management of COVID-19.

*Inefficiency in utilisation of COVID-19 funds by RRHs characterised by varying unit costs of food served to COVID-19 patients, mischarges, lack of accountabilities, duplicated activity reports, doubtful burials of COVID-19 cases, and domestic arrears for hospitals like Gulu and Arua among others. By 17th August, Arua RRH had accumulated arrears of Ug shs 278million on food, refreshments, allowance, and accommodation of health workers.*

*Arua RRH hired M/s Family Investment Uganda Limited, dealers in phone selling, phone charging MTN services, construction, revenue collection, whole sale and deport services to undertake patient referrals, collection of suspects, trace contracts. Details of procurement of ABS firm could not be traced by 17th August 2020.*

*Lack of receipts and unclear accountabilities with expenditures on coordination activities lacking supporting documents in relation to number of days and cadres of health workers paid for Gulu RRH.*

In relation to COVID-19 response at the treatment centres, Masaka recorded the highest recoveries at 94%, Gulu at 90% while Hoima had the lowest recovery rates at 32%. Details in table 2.2.

**Table 2.2: Performance of the N&RRHs in COVID-19 Case Management March-August 2020**

| Date | Hospital | Budget | COVID 19 Cases Handled | Number Discharged | % Performance |
|---|---|---|---|---|---|
| 12/8/2020 | Mbale | 270 Million | 146 | 106 | 76 |
| 21/8/2020 | Gulu | | 209 | 189 | 90.4 |
| 24/8/2020 | Jinja | | 103 | 80 | 78 |
| 25/8/2020 | Soroti | | 39 | 33 | 85 |
| 26/8/2020 | Lira | | 85 | 67 | 79 |
| 19/8/2020 | Fort portal | | 13 | 7 | 53 |
| 12/8/2020 | Hoima | | 68 | 22 | 32 |
| 17/8/2020 | Kabale | | 56 | 49 | 87 |
| 25/8/2020 | Masaka | | 85 | 80 | 94 |
| 26/8/2020 | Mbarara | | 58 | 39 | 67 |
| 27/8/2020 | Entebbe | 308 Million | 332 | 199 | 60 |
| 3/9/2020 | Mulago NRH | 206million (Received 1st Sept 2020 | 1,037 | 614 | 59 |

***Source: Field Findings***

**Meals provided for quarantined individuals, COVID-19 suspects and patients:** Special meals and drinks were allocated a supplementary of Ug shs 4.3bn. The MoH contracted M/s Keba Investments Limited to provide food for the National Task Force, quarantine and treatment centers through a framework contract. The terms of the contract included provision of breakfast at Ug shs 5,000, Lunch and dinner at Ug shs 20,000 respectively.

The contractor provided food for quarantined people and health workers at Entebbe RRH, MoH Call Centre, Fisheries Training Institute, DDA Training Institute, National Meteorological Training School, Institute of Surveys and Land Management among others**.** M/s Keba also provided meals and breakfast to the National Task Force at Ug shs18,000 and 6,000 respectively. By 25th June, 2020 the contractor had made invoices for food of Ug shs 3.3bn.

*Variances as a result of miscalculations and omissions on the side of service providers were noted for example KPMG noted that a total variance of over Ug shs 65million in relation to catering services offered by M/s Keba Investments Ltd in May 2020.*

*The unit cost of food varied greatly for example in Arua RRH, meals for COVID-19 patients cost a Ug shs 62,000, Ug shs 15,000 in Jinja, while Ms Keba provided food to Entebbe RRH, selected quarantine and treatment centers at Ug shs 45,000. It was also established in some cases it went as high at Ug shs 105,000 in Kampala (The Grand Global Hotel).*

*Some of the discharged patients appreciated the special meals provided by the MoH, however, others complained about adequacy and lack of Vitamin C foods like fruits on the menu to recuperate faster and leave space for other patients.*

**Personal Protective Equipment (PPEs) procured and distributed:** Contracts worth Ug shs 3.9bn were signed in May 2020 with various service providers to procure PPEs. By September 2020, the items were procured and delivered. Service providers included: JMS at 2.3bn, SA Field Industrial Logistics at Ug shs 136.3million, and N2M Company Ltd at Ug shs 1.5bn.

**Some of the PPEs worn by health workers at Soroti RRH to disinfect a truck**

*The contract to supply PPEs by SA Field Industrial Logistics was signed on 06th May 2020. However, review of the contract document indicated that there were no witnesses to contract signing. Errors in expression of the contract currency were also noted.*

*N2M Company Ltd delivered 3,200 surgical masks, each packet containing 50 masks was sold at Ug shs 247,343 translating to Ug shs 4,946 per mask. This was noted to be expensive. Review of the contract document indicated that there were no witnesses to contract signing.*

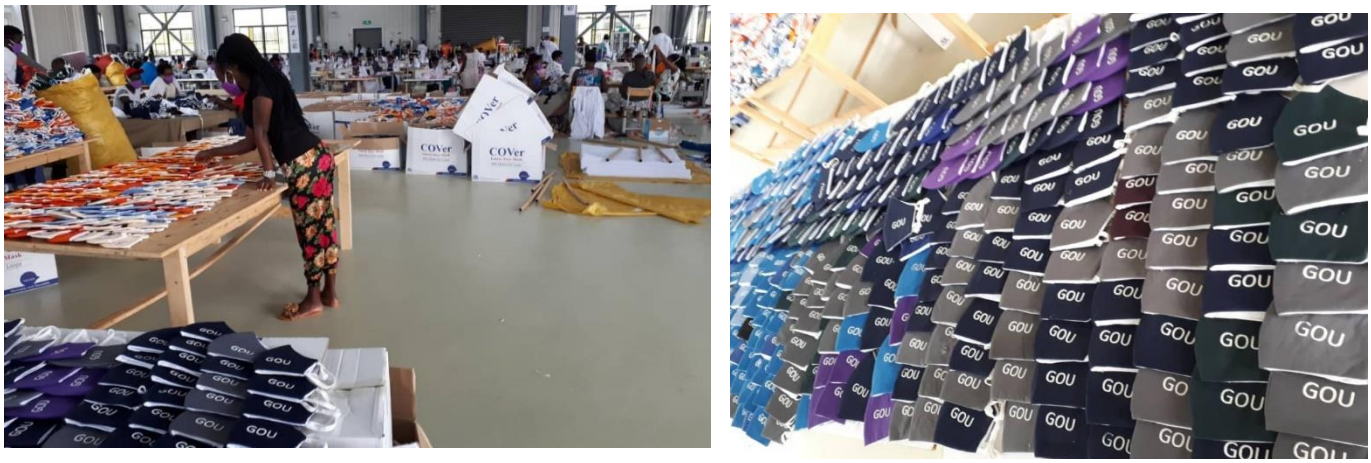
**Table 2.3: Contract Details for Non-Medical Masks Procured by the MoH, August 2020**

| Lot Number | Supplier | Initial Quantity | Revised Mask quantity | Contract Sum(Ug shs) | Quantity of Masks Delivered | Actual Paid |
|---|---|---|---|---|---|---|
| Lot 1 | Fine Spinners Ltd | 3,000,000 | 8,500,000 | 20,400,000,000 | 6,100,000 | 7,200,000,000 |
| Lot 2 | Southern Range Nyanza | 3,000,000 | 7,500,000 | 18,000,000,000 | 6,647,064 | 7,200,000,000 |
| Lot 3 | Graphic Systems Ltd | 787,065 | 3,107,065 | 6,448,956,000 | 1,248,065 | 6,448,956,000 |
| Lot 4 | Mmacks Investment Ltd | 310,464 | 650,464 | 1,561,113,600 | 310,464 | 1,561,113,600 |
| Lot 5 | Big Concepts Ltd | 184,800 | 334,800 | 600,000,000 | 136,000 | 600,000,000 |
| Lot 6 | Tenge Collection Limited | 155,232 | 155,232 | 372,556,800 | - | - |
| Lot 8 | Fundi Building Centre | 155,232 | 230,232 | 552,556,800 | 155,232 | 552,556,800 |
| Lot 9 | EX-KEN U Ltd | 139,524 | 389,524 | 1,060,800,000 | 342,000 | 460,800,000 |
| Lot 10 | Christex Garment Industry | 108,108 | 188,108 | 451,459,200 | 108,108 | 451,459,200 |

| | | | | | | |
|---|---|---|---|---|---|---|
| Lot 12 | Silk Events Ltd | 77,616 | 117,616 | 282,278,400 | 82,616 | 282,278,400 |
| Lot 15 | Ever Green Safaris Ltd | 46,200 | 86,200 | 206,880,000 | 33,000 | 206,880,000 |
| Lot 16 | Winfred Fashion Ltd | 30,492 | 130,492 | 313,180,800 | 40,492 | 313,180,800 |
| Lot 18 | Youth Save the Nature Uganda Ltd | 5,267 | 35,267 | 84,640,800 | 7,267 | 84,640,800 |
| Lot 20 | UIRI | 3,000,000 | 3,000,000 | 7,200,000,000 | 761,500 | 7,200,000,000 |
| | FINE Media | | 145,500 | 349,200,000 | 145,500 | |
| | KCCAs | | 2,750,000 | 6,600,000,000 | | - |
| | **Total** | **11,000,000** | **21,425,000** | **57,534,422,400** | **16,117,308** | **25,361,865,600** |

***Source: MoH PDU***

**Non-medical masks procured and distributed:** The GoU allocated Ug shs 35bn to the MoH to procure and distribute non-medical masks to all people aged beyond six years in Uganda. The MoH signed contracts worth Ug shs 32,579,145,600 with various supplies to produce 11,000,000 in various lots on 9th July 2020. Table 2.3 highlights details of lots, suppliers, contract amounts as well as payments per service provider.




**L-R: Tailoring works; Already made masks ready for distribution at UIRI, Kampala offices**

- *The MoH had distributed 13.4million masks by 4th August 2020, while a total of 16million masks had been delivered by 28th August 2020.*
- *The need for masks increased from 11million to 21million (190% over the initial plan). This plan still leaves out other Ugandans. Procuring 21.4million masks indicates that the half of the people in Uganda are below seven years which is not true. Issues related to inadequate planning still exist and has translated into unending requests for supplementary budgets for masks.*
- *A variation of over Ug shs 25bn on masks was therefore recorded and the MoH needed a supplementary to cover the gap.*
- *The allocation of Ug shs 6.6bn to KCCA to empower women groups to make face masks was a very good initiative, however, the cost-benefit, timeliness and sustainability of the investment needs to come out clearly to avoid short-term and*

*long term losses. Relevant stakeholders should clarify questions related to the mandate of MoH to provide empowerment funds.*

- *The unit cost of facemasks increased from Ug shs 1,000 to Ug shs 2,400, this affected total number of masks to be procured.*
- *All service providers produced masks at the same unit cost regardless of quality.*
- *The monitoring team established that some providers enlisted had the capacity to produce bigger quantities of masks than some of the selected entities. The PPDA should undertake a procurement audit to establish whether the right procedures were taken in the procurement of masks.*
- *Delays in distribution of masks rendering prevention and containment of the disease difficult.*
- *Various stakeholders also raised questions related to the actual need. Was the mask the most important item needed especially among urban residents who could afford to tailor make a mask? Why didn't the ministry categorise distribution to the most vulnerable? Do we see value for money?*
- *Low use and uptake of GoU masks by the population especially Kampala, Wakiso and Mukono districts. Field findings indicated that several people preferred to use their own masks than the ones provided by GoU citing issues related with quality.*

**Blood collection materials for UBTS:** M/s Medical Solutions Uganda LTD was contracted to supply medical supplies worth Ug shs 2.2bn to ease blood collection by the Uganda Blood Transfusion Services (UBTS). These were supplied and included hand gels, blood collections bags, hand sanitiser, liquid soap, and cotton wool among others. The additional supplies partly improved collections from 152,757 units collected in December 2019 to 288,663 units collected in June 2020. The UBTS also achieved its outputs and outcomes to 71% and this is partially attributed to the additional blood collection supplies and payment of allowances to UBTS staff by MoH. The pandemic affected UBTS activities due to bans on large gathering, travel restrictions, closure of all schools and other social institutions.

**Test kits procured and distributed: Test kits worth Ug shs 11.2bn were procured from** Africa Bio System Uganda Limited, Microheam Scientics, and Medical Supplies Ltd. The former procured and delivered kits worth Ug shs 4.6bn to Uganda Virus Research Institute (UVRI) and the latter procured kits worth 6.6billion, part of the deliveries were used to test samples collected from the Community Transmission Survey.

**Allowances and contract staff salaries paid:** 250 staff including epidemiologists, doctors, anesthetists, nurses, laboratory technologists, psychiatric clinical officers, ambulance assistants, drivers, emergency care assistance among others were recruited on contract for 6 months and deployed to the COVID-19 treatment centers and to support districts and Points of Entry in surveillance. Allowances of over 10billion were paid to various health workers in response to the pandemic. Table 2.4 highlights some of the expenditures made on the allowance's budget line by 30th June 2020

**Table 2.4: COVID-19 Allowances in Prevention and Response by MoH by 30th June 2020**

| Item | Expenditure (Ug shs ) |
|---|---|
| National Sensitization Programme on Wearing Masks for prevention of COVID- 19 for MoH staff | 49,630,000 |
| Hardship Allowance (UPDF medical team and others) | 2,883,654,035 |

| Item | Expenditure (Ug shs ) |
|---|---|
| Mulago Response Team and NTF | 567,252,836 |
| Preparation and Response by MoH staff | 249,100,000 |
| Quarantine follow ups by MoH staff | 646,473,634 |
| Contact Tracing by MoH | 462,477,609 |
| Sitting Allowances for various committees | 448,867,070 |
| Per diem to follow up COVID and assessment of Aki-Bua stadium | 3,760,000 |
| Travel to discharge, document COVID stories and response | 171,613,999 |
| Functionalize Points of Entry (POES) | 631,670,820 |
| Deposit of funds to Accountant General for various response activities | 439,772,223 |
| Screening Track Drivers by Laboratory personal | 131,269,723 |
| Regional Teams for Rapid response | 450,626,202 |
| Meals, accommodation, Support supervision, Assessment of human resource at POEs | 2,905,633,161 |
| Tracking team | 94,023,171 |
| Dissemination and distribution of COVID-19 IEC Materials to all 14 Regions of the Country | 103,965,015 |
| **Total** | **10,239,789,498** |

***Source: MoH***

**Spray Pumps Procured:** The contract was awarded to M/s N2M Company Limited at a sum of Ug shs 530millon in June 2020. The pumps were meant to aid disinfection of places, materials of COVID-19 confined places, treatment centers, homes, ambulances among others. These included: 80 mist sprayer, 99 power sprayers and 19 transport jet pump. By August and September, none of the treatment centers visited had received the spray pumps except Entebbe Regional Hospital.

Other interventions included: payment for cleaning services at Mulago Hospital, clearance, transportation and distribution of donated materials including vehicles, motorcycles, ambulances, hand washing facilities among others; Printing and distribution of health education and promotion materials, laptops and printers procured for border points, support to the car centre among others.

**Operationalisation of testing laboratories at the border points:** The sector operationalised testing laboratories at the border points such as Mutukula, Elegu, Malaba to enhance effectiveness and improve turnaround time. Mutukula Port Health Laboratory performance is presented below.

**Mutukula Port Health Laboratory:** This was the 5$^{th}$ COVID-19 testing centre in Uganda and the first Gene expert testing technology centre. It was using the technology of *Expert Express SARS COV2 molecular technology*. The MoH carried out modifications in the existing laboratory to make it appropriate for testing COVID-19. The modifications included Infrastructure adjustments, installation of biosafety cabinet, installation of administration controls, and Standard Operating Procedure (SOPs) bio safety manual.

The MoH launched the COVID-19 testing facility on 15$^{th}$ May 2020 at Mutukula border post upon completion of the modifications and training of the health workers. The testing facility served laboratory requests from Bunagana, Kyanika, Kasensero, Mirama hills, Kyeshero, Masaka and Mbarara RRH, Nyarutuntu, Rakai and Kalisizo Hospital, Ishasha Point of Entry and these were highly satisfied with the services at the port laboratory.

It was noted that sensitivity and specificity of results from the gene expert was consistent with the PCR technology that UVRI was using thus a suitable alternative technology. The African Society for Laboratory Medicine and reviewed and rated to three-star laboratory.

In terms of Logistics, the MoH provided testing reagents, test kits, PPEs, furniture, computers, and allowances to staff. The WHO also provided ambulances that transported the samples to East African Public Health Laboratories (EAPHL) Butabika for testing. In terms of Sample testing, the port laboratory utilized approximately 287 boxes of cartridges for the Gene expert machine. Table 2.5 summarises the statistics for the testing.

**Table 2.5: Statistics as at 17th August 2020**

| **Category** | **Number** |
|---|---|
| Total samples tested | 17,132 |
| Positive | 731 |
| Negative | 15,882 |
| Errors(due to presence of inhibitors in the sample including power surges etc) | 399 |
| Kits not appropriate for use(Factory errors) | 75 |
| Presumptive positives | 45 |
| **Diagnostic Totals** | |
| Positive | 686 |
| Negative | 15,882 |

***Source: Field Findings***

**Table 2.6: Response to the limited stock and eventual stock out of reagents at Mutukula Port Laboratory**

| **Date** | **Action** |
|---|---|
| 2rd July 2020 | Suspended testing for Non-track drivers |
| 30th July 2020 | Suspended Central and South Central testing other than those from Mutukula |
| 31st July 2020 | Only selected especially track drivers being tested |
| 17th August 2020 | Complete suspension of testing |

***Source: Field findings***

## Challenges

- Lack of autoclaves for sterilisation of waste before transport. The use of similar cars for waste and samples to Kampala where there is H4 incineration technology was noted to be a health risk and expensive.
- Stock out of appropriate personal protective equipment such as N95 needed for front line health workers taking samples. By 2nd September 2020, the frontline health workers were using KN95 and surgical masks for sample collection
- Stock out of cartridges, and reagents and limited participation in procurement decision making affecting service delivery
- Limited or poor communication between the MoH centre and the boarder points on testing fees and other measures yet this has effects on the East Africa member states.
- Limited transport means

- Poor attitude of drivers particularly from Tanzania towards Infection Prevention and Control (IPC) such as wearing masks.
- Inadequate seats in the laboratory which creates room for spreading infections due to sharing.
- Management of returnees at the port of entry without money for accommodation and testing amidst the abrupt change in policy on testing.
- Delayed conclusion on the use of East African COVID-19 certificate to permit entry into the country. This created a loophole for forging results including from other countries to Uganda through the Entebbe International Airport

**Key challenges in the management and response to COVID-19 at RRHs**

- **Inadequate space:** All RRHs lacked sufficient space for case management. Fort Portal could only admit six patients. Similarly, none of the RRH had a Standard Isolation Unit.
- **Inadequate PPEs:** Most RRHs lacked sufficient PPEs. This partly due to the fact that the PPEs especially the masks were not only used in the COVID Treatment Unit, but also in other areas of health care which increased their consumption. Although the recommended masks were N95, these were out of supply in the country, and they were using KN95 which was observed not to offer sufficient protection.
- **Long turnaround time**: The turnaround time for the COVID-19 results took long ranging from four to 14 days and at times one had to repeat testing. This caused unnecessary anxiety among the suspects and patients. The hospitals had to continue managing patients that would otherwise have been discharged leading to unnecessary expenditure in feeding among others.
- **Inadequate human resources**: Although the MoH recruited emergency staff for the COVID-19 response and management at the RRHs, these were not sufficient as the hospital had to supplement these with hospital staff which affected the continued provision of services within the hospitals. The contracts for the emergency health workers were also coming to an end.

**Recommendations**

- Decentralise the COVID-19 testing to RRHs by supplying the cartridges and gene expert machines to reduce on the turnaround time for results.
- The MoH should support the construction and equipping of standard isolation units in all regional referral hospitals including establishment of the intensive care units.
- The MoH should recruit more staff for the regional referral including emergency health workers and intensivist to enable operationalization of the ICUs.

***Source: Field findings***

**Key issues at the District Local Governments**

- All districts received equal allocations irrespective of the burden and size of the district. Districts like Wakiso which are bigger had so many response teams this constrained their response as the little funds were spread thinly. The district had eight health sub districts each with two teams consisting of a medical officer, a driver, surveillance officer, psychosocial nurse, and a laboratory person.
- Many quarantines centers in LGs had been closed by August 2020 due to lack of food to feed the suspects. This was likely to increase community transmissions as the suspects continue to mix with the general population.
- Most of the PPEs were inadequate and were delivered late during the implementation as it took some

time for MoH to mobilise them.

- There was a lot of stigmatisation during the client tracing which made some suspects to either hide or conceal their identity and location.
- All the districts were not able to utilise the funds that were returned by the Members of Parliament as this had not been re-disbursed to the districts from the Consolidated Fund.

**Recommendations**

- The MFPED, MoH and NMS should prioritise the procurement of adequate PPEs for the frontline health services providers at the LGs.
- The MFPED should disburse funds to support surveillance activities at the LGs and stem down the community spreads.
- The MoH and partners should devise ways of picking alerts without causing stigmatisation.

***Source: Field findings***

### 2.3.4 Contingency Emergency Response Component (CERC) towards COVID-19 by the World Bank

**Introduction**

The component is implemented under Uganda Reproductive, Maternal Child Health Services. Improvement Project (URMCHIP). The World Bank committed a total of US$ 15million and disbursed US$12million (80%), approximately 84% of the expenditures were made on logistics, and the rest shared among Coordination (2.3%), Risk Communication and Community Engagement (3%), ICT and Innovation (2.3%), Case Management (3%), Mental Health and Psychosocial Support (0.4%) and Surveillance and Laboratory (5%).

The MoH planned a number of outputs under various pillars. Table 3.7 highlights performance against planned outputs. The MoH achieved 59% of the planned outputs by 16th September 2020. (Detailed performance in table 3.7).

**In terms of the Coordination Pillar:** The MoH had commenced implementation of three out of 10 planned targets. These were: National task force, district task force and sub-committees activated; implementation of the plan by the national level monitored and supervised; and the National Response Team deployed. The rest was pending. These included: Multi-stakeholder advocacy meetings at national level supported; Accountability for COVID-19 improved; Information, Education and Communication (IEC) materials developed and disseminated; Surge staff oriented and deployed; Remuneration and compensation of responders done; multi sectoral and multi-disciplinary coordination at national and subnational level teams coordinated

**Risk Communication and Community Engagement:** Only two out of four planned targets had commenced. These were, precautionary advocacy and orientation of mass media practitioners at national and district levels as wells communication of key messages to the general public. The rest including campaigns through branding of public vehicles; strengthening multi-sectoral team of risk communicators on COVID-19 had not commenced.

**Under ICT and Innovation:** Two out initiatives had commenced. These were digitalizing mechanisms for self-follow-up for those under home isolation as well as widening the scope of implementation for eMeetings. Others like Digitalisation of mechanisms for self-declaration of travelers at PoE and implementation of telemedicine were underway.

**Case Management:** Three out of eight interventions had commenced. Food assistance and/or specialised nutrition foods for suspects and health workers in isolation was provided. Deployment of surge capacity staff and activation of ambulance services to aid referral of suspected cases from community and holding facilities to COVID-19 isolation facilities was done.

Others like orientation of health care workers in RRHs, Severe Acute Respiratory Illness (SARI) sentinel sites on management of suspect and confirmed cases established; Orientation of high volume private facilities on detection and linking of suspect and confirmed cases to the designated isolation facilities; Assess public and private health facilities for COVID-19 readiness on a quarterly basis; Facilitated the setting up and decommission of waste disposal systems (waste pits, incinerators, soak away pits) were not yet done.

**Mental Health and Psychosocial Support:** The MoH supported deployment of counsellors to communities and affected families to mitigate psychosocial effects of COVID-19. Support to supervision and monitoring of psychosocial services in the affected communities by the central team, as well as train health workers and community resource persons in psychosocial support service provision skills were pending.

**Surveillance and Laboratory:** The MoH made progress in implementation of the surveillance pillar with six out seven planned outputs on going. These included; national**,** regional and district level capacity on COVID-19 surveillance; development and implementation of the a POEs public health emergency plan; intensification of screening and monitoring of alerts at designated points of entry; development of surge capacity plans for surveillance and laboratories; Training on specimen collection and packaging conducted as well as facilitation of point of entry supervisors undertaken. District level risk and capacity assessments at critical point of entry and points of congregation had not been conducted.

**Logistics:** The MoH planned 27 interventions under the logistics pillar, 16 were successfully completed, while and nine procurements were on track. Table 2.7 has details on performance.

**Table 2.7: Performance of the CERC as at 16th September 2020**

| Planned outputs | Progress |
|---|---|
| 1. Personal Protective Equipment (PPE) - Full kit including medical protective gown, PR Head Protective hood, PR shoe covers, eye googles, eye shields, medical protective suits | Procurement ongoing |
| 2. Respirator Masks procured | Procurement Completed |
| 3. Gene pert Cartridges POC procured | Procurement cancelled |
| 4. 100 motorcycles for the health regions procured | Procurement Completed |
| 5. RDT Standard Q COVID-19 procured | Procurement Completed |
| 6. Abbott RTDs procured | Procurement Completed |
| 7. Two Double Cabin Pickup Motor Vehicles for sample transportation procured | Procurement Completed |
| 8. Beds and Mattress for Isolation units procured | Procurement Completed |
| 9. Universal Transport Media procured | Procurement Completed |
| 10. Sample cool boxes for transportation of samples for COVID 19 | Procurement Completed |

| Planned outputs | Progress |
|---|---|
| procured | |
| 11. Collection materials (Swabs) for COVID-19 laboratory testing procured | Procurement Completed |
| 12. Bio-hazard bags for waste management procured | Payment completed |
| 13. Laboratory supplies for COVID-19 Plasma samples procured | Procurement Completed |
| 14. laboratory sample collection supplies and consumables for COVID-19 Plasma samples procured | Procurement Completed |
| 15. Single use sterilized ethylene oxide gas - nasapharyngeal swabs procured | Procurement Completed |
| 16. Thermal Scanners for State House procured | Procurement Completed |
| 17. Bar Code Labels for Samples to Support Tracking and Results Issuance procured | Procurement ongoing |
| 18. Printing of COVID-19 Guidelines for the use of Facemasks procured | Procurement ongoing |
| 19. ICT Equipment to support COVID-19 Results Printing procured | Procurement ongoing |
| 20. Documentary on the COVID-19 Response procured | Procurement ongoing |
| 21. Five Thermal Scanners for Covid-19 Emergency response procured | Procurement ongoing |
| 22. Two Thermal Scanners for Covid-19 Emergency response procured | Procurement ongoing |
| 23. IT equipment (Desktops, Laptops ,tablets , Printers and Video conference facilities) for Surveillance Regional Referral Hospital (consolidated) procured | Procurement ongoing |
| 24. Triple packaging materials procured | Procurement ongoing |
| 25. Zoom Connection services to Widen Scope of implementation of eMeeting procured | Procurement ongoing |

***Source: MoH-World Bank Report***

**Key Implementation Challenges**

- Increasing COVID-19 cases country wide vis-a-vie available resources including infrastructure and equipment
- Inefficiency in utilisation of COVID-19 funds characterised by varying unit costs of food served to COVID-19 patients, mischarges, lack of accountabilities, domestic arrears for hospitals like Gulu and Arua among others.
- Poor planning highlighted by signing of contracts without land for mobile health facilities at border points, allocation of the same amount of funds to COVID-19 treatment centers and districts yet they had varying burden in terms of case management.
- Inadequate involvement of key stakeholders in development of specifications, for example the sleeper tents in Namboole could not be used by end of August 2020 due to poor specifications.
- High unit costs of various COVID-19 supplies including PPEs, quarantine accommodation spaces, and masks procured under direct procurements by MoH.
- Varying guidelines on utilisation of COVID-19 funds by MoH, MFPED and MoLG to various LGs.
- Test and results turnaround time affected timely response and case management. Some facilities reported to have received their test results after four days.
- Reinfection was occurring in some facilities like Entebbe and Mulago Hospital.
- Lack of clear contracts with entities providing food for COVID-19 patients in some RRHs like Gulu.
- Late deliveries of COVID-19 supplies in relation to contracts signed. These procurements therefore ceased to be emergency response contracts due to enormous delays in execution.
- Hasty signing of contracts without adequate consultations and provisions in the scope by technical people. The sleeper tents procured for the National Quarantine Centre at

Namboole Stadium at a cost of Ug shs 3.8bn were pulled down by the wind. They could not effectively be utilised by end August 2020. Besides, only 13 tents out of the contracted 20 were delivered at Namboole.

- Lack of technology in tracking and following up of contacts lead to more COVID-19 infections.

**Conclusion**

The GoU was applauded across the continent for its significant role played in prevention and response towards the COVID-19 pandemic. This is evidenced by the number of confirmed cases, discharged and deaths in relation to its counterparts in the region. This is attributed to the surveillance and timely response to identified cases. In the fight against the pandemic, the MoH planned a number of interventions in line with the eight pillars. These included: motivating health workers by paying hardship allowances, procurement of masks, ambulances, ICU equipment, setting up quarantine centers among others.

The MoH achieved most of the planned interventions in line with the COVID-19 response plan, however challenges in relation to adequacy, availability and timely deliveries, high and varying unit costs, lack of accountabilities, duplication of efforts, laxity in wearing masks, planning and equitability emerged are already affecting some the gains registered by the sector. The need to review the emergency plan in relation to challenges identified and resources available is paramount in consolidating the gains achieved by the health sector.

**Recommendations**

- The MoH should fast track all procurements for equipment, ambulances, and infrastructure to enable the different players undertake their mandate in a timely manner.
- The Cabinet, MFPED, MoH, private sector and other stakeholders should review the need for additional masks in relation to the population segments, social classes and use of the already distributed masks.
- The MoH should ensure involvement of key stakeholders in development of specifications to avoid losses in terms of costs and time. The engineering department should have adequately been involved in development of specifications for the Namboole tents.
- The PPDA should undertake a procurement audit on all direct procurements undertaken by the MoH.
- The Office of the Auditor General should undertake a forensic audit in relation all expenditures in response towards the pandemic. This will guide entities on utilisation of funds for future emergencies.

## 2.4 ICT

The Ministry of ICT and National Guidance received a supplementary budget of Ug shs 6 billion for scaling up communication in the fight against COVID-19. A total of Ug shs 2 billion was disbursed to Uganda Broadcasting Corporation for delivering messages from key opinion leaders and politicians in all local languages, and Ug shs 3.5 billion were disbursed to the other media outlets for dissemination of COVID -19 messages.

The NITA-U and MoICT together with private sector have supported the development of several mobile applications including contact tracing application, verification of stickers, among others.

## 2.5 Industrialisation Sub-Sector

Under this sub-sector, one project, the United States African Development Fund (USADF) cares fund had COVID-19 related interventions.

In April 2020, the USADF launched the Capital for African Resilience-building and Enterprises Support (C.A.R.E.S) Program to provide some financial and technical assistance to help enterprises and entrepreneurs re-evaluate how their operations can best benefit their communities as they seek to mitigate and adapt to the effects of COVID-19. The program was to benefit all running projects. The USADF CARES Program has the following objective:

I. To support 100% African local implementing partner organisations as they respond to the challenges of the communities they serve.
II. To strengthen African entrepreneurs' business model so they can continue operating, providing jobs and adapting to be responsive to COVID-19 needs.
III. To empower African enterprises and entrepreneurs to utilise necessary resources like face masks and hand washing stations.

The program is expected to contribute to the following areas: saving jobs and livelihoods, stimulating local economies and building resilience to respond to future shocks.

All the 11 monitored USADF beneficiary cooperatives got USADF CARES funds and the utilisation is provided in the table 2.8.

**Table 2.8: Utilisation of the USADF CARES Funds**

| Cooperative | Grant amount | Expenditure | Remark |
|---|---|---|---|
| Kayunga Nile Coffee Farmers' Cooperative Society ltd | 37,268,500 | 30,950,000 | Procured COVID-19 preventative items, two laptops and accessories, coffee (working capital). Procurement of gunny bags was pending soliciting of a reliable supplier. |
| Namubuka Grain Producers' Area Cooperative Enterprise Ltd | 55,902,750 | 44,951,000 | Procured COVID-19 preventative items, two laptops, and accessories, paid for radio airtime for community sensitisation. |
| Katine Joint Farmers' Cooperative Society Ltd | 55,902,750 | 34,613,400 | Procured COVID-19 preventative items, two laptops and accessories, pay staff salaries for six months. The balance will be used for crop finance. |
| Karangura Peak Modern Coffee Farmers' Cooperative Society Ltd | 37,268,500 | 34,802,680 | Procured COVID-19 preventative items, grain pro-bags, gunny bags, radio airtime for community sensitizations and food relief. |
| Bushika Integrated Area Cooperative Enterprise Ltd | 37,268,500 | 36,712,000 | Procured COVID-19 preventative items, two laptops and accessories, coffee (crop finance), food relief, sisal bags. |
| Pingire Labori Producers' and Marketing Cooperative Society Ltd | 37,268,500 | 10,000,000 | Procured COVID-19 preventative items, two laptops and accessories and food relief for cooperative members. |
| Biganda Farmers' Cooperative Society | 55,902,750 | 55,695,000 | Procured COVID-19 preventative items, web cameras and accessories, coffee |

| Cooperative | Grant amount | Expenditure | Remark |
|---|---|---|---|
| Limited | | | (crop finance), sisal bags, water tanks and staff salaries for three months. |
| Tabu Integrated Farmers' Cooperative Society Limited | 37,268,500 | 24,571,000 | Procured COVID-19 preventative items and maize, beans and soybeans (crop finance) |
| Abatahunga Farmers' Cooperative Union Ltd | 37,268,500 | - | By 30th June 2020 the cooperative had not spent the funds. |
| Mt Rwenzori Farmers' Cooperative Union | 55,902,750 | 19,183,000 | Procured COVID-19 preventative items like facemasks, hand washing stations, pulse seeds for cooperative members, salary arrears for staff, fair trade re-certification, grain pro-bags etc. |
| Bufumbo Organic Farmers' Association | 37,268,500 | 26,820,000 | Procured COVID-19 preventative items, paid staff salaries for two months, renewal of export license, clear access fees.<br>Procurement of gunny bags, grain pro bags and two laptops was ongoing. |
| Kabeywa United Farmers' Cooperative Society Ltd | 54,000,000 | 27,731,500 | Procured COVID-19 preventative items, food relief items and paid staff salaries for two months. Procurement of grain pro-bags was pending soliciting of a reliable supplier. |

## 2.6 Public Sector Management

Under this sector, there was COVID-19 Relief Food Distribution in Kampala, Mukono and Wakiso districts**.**

According to the OPM Programme Budgeting System (PBS) report, a total of Ug shs 1.829 billion was spent on procurement of agricultural items, however, details on expenditure on procurements to ascertain value for money was not availed. In April 2020, Uganda distributed relief food to about 1.5 million urban poor who were affected by the lockdown as a measure to contain the COVID-19 outbreak in the country. The beneficiaries included the vulnerable in Kampala and neighbouring central district of Wakiso and Mukono. The beneficiaries received rations of 6kg of maize flour per person, 3kg of beans per person, and salt (the lactating mothers and the sick received 2kgs of powdered milk and 2kgs of sugar).

A total of 683,131 households in Kampala, Wakiso and Mukono inclusive of 15,242 households and 22,521 persons served by Uganda Red Cross Society Donations in Seeta Ward-Goma, Mukono received food items worth 11,329,398kgs of maize flour; 1,235,357kgs of beans; 26,221 tins of milk and 50,448kgs of sugar as shown in table 2.9 below.

**Table 2.9: Summary of COVID-19 Relief Food Distribution as at 30th May 2020**

| Division | Households | Persons | Maize Flour (Kgs) | Dry Beans (Kgs) | Milk (Tins) | Sugar (Kgs) |
|---|---|---|---|---|---|---|
| **Kampala** | | | | | | |
| Central | 21,795 | 60,169 | 361014 | 180702 | 913 | 961 |
| Kawempe | 103,472 | 282,843 | 1,697,898 | 856,987 | 7,483 | 13,462 |
| Makindye | 124,943 | 392,676 | 2,350,886 | 1,182,419 | 3,498 | 7,074 |
| Nakawa | 111,066 | 315,049 | 1,894,224 | 944,404 | 1,850 | 4,794 |
| Rubaga | 144,329 | 372,662 | 2,217,512 | 1,166,987 | 5,234 | 13,530 |
| TOTAL | 505,605 | 1,423,399 | 8,521,534 | 4,331,499 | 18,978 | 39,821 |
| **Mukono** | | | | | | |
| Goma | 27,382 | 53,461 | 320,704 | 156,697 | 2,672 | 2,467 |
| Mukono Central | 15,577 | 40,536 | 243,216 | 121,008 | 892 | 799 |
| TOTAL | 42,959 | 93,997 | 563,920 | 277,705 | 3,564 | 3,266 |
| **Wakiso** | | | | | | |
| Bweyogerere | 7,899 | 23,393 | 140,406 | 70,195 | 362 | 377 |
| Kasangati | 6,398 | 16,613 | 99,678 | 49,834 | 554 | 884 |
| Nabweru | 47,319 | 128,818 | 772,892 | 441,423 | 1,151 | 2,805 |
| Namugongo | 46,243 | 130,776 | 784,172 | 450,507 | 762 | 1,591 |
| Nansana | 26,708 | 74,476 | 446,796 | 223,398 | 850 | 1,704 |
| **TOTAL** | **134,567** | **374,076** | **2,243,944** | **1,235,357** | **3,679** | **7,361** |
| **Cumulative total** | **683,131** | **1,891,472** | **11,329,398** | **5,844,561** | **26,221** | **50,448** |

***Source: OPM Progress Report, May 2020; Field Findings August, 2020***

**Challenges**

- Majority of vulnerable households did not benefit from the food donations including many urban and rural dwellers. This includes the sick and persons with disabilities (PWDs).
- Lack of disaggregated data on the distribution lists to determine equitable distribution in terms of gender and equity.
- Inadequate information management by the Local Councils (LCs) on beneficiaries hindered effective distribution of food items.
- No details and expenditures were availed for the items distributed.

**Recommendations**

- The Office of the Prime Minister (OPM) together with relevant stakeholders should consider using already established systems to undertake nationwide food distribution and get disaggregated data to include the gender and equity aspects

- The OPM should consider LC representatives and Village Health Teams during the design and implementation of relief food programs to ease identification and estimations of households.

## 2.7 Science, Technology and Innovations (MoSTI)

The MoSTI received Ugshs 9.53billion for the national research and innovation programme framework for the FY2019/20. Ugshs 5.23billion was relocated to the Presidential Initiative for Epidemics to procure equipment and reagents for COVID-19 research. The following researchers were supported: Professor Moses Joloba and Professor Enock Matovu (Makerere University), Dr Sheila Balinda and Dr Jennifer Serwanga (UVRI, Entebbe).

The Ministry also procured equipment to aid a study in "Production and Clinical trial of therapeutic herbal drugs against COVID-19" led by Dr. Grace Nambatya.

### 2.7.1 Uganda Industrial Research Institute (UIRI)

The UIRI remodelled one of the work spaces for manufacturing standard masks. The Institute is able to produce 15,000 masks per day.