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ACCOUNTABILITY ISSUES ARISING DURING THE COVID19 PANDEMIC.

Introduction

Anti-Corruption Coalition Uganda (ACCU) is implementing a 3-year project titled “Strengthening Partnership for Anti-Corruption, Responsiveness and Citizen Engagement” (SPARC) with an overall objective of having “a well-coordinated civil society influencing state actors’ responsiveness, transparency and accountability demands by the citizens”. The project seeks to address the weak functioning of the accountability chain institutions which has led to poor and incoherent detection, investigation, prosecution and resolution of corruption in Uganda. This will be addressed through strengthening co-ordination of CSO and actors, strengthening local to national linkage, increasing citizen engagement and empowerment and advocating for increased state responsiveness to citizen voices in the accountability process.

Background

Coronavirus also known as COVID19 was declared a pandemic by the World Health Organisation on March 11, 2020. In Uganda, the first case was registered on March 22, 2020. So far, a total of 140,231 samples¹ have been tested and 665 cases confirmed. Out of the confirmed cases, 118 have recovered while the rest are still active in different hospitals across Uganda with no death recorded so far. A number of individuals have also been quarantined as a safety measure having got into contact with the victims. The country has subsequently put in place mechanisms to curb the spread of the virus including; night curfew, closure of schools and places of worship and mandatory wearing of masks in public places among others.

To address this pandemic and its effects on the economy, the Government of Uganda has since the month of April 2020 mobilized both financial and physical resources from local and international sources to a tune of over Ugx 8trillion. Initially, the government approved a supplementary budget of Ugx 304bn to address the pandemic². Assistance was then received from a number of agencies

¹ As at June 10, 2020.

² The request was approved on April 7, 2020 by the Parliament of Uganda. The Ministry of Health was allocated 104.1bn to manage the coronavirus pandemic. The other sectors allocated money are; Security (77.49bn), ICT (6bn), Local Governments (36.1b) and Disaster Preparedness (59.4bn)

including the United States of America (USD 27.5million), European Union (Euro 30million), Ireland (Euro 830million), UN Agencies (USD 316.4), Denmark (USD 2.1million) and local donations. The government also went ahead to secure a loan from the International Monetary Fund worth USD 491.5million.

In that regard, with all these resources entrusted with the different Ministries, Departments and Agencies, Anti Corruption Coalition Uganda (ACCU), her regional coalitions and members have been monitoring and reporting accountability issues in the management of these resources by the National and District Corona Virus task forces in the critical sectors health, education and disaster management. There are also a number of emerging issues that needed follow up, for instance; MPs returning the funds falsely allocated to them to assist in the Covid19 fight, and the relief items donated to the district and national task forces among others.

The following issues so far have been identified and compiled to guide local and national level advocacy engagements on implementation of the different anticorruption laws and policies. The issues compiled are from the districts of Lira, Iganga, Moroto, Nabilatuk, Masaka, Hoima, Arua and Kampala. ACCU compiled the issues from across her regional coalitions for easy dissemination and engagement with the respective MDAs.

1. NON REFUND OF COVID 19 FUNDS ILLEGALLY APPROPRIATED TO MEMBERS OF PARLIAMENT

The Parliament of Uganda approved 20M shillings for each Member of Parliament (MP) to facilitate the fight against the CoronaVirus in their constituences. However, court ruled that the money had to be refunded since it was not acquired through the right procedure. However, upto now some MPs have not returned the money claiming that they had already spent the money on relief items for their constituencies³. For instance in Iganga district, the chairperson of the district COVID 19 task force who also doubles as the RDC informed the monitoring team that her task force had received funds from only the Kigulu North MP Hon Fredrick Bwino. She said that the other MPs had handed over the food items they had bought to the task force.

However the community monitors noticed a discrepancy in the value of the food items handed over and the sum of money that was given to the MPs. For example the Iganga district woman MP Hon Asinde Brenda only bought 3,000 Kilograms of rice at a price of Ugx 3,000 per Kilo totaling to 9 million shillings which was less than the Ugx 20 million recieved leaving a balance of 11 million shillings. The Iganga Municipality area MP Hon Mugema Peter bought 5,000 Kgs of posho at cost of Ugx 10 million at a market price of Ugx 2,000 while the Kigulu South Iganga MP Hon Kaluya Andrew has neither returned the money nor delivered physical items. In Lira district, none of the MPs has returned the 20M. These included the Lira municipality MP, Hon Jimmy Akena, the Erute South MP, Hon Odur Jonathan, Erute North MP, Hon Angiro Guteamoi, and the district woman MP, Hon Joy Ongom. However Hon Jimmy Akena donated 2,000Kg posho to the district Covid 19 task force.

³ As at June 10,2020

RECOMMENDATION

Information on the funds received and expenditure should be available to the public by the Covid 19 district task forces and the MPs for proper monitoring and followup.

2. LACK OF A CLEAR CRITERIA FOR FOOD RELIEF DISTRIBUTION

The President of Uganda committed to provide food relief to persons most affected by the lockdown. These included persons engaged in employment that was only sufficient to meet their daily needs leaving them with no savings. The food relief would start with Kampala and Wakiso districts that had a large number of urban dwellers. This was supplemented by private sector and area politicians donating food, money and physical items to the national and district task forces. However, in districts like Hoima, Iganga and Lira, where food was donated, there has been selective distribution with food being given to local leaders and people who are not needy. It is also alleged that the food relief that was taken to the district task forces by MPs was distributed in only their constituencies.

Besides there have also been reports of sale of the same food by the district task force members undertaking the distribution exercise. This has been observed in Nakalama sub-county, in Iganga district where 1Kg of posho was going for Ugx 1,500 and 1Kg of beans was going for Ugx 2,000. It is estimated that a total of about 1500Kgs of posho and 500Kgs of beans were sold. There have also been reports of underweight posho given out in Lira municipal Council. For instance the packaging was labeled 5kgs when there were only 3Kgs. The local leaders were as well not informed of the distribution schedule.

RECOMMENDATION

The central government should design and disseminate a uniform criteria for identification of recipients for any form of relief items during the Covid 19 pandemic period. The beneficiaries should also be displayed as public information.

3. INADEQUATE SUPPLY OF EDUCATION MATERIALS

Following the lockdown, the Ministry of Education and Sports issued guidelines for engaging students at home. Some of the measures were to distribute education materials at village level and conduct lessons on radio and TV for students to study at home. However, the education materials have not been received by students as indicated by government but only limited copies were distributed to Local Councils. For instance in Busei Village, Nakalama sub-county, Iganga district only one copy of senior four reading materials was received according to the sub-county chief while in Nkatu proper village Iganga Municipality, only six copies of primary seven reading materials were received. In Ngeta subcounty, Lira district, the reading materials for primary five were not delivered at all. Parents are therefore required to photocopy and return the copy to the Local council. This is very costly at village level with a four page A3 document being sold at five thousand shillings (5,000/=) on average by stationery shops. This situation has been observed across a number of districts including Hoima.

RECOMMENDATION

The Ministry of Education and Sports should increase the quantity of education materials being sent to districts so that there are enough copies to distribute at village level.

4. INEFFICIENCIES IN THE DISTRIBUTION OF HEALTH SUPPLIES

Since the on set of the quarantine period due to coronavirus, access to information by the public has not been streamlined. Information on medical supplies and personal protection equipment for health workers has not been enough to facilitate effective monitoring and followup of public resources. However through inquiries from the District Health Officer (DHO) of Iganga district, the Anti-Corruption Coalition of Busoga learnt that government was supposed to procure and distribute the personal protective equipment to the districts which has not yet been done to date.

The items to be provided according to the DHO of Iganga district included; overalls, gloves, head gear, face masks and gum boots for frontline staff manning the COVID 19 Crisis. The lack of protective equipment by medical workers has increased extortion from patients to counter the risk of health workers contracting diseases at public health centres which are mandated to provide free health care to citizens. For instance a patient who had a cut/wound had to pay shs.30,000= to receive treatment at Ogur Health Centre IV in Lira district. Scarcity of other medical supplies like blood at Iganga main hospital has also led to private clinics selling a pint of blood between 50,000 and 150,000.

The blood being sold is acquired free of charge through connivance with clinics approved by Uganda Blood Transfusion Services to receive blood from Uganda Redcross Society which include Musana Community Health Centre and Mercy Clinic. This has increased death due to conditions that require blood transfusion. For instance a pregnant mother from Ivukula subcounty in Namutumba district died after failing to access blood from both Iganga main hospital and Jinja referral hospital.

ACTION TAKEN

Due to reports from the monitoring team, Mercy clinic was issued a warning by Uganda Blood Transfusion Services which was minuted during a stakeholders meeting in Iganga district.

RECOMMENDATION

There is need to have a follow up meeting with the district and national medical stores to ascertain facts hindering distribution of medical supplies in the respective districts.

There is need to have an engagement meeting with the District Corona Virus Task Forces to discuss these challenges and forge away forward

5. ALLEGED MISMANAGEMENT OF COVID 19 FUNDS BY OPM OFFICIALS AND DISTRICT CORONA VIRUS TASK FORCES

At national level, there were arrests of top government officials at the Office of the Prime Minister for inflating prices of food relief items bought for the most vulnerable amidst the coronavirus pandemic and for violation of procurement guidelines causing government losses in excess of \$528,000. The Government officials arrested included Permanent Secretary, Christine Guwatudde

Kintu, and accounting officer Joel Wanjala, assistant procurement commissioner Fred Lutimba and Martin Owor, head of COVID-19 relief management.

It is also alleged that sub-county task forces in some districts like Iganga have not been financially facilitated to manage Covid 19 activities. For instance government released a total to Ugx 165 million to the district task forces to support the Covid 19 activities and provide fuel to subcounty technical staff and Local Council III chair persons. However, nothing has been recieved by subcounties like Nakigo sub-county and Iganga Northern division in Iganga district.

RECOMMENDATION

Information on the budget and expenditure of Covid 19 funds by the district task forces and allocations to the sub-county and division task forces should be shared widely for effective monitoring and followup by the public. The task force should include local leaders and area MPs who understand better the challenges of the communities they serve.

The task forces should adhere to the new guidelines issued by the Ministry of Finance Planning and Economic Development and Ministry of Local Government in the management of resources for fighting Covid 19 and its effects.

6. IRREGULARITIES IN THE IMPLEMENTATION OF PRESIDENTIAL GUIDELINES ON COVID19

The President announced some lock down measures like Bodabodas not being allowed to carry passengers and night carfew starting at 7:00PM. However, through enforcement of these guidelines the police is collecting bribes on road blocks to excuse bodabodas carrying passengers. The enforcement bodies have also taken advantage of people arrested for moving past night curfew hours to collect bribes from them inorder to release them. This has been observed in Moroto, Hoima and Nabilatuk by the Regional Anti Corruption Coalitions.

In Lira district, the Resident District Commissioner (Mr. Milton Odongo) doesnt attend to his office duties in the mandated working hours but instead before 7AM and after 6PM. As search the public has failed to access services from his office. The regional coalition has also sought his support to monitor the utilisation of Covid 19 resources including donations and money refunded by the MPs but in vain. Efforts to aquire movement permits and Covid 19 budget information from his office have been futile. The monitoring team recieved allegations that this is because he is concealing information in the management of the Covid 19 resources.

ACTION TAKEN

So far some regional coalitions like MIRAC have conducted radio talk shows condemning these practices.

RECOMMENDATION

More sensitization is required for the public to follow the presidential directives to fight the Covid 19 pandemic and imploring the public to testify against the police and RDC's acts for evidence based advocacy on the inappropriate conduct.