



BLACK MONDAY

Citizen Action against theft of our Money...Enough is Enough!

Honor among thieves: Uganda's Odious Debts in the name of the sick and dying

LUBOWA

“ The Ugandan government agreed to finance the firm to construct and run the specialized facility and payback within eight years from the commencement of operations.

Black monday

ARTISTIC IMPRESSION OF THE \$376M “BLACK ELEPHANT” LUBOWA HOSPITAL IN KAMPALA

In March this year, parliament approved a guarantee of \$379 million (about Shs 1.4 trillion) for the construction of the hospital in Lubowa, Wakiso district. The project is a brainchild of

Enrica Pinetti an Italian investor of Finasi-Roko Construction SPV Limited, an entity which specializes in the construction of turnkey health care facilities is behind the project.



EDITORIAL

REIGNITING THE CRUSADE TO END THEFT OF PUBLIC FUNDS AND IMPUNITY!

In November 2012, civic and anti-corruption activists in Uganda launched a campaign to fight the maleficent theft of public resources.

This campaign was code named Black Monday! The campaign grew into a strong Movement that mobilized Millions of Ugandans to take action from their different locations, and caused a myriad of responses from government. Many of these were however ineffective and not convincing enough that Citizens resources are secure with the current managers. Seven years on, we are yet to receive concrete evidence that government can end corruption.

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Why would a poor country stuck among the club of least developed in spite of impressive year on year growth figures for over two decades continue to commit to dig itself deeper with an odious debt?

How can a Shs1.4trillion (US\$379million) sunk in a single hospital facility help turn around the country's health fortunes where 16 mothers continue to die in child delivery every day and basic facilities like sutures and gloves are absent in some public health facilities?

English author Jeffrey Archer's 1993 novel and later its movie adaptation "*Honour Among Thieves*" revolves around a plot over the most sacred document of American democracy, *The Declaration of Independence*.

The central theme of book and movie is that while the most crooked in society might want to extract the highest ransom for private benefit, a minimum below which

a man cannot stake his honour exists. Archer draws sharp parallels with stories of corruption especially in the developing world and Uganda in particular where fat cats invest time in identifying people's most pressing needs and centres of highest vulnerability to make a cut. Health has been particularly vulnerable and the recently approved guarantee of loans of up to US\$379 million to build a specialised hospital in Lubowa stinks most, critics have said.

Previous scandals have targeted everything from immunization funds under the Global Alliance for Vaccines and Immunisation (GAVI) to critical funding for HIV/Aids and Tuberculosis under the Global Fund initiative. While government, under pressure established commissions of inquiry and prosecuted some officials and ultimately paid back some of the money for both Gavi and Global Fund, other corruption incidences targeting other areas of the health sector like alleged sale of drugs including those emblazoned Government of Uganda; Not For Sale" have been unearthed by among others a special unit established by President Museveni himself and formerly headed by current Permanent Secretary Ministry of Health, Dr Diana Atwiine.

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Editorial content

UNFORTUNATE: Health has been particularly vulnerable and the recently approved guarantee of loans of up to US\$379 million to build a specialised hospital in Lubowa stinks most, critics have said.



FROM PAGE 1>

Reigniting the crusade to end theft of public funds and impunity!

This 41st edition of the Black Monday newsletter focuses on the plight of the health sector in Uganda, and teases out the different challenges facing the sector which need to be urgently dealt with to give a clean health bill to Ugandans. We hope you enjoy reading it. Black Monday is a campaign that focuses on protesting the of public funds with impunity and promoting integrity.

Ugandans continue to struggle with an ailing public service delivery score card, yet day in day out we are bombarded with news of increasing theft of tax payers money. Ugandans continue to wallow in poverty, while a few privileged individuals benefit from their plight. The recent rumors that some 90 billion shillings was printed by some individuals in collusion with the central bank are sickening. More sickening is the public secrete that this may not have been a one but rather done more regularly than we

can imagine. Our analysis shows that over the past 34 years, Uganda has lost close to 30 trillion in theft.

Against this backdrop, we have found it prudent to relaunch the Black Monday campaign as our contribution to the anti corruption struggle. The Black Monday Campaign seeks to mobilize citizens to mount a sustained assault against the injustice of theft of public funds. The ultimate result is to see that integrity in public life is restored through a citizen-led process that rejects theft of public money. In this new phase, we are going to have a dual strategy. First is work towards a Public Private Partnership including key government agencies, civil society, and the private sector. We shall also have purely citizen focused engagements to inspire citizens to reject corrupt political and public officials. We are also aware that even in the civil society sector, there are stories of corruption and abuse of donor funding. Aware that citizen organizations receive this money on behalf of Ugandans, we commit to launch an expose on such corruption, and push for corrective action by the relevant actors. We will continue with publication of our monthly newsletter to give citizens well analyzed information that they can use to cause and take action.

Some of the actions that we encourage



BUKEDEA DISTRICT. Residents of Bukedea airing their concerns about the worrying conditions at the Various hospitals in the District.

citizens to take are restated below:

- Wear black clothes every Monday as a sign of your resolve against theft of public funds and shun corruption at a personal level
- Isolate all public money thieves and denounce them wherever you encounter them
- Boycott all businesses and enterprises of the corrupt and supporting Ugandans

working honestly

- Demand political action from the State against public money thieves
- Speak to at least 5 Ugandans about dangers of theft of public funds and actions needed.

CONTINUED
FROM PAGE 1>

HONOR AMONG THIEVES: UGANDA'S ODIIOUS DEBTS IN THE NAME OF THE SICK AND DYING

What is in the Lubowa hospital deal that is unnerving observers?

On March 11th 2019, Parliament approved a government request to guarantee a loan of US\$379million (about Shs1.4trillion) to Finasi Group to secure funding for the ultra modern hospital. The government's commitment, Par-

liament was told would be through irrevocable promissory notes. To some, the eagerness with which government pushed the loan cover and the form of coverage raised red herrings. How unique was this project that government was staking everything to cover for the investor?

Soon after approval questions emerged about a US\$50million for pre-project start

activities that was rumoured to have been claimed even before the ink dried on Parliament's approval.

What has raised further suspicion is that government has demonstrated uncharacteristic efficiency in mobilizing money for this project ramming through approval processes where much smaller needs like a radio therapy machine at Mulago which required a minute fraction of the amount for the Lubowa Hospital project took for ever and a series of statements and back and forth following a public outcry.

It is this uncharacteristic and unexplained flash of efficiency that has led to questions about interests beyond delivery of a specialised hospital.

The Mystery Lucky investor

Then there are questions about the mystery lucky investor. Official records indicate the investor as a joint venture between FINASI, said to be an Italian firm and Roko Construction Company to make FINASI/ROKO described in official documents as a Special Purpose Vehicle. But information about FINASI on their own website is scanty, from shareholding to projects undertaken, nothings seems to pass a few clicks for verification or more detailed information.

An analysis by the international anti-corruption organization, Transparency International lays bare the hollowness of the group drawing mind boggling conclusions

"Please note there is absolutely no connection linking the company to Italy or Milan, outside of their own marketing documents. The Italian business register has NO company registered as Finasi srl and it is unclear whether this entity actually exists," notes TI in a brief on a fact check on the address and registration credentials of the firm.

A Kampala law firm helped incorporate FINASI/Roko in Uganda but details about the shareholding of the company are scanty.

On its website www.FINASI.com the com-

BUKEDEA HOSPITAL. Pictures displaying the leaking roof of Bukedea .





HONOR AMONG THIEVES: UGANDA'S ODIIOUS DEBTS IN THE NAME OF THE SICK AND DYING

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pany states "Finasi was founded and started its operations in 1969. The Company was established as a 360° Importer/Exporter and primary goods trader in the Middle East and Africa. During the decades Finasi has innovated and developed specific know-how in the Healthcare field delivering state of the art facilities and providing solutions and added value services to its clients. Today, Finasi is a global turn-key provider for Healthcare facilities," but TI's analysis has a rather damning conclusion

"There is no evidence to suggest Finasi have the experience required to undertake a project in this sector, of this value or of this size."

The company proudly claims to have undertaken a number of hospital projects including the Sheikh Khalifa Bin Zayed Hospital in Mary, Turkmenistan; Sheikh Zayed University Hospital in Khost Afghanistan; Sharg Al Nile in Khartoum, Sudan and Famboni General Hospital in Moheli Comoros Island.

But TI and independent investigation by Black Monday reveal nothing more than photos purported to be of the projects on the Finasi website and nothing on the ground.

TI concluded separately; "There is no information online about ANY of the hospital projects they claim to have undertaken. None of the hospitals are in existence. The only references to them are from the Finasi website."

These revelations are at best eye popping and at worst startling, leading to the question of who exactly is government committing tax payers money to by guaranteeing through promissory notes payment of US\$379million or Shs1.4 trillion?

Is the project, as its name suggests, indeed merely a special purpose vehicle to transport tax payer money through a web of bank systems in form of a loan while a cord is tied around the tax payer for smart Kampala brokers who will also claim the chunk of Prime real estate in Lubowa just off Entebbe road?

The fact that the face of the project, Italian Enrica Maria Aristidina Penetti has a long and troubling history does not help give comfort to the project; "Ms Pinetti clearly has a troubling past which needs to be questioned in light of the privileged opportunities she, and her company Finasi, has been given by GoU," concluded one critique seen by this publication.

Who owns the project and to whose budget will the promissory notes be charged?

While the project falls under the Ministry of Health, investigations for this article reveal that the project does not belong to health instead it is the Ministry of Finance that has been at the centre of negotiations and pushing for the necessary approvals.

It is however important to note that whoever is pushing the project



STANDED PATIENTS OUTSIDE Nyamiko Health Center IN Bushenyi District



Patients sleeping on the veranders of Nyamiko Health Center in Bushenyi District.

has worked out a network of acceptance and support for the project partly in fulfillment of the idea of collective responsibility on the one hand, on the other, indications of how well-oiled systems that facilitate the exit of public resources from government to private pockets operate—smoothly.

Ministry of health has embraced the project and spoken in its support, Parliament was easily convinced and fell in line with few questions, other government entities have only voiced objections in muffled grumbling.

The Uganda Medical Workers Association (UMA), the most formidable critics of the project so far have questioned its wisdom. They argue, such money invested to im-



A dilapidated toilet and Stretcher at one of the government health centres.



prove facilities already existing including the Mulago National Referral hospital and other centres like Kiruddu and the network of district hospitals would be more impact-

ful. One just needs to pay a visit to the Cancer Institute at Mulago to appreciate the sheer scale of inadequacy of facilities vis the growing number of patients to appreciate

KEY ISSUES

• **Previous scandals have targeted everything from immunization funds under the Global Alliance for Vaccines and Immunisation (GAVI) to critical funding for HIV/Aids and Tuberculosis under the Global Fund initiative.**

• **On March 11th 2019, Parliament approved a government request to guarantee a loan of US\$379million (about Shs1.4trillion) to Finasi Group to secure funding for the ultra modern hospital. The government's commitment, Parliament was told would be through irrevocable promissory notes. To some, the eagerness with which government pushed the loan cover and the form of coverage raised red herrings**

why their argument makes a lot of sense.

The medical workers at the institute are super committed, the facilities appalling in spite of recent billions injected from largely private funding sources, the situation is dire and given the fact that the Lubowa project is designed as a Build Own and Operate (BOO) for at least the first ten years, chances that the minions languishing on the corridors and floors of Mulago will find solace there.

Yet it is this despair that government has tapped into to sell the project. That it is meant to alleviate some of this suffering and the huge costs that both individuals and tax payers endure to get the much needed treatment.

The government's justification is premised on the high cost of seeking treatment abroad. Part of this cost, an estimated US\$150million (about Ush550.1billion) is tax payers money that government dolls out to the well connected, the rest is private money some of it raised through fundraisers like car washes and church solicitations for people in desperate need of specialized treatment abroad.

Beyond the direct medical costs, government argues, millions more are lost on extra caregivers and living expenses. It has argued that the planned 240 bed specialised hospital will save all this money and also help the country tap into the growing medical tourism dollars.

The logic of this all sounds good and that is the problem. This is why. Health and disease has proved a leveler once it fails with the only difference being where those with connections go to beg and where ordinary folks go.

For the connected, the treasury is raided while for ordinary mortals it is fundraisers in form of car washes and requests for special collections in churches. This often after savings, immediate family contributions and other family resources have been exhausted.

Opinion

Ongoing construction of The International Specialized Hospital in Lubowa, Kampala.



The \$379 million (Shs1.4 trillion) specialized hospital in Lubowa sends signals on how policy makers continue misallocating resources, neglect local hospital accessed by millions of Ugandans, and also raises fears that investments at Mulago Hosital specialised services might be a waste says **Dr Ekwaru Obuku, president, Uganda Medical As-**

Lubowa is 'a black elephant'

Question. As medical practitioners do you have big reservations about the Lubowa project which is seen as an addition to the industry starved of quality facilities and services for especially the majority poor but also the privileged as they have to seek the services abroad?

The Ugandan medical health workers welcome this initiative as specialized medical care services are urgently needed to tackle the emerging none communicable diseases epidemic in Uganda and similarly, the low income countries.

Question. If you were given opportunity to invest this money in the health sector what would be your priority area?

I would still invest this in the Lubowa hospital, however at half the price or less.

But it isn't clear if we need this hospital now, given that Mulago Specialized services is completed but yet to open. The Lubowa hospital project is duplicating what was envisaged in the new strategic directions of Mulago. Therefore in order to serve the greatest good for the greatest majority, it would be prudent to decentralize specialized care to the fifteen Regional Referral Hospitals and over thirty District Referral Hospitals.

Question: But policy makers insist that the Lubowa project comes to save the country the million foreign currency spent on sending Ugandans abroad. What is your take on this?

The contradiction is that the little forex we have is being given to so called foreign

investors with minimal local content, and at an exorbitant cost. This looks like a collection of rents by the powerful people in the "deep state". The argument of saving foreign exchange is defeated by giving the project to foreigners. Even Roko is not local, it is just registered as a local firm but owned by whites.

Question: But definitely the project comes with positives?

Sure it will improve health services sector, reduces the cost of Ugandans flying abroad and also create employment. It will be a training ground for health care professionals in specialized care and provide commodities in medical supply.

Question: Is there a way of stopping the project?

Answer: We have no plans to stop the project, but we are saying it is a duplication of what is happening at Mulago. The mafias behind the Lubowa project are the ones delaying the opening of Mulago. Uganda's population is projected to be 104 million by 2040. It could generate revenue from DR Congo, Burundi, Rwanda and South Sudan. It may create demand in the medical school to provide such skills. We are also looking at international skills transfer.

Question: In your opinion, how does the country balance the health needs?

The Lubowa project contradicts the purpose of the refurbishment of Mulago's specialized services. The two facilities are in the same radius. It is not timely and it's opportunity cost is poor. The funds being invested in the Lubowa project can be invested

to stop death from road accidents and mothers dying during births. If you are not taken to a private hospital in case of an accident, you die. It would even make more sense if Government provided only US\$100 million soft loans to private players like Case Hospital, Bugolobi Medical center, Kampala Medical Hospital, Gulu Independent Hospital, Paragon Hospital, Nsambya Hospital and Rubaga Hospital among others to fill up the gap.

Question: Any other message to Ugandans regarding the project?

We should have put this money to improve referral hospitals, health centers III and IV by equipping them with diagnostic machines and ensure that theatres are working. Ensure that at least midwives, nurses and doctors have houses. Lubowa is 'a black elephant'. It is overpriced by far compared to similar hospitals all over the world suggesting that the money is being stolen. In fact US\$39 million already has disappeared subject to investigation by parliament. Disagreements between the actors Roko and Finasi is a clear sign of political connotation. Government can still salvage its self by ensuring Ugandans are at the front seat of planning and implementation comprehensive strategy for specialized medical care.



“The Lubowa hospital project is duplicating what was envisaged in the new strategic directions of Mulago,”
DR EKWARU OBUKU, PRESIDENT, UGANDA MEDICAL ASSOCIATION



Ongoing construction of The International Specialized Hospital in Lubowa, Kampala.



The Black Monday Pictorial



Conjested Patients in the floor of one of the wards at Mulago National Referral Hospital



A cry for help! Ugandans need your help in ending corruption



Patients in one of the wards at Mulago National Referral Hospital



A bushy compound at a health centre Bunyoro Sub-region



Dilapidated staff quarters at one major referral Hospital





Civil society in fight against corruption

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In a bid to address some the health challenges among others, RDP-Uganda, Actionaid International Uganda, Bunyoro Choice Uganda, Bomido and Fowode organized a Masindi district service delivery day at Boma play ground on June 26th, 2019.

The day was used to share and celebrate the achievements the challenges in service delivery and forge a way forward.

In a citizens' memorandum read to the district officials, Mr Leonard Opeti hailed the local government for investing in the health sector but with some reservations.

“As citizens, under our various citizens' organizations, we bring to your notice that there are persistent drug stock outs. The population and disease burden has increased but the supplies and facilities have stagnated. Constructed in 1971 for the Railways workers and targeting only 70 patients, Masindi hospital now serves Thousands of patients. This therefore means that there is still a lot required in all departments at the hospital including maternity ward.”

He further read the memorandum, “There is unprofessional behavior of public health workers towards patients. There has been community outcry for quite long period of time. Health workers are rude, report to work late around 10:00am and leave by 1:00pm, but no serious action has so far been taken. We therefore, ask Chief Administrative Officer (CAO) to take action and also organize a refresher training of all health workers in all the health facilities within the district on their code of conduct and intensify inspections to curb absenteeism.”

They are also worries of civil servants who over stay in one work place.

“This has also contributed to poor performance of these public servants, a case in point is Kijunjubwa Health Centre III and Kijenga Health Centre II where some health workers have over stayed at the place in that they have resorted to their personal work and pay less attention to the patients. This same issue is also



The Civil society memebrs in the campaign Demanding full transparency and accountability of all taxes and other public money.

has started declining. We kindly, request DHO (District Health Officer) and DEO (District Education Officer) to work on transfers of these public servants who have over stayed at the health facilities and schools.”

The locals are also troubled with adequate water sources in the district.

“In Pakanyi Sub County, Kihaguzi Village, there is limited water since the available water sources have dried up due to eucalyptus planted at the water source (spring well). The village is left with only one borehole

in primary schools like Kigezi, Ntooma and Nyakato where some teachers have stayed for over five years and thus their performance

that serves the population of approximately 2000 people. This calls for immediate intervention for Kikingura Health Center II. This makes the work of health workers difficult. We therefore, call upon the CAO to urgently intervene.”

Hygiene in some schools and health centers is another mess in the area.

“Though some schools and health centers have pit latrines, they are not enough for the population. For example the two latrines constructed at Kilanyi Muslim primary school have not covered the gap since the population ratio to the latrine is 1:68. Kirasa Health Center II also has a latrine that needs quick attention since it doesn't have doors. We therefore call upon the CAO to plan and contract these facilities because without them the community is prone to diseases” he said.

“We have high hopes that above mentioned issues will equally be worked on,” Opeti noted.

To address some of the challenges at the hospital, Masindi Corporate League (MCL) has organized a marathon on September 21st, 2019 to raise funds for the maternity ward.

According to Mr Hassan Mugisha, the chairman, MCL, registration for the run is Shs20,000.

“The Masindi and Bushenyi scandals are some of the many corruption cases that have health delivery. Most health centers and hospitals are ill equipped and also lack drugs. The little drugs government supplies ends up being stolen by health workers and sold to private clinic while some is exported to DR Congo and South Sudan.

Health sector funding: are we getting our priorities right?



On the 13th of June this year, the Minister of Finance, Planning and Economic Development Hon Matia Kasaija read out the budget speech highlighting allocations for FY19/20. The 40.4tn budget made huge allocations to the works and transport sector, security, energy and debt repayment.

The minister allocated Ugx2.6tn to the health sector, representing a slight increase from Ugx2.3tn allocated in FY2018/19. Nearly half of the health sector budget is still funded by external donors. This budget will be spread across recurrent wage, non-wage and development expenditures.

The 6.4% allocation to the health sector is still far below what is expected to handle the challenges affecting the sector. Uganda has consistently failed to meet the commitments it made during the 2001 Abuja declaration, where it pledged to allocate atleast 15% of the annual budget to the health sector.

The current health budget allocation is insufficient to address aspirations in the Vision 2040; improving nutrition among children, provision of community based Primary Health Care (PHC), establishment of regional herbs for quality health care provision, establishment of international and national hospitals in each regional city and operationalisation of a national health insurance scheme.

The National Development Plan II (NDPII) which is in consonance with the Sustainable Development Goal (SGD) 3 also envisages attaining: universal health coverage, sexual and reproductive health, ending malnutrition in all its forms, reducing maternal mortality, ending preventable new born, infant and under-five deaths, ending HIV/AIDS, TB, malaria and neglected tropical diseases and reducing premature deaths due to non-communicable diseases.

Commendable work towards this endeavour has been done in the sector over the last financial years. Some of the successes registered include; the rehabilitation of some health centres, completion of the specialised

maternal and neonatal unit at Mulago hospital and recruitment of atleast 900 new health workers by the Health Service Commission.

Despite these successes and the considerable amount of funding, the sector is still grappling with multiple challenges. The stagnant financing for medical supplies has contributed to the incessant drug stockouts at nearly all health centres across the country. In essence, the National Household Survey 2016/17 by Uganda Bureau of Statistics (UBOS) identified unavailability of medicines/supplies as a major concern for the citizens.

Despite an increase in population, currently at over 40 million, plus the ever-increasing number of refugees (currently at over 1.2 million), government has deliberately reduced funding to referral and regional hospitals and specialized institutions.

Information from monitoring reports by civil society organisations also shows that the sector is still grappling with malfeasance including; stealing of drugs, absenteeism and extortion. The health ministry has consistently failed to utilise borrowed funds and reports have pointed to blatant wastage of public resources through procurement of drugs whose shelf-life is short, failure to utilise loans which attracts interest on the Uganda taxpayer and leaving medical equipment to waste away.

Having a healthy population is key to attaining Uganda's development agendas in Vision 2040, NDPs and SDGs. As a country we have to get our priorities right. Why for instance would we increase allowances for Members of Parliament by 39%, and reduce funding to Primary Health Care? Why do we create new administrative units when several health centres are not yet functional? Why spend a lot of resources on the purchase of vehicles, on conferences and workshops and

on treatment of government officials abroad, yet these resources can significantly transform our health sector?

Why spend on Ugx1.4tn on a specialised hospital in Lubowa in a potentially fraudulent project, yet this money can staff, equip and capacitate regional and national referral hospitals to handle the same disease burden? Renovation at the national referral hospital, Mulago, has stalled due to inconsistent funding!

In a nutshell, Uganda's health sector allocation coupled with malaise and malfeasance that has permeated the sector, cannot produce a healthy and productive population that effectively contributes to socio-economic growth, as envisaged in Vision 2040.

Failure by government to pass to pass the National Health Insurance Bill, 2014 means that majority of Ugandans cannot afford efficient, equitable, accessible, affordable and quality health care.

It is important as government plans for subsequent financial years, to fully operationalise health facilities that have been upgraded, through the provision of funds and staffing.

There is urgent need to scale-up prevention measures through campaigns on lifestyles to avert a looming time bomb caused by the increasing cases of non-communicable diseases like cancers and heart-related illnesses. More funding to Primary Health Care (PHC) is required to support implementation of preventive strategies to further reduce the disease burden. Government should also strengthen referral systems to prioritise diagnosis and treatment of non-communicable diseases.

With the medical bill for government officials seeking treatment abroad ever increasing, government should prioritise funding and staffing specialised institutes such as

“There is urgent need to scale-up prevention measures through campaigns on lifestyles to avert a looming time bomb caused by the increasing cases of non-communicable diseases like cancers and heart-related illnesses.

the Uganda Cancer Institute and Uganda Heart Institute as well as referral hospitals to handle these cases. Government should also urgently address the issue of drug stock-outs through increased funding and tackling malfeasance at the National Medical Stores.

More support is needed to the Uganda Blood Transfusion Services to collect more blood to avert stock-outs. Blood is critical to treating expectant mothers, victims of road accidents and anaemic patients. Priority should also be given to health facilities grappling to high numbers of accident victims including; Kawolo, Iganga and Masaka hospitals.

We should harness Public-Private Partnerships as one the ways of addressing the challenges affecting the health sector. Emphasis should be on provision of quality, accessible and affordable health services for all Ugandans.

The writer works with Anti Corruption Coalition Uganda.

HEALTH

DILAPIDATED: Kasenyi Health Center II constructed with funding from Netherlands is also vandalised with a bush growing around the building. The lightening conductor and some windows have too been stolen. The floor was dotted with human waste (feaces).The theater at Bushenyi District Hospital constructed with support from Japan Embassy is in a sorry state too.



Ministry Of Health Probed Over Procurement Scandal

By Stephen Wandera

BUSHENYI - Inflated procurement costs, shoddy construction works and doctors soliciting bribes before operating patients are at the centre of the current investigations by the President's office in Bushenyi and Masindi districts.

This highlights the wide spread corruption compromising health services delivery in the country. Worse, the multimillion health facilities are underutilized, raising questions as to whether both donors and Ugandan taxpayers got value for money in the investments.

"What is on the ground as you can see is not worth the money? Over Shs200 million was chewed," said Mr Apollo Lee Kakonge, the executive director, West Ankole Civil Society Forum.

According to Kakonge, the cost for construction of Kasenyi Health Center is Shs45 million and Nyamiko Health Center and the staff houses at Shs100 million, the theatre at Shs250 million were inflated.

A visit to Nyamiko Health Center III, three kilometers from Bushenyi town found the health facility and staff houses underutilized.

"Health workers open for few hours and leave. They claim it is far out of town. The State House Health Monitoring Team were recently here for investigations," said Kakonge.

Black Monday found the health facility already vandalized with broken doors and windows. The sockets too have been removed.

The Kasenyi Health Center II constructed with funding from Netherlands is also vandalised with a bush growing around the building. The lightening conductor and some windows have too been stolen. The floor was dotted with human waste (feaces).

The theater at Bushenyi District Hospital constructed with support from Japan Embassy is in a sorry state too.

It has ventilators like an ordinary house

which does not meet the minimal required theater standards.

"This building first of all is short and it should be having air conditioning which is not available. But with these ventilators, dust will enter the theater exposing patients to infections. The walls have to be tiled for easy cleaning. The floor is already cracked as you can see said a doctor who requested not to be named because he is not authorized to talk to the media.

"Carrying out an operation in this place is like a death trap. But because our funder demanded that we make use of it, we do male circumcision here," he said.

Efforts to have a comment from the district officials were futile. The district chairman and the town clerk were lip tight.

THE CASE OF MASINDI

In Masindi, Shs1 billion was spent on renovating the district hospital amidst fears of inflated bids.

The money was used to face lift the men, women' and children' wards as well as maternity ward. Two private wings were also constructed, however concerns are rife that the district tender board connived with the contractor to inflate the cost of the renovation.

Following these concerns President Yoweri Museveni ordered Mr Godfrey Nyakahuma, the Masindi Resident District Commissioner to investigate the matter.

"I am making a report. I will hand it over to the State Minister for Housing Dr Chris Baryomunsi as soon as I am done," Nyakahuma said.

When contacted, Cosmas Byaruhanga, the chairman, Masindi District also queried the tendering process.

"The concerned people are sons and daughters of 'big' shots, they are untouchable. How do you tell me the walkway from the maternity ward to the theatre cost Shs45



Dilapidated staff quarters . Lack of proper housing facilities for doctors and medical workers has demotivated the output in many public health centres.

million," said Byaruhanga.

Another allegation that doctors at the public hospital charge an illegal fee between Shs200,000 to 300,000 before an operation is carried out on every patient.

Mr Nyakahuma said is investigating the ongoing extortions of money from patients by doctors.

"I have received several complaints from the public. I have evidence on this matter and whoever is doing it, stand warned. It must stop," he

said. Adding, "We had a security meeting and decided to arrest these implicated doctors. I am going to use my own money to net these wrong doers. I already have a list of the doctors."

Nyakahuma advised anyone who may be asked for the bribe to report to his office for redress.

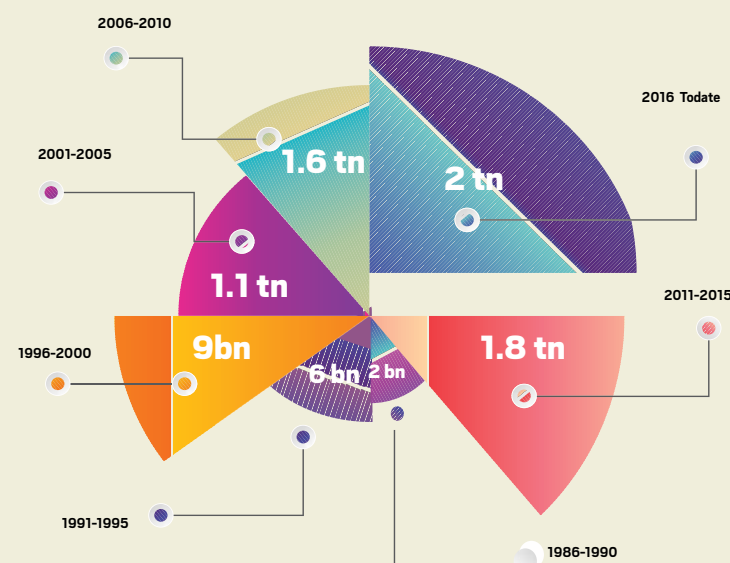
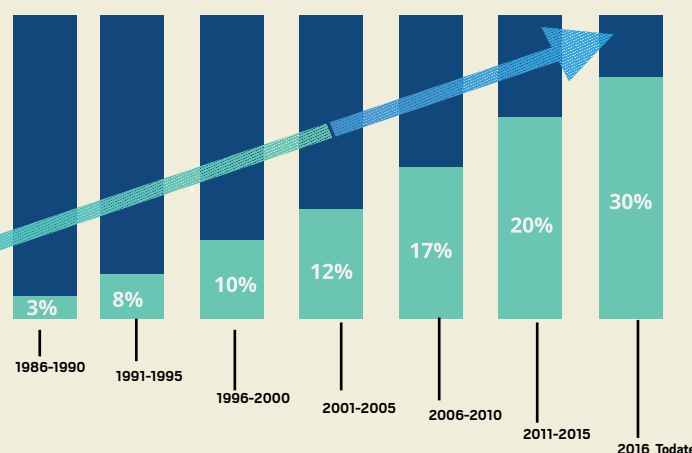
He further explained, "This practice is common in most health centers in the district and I cannot tolerate it anymore."

UGANDA'S CORRUPTION CURVE

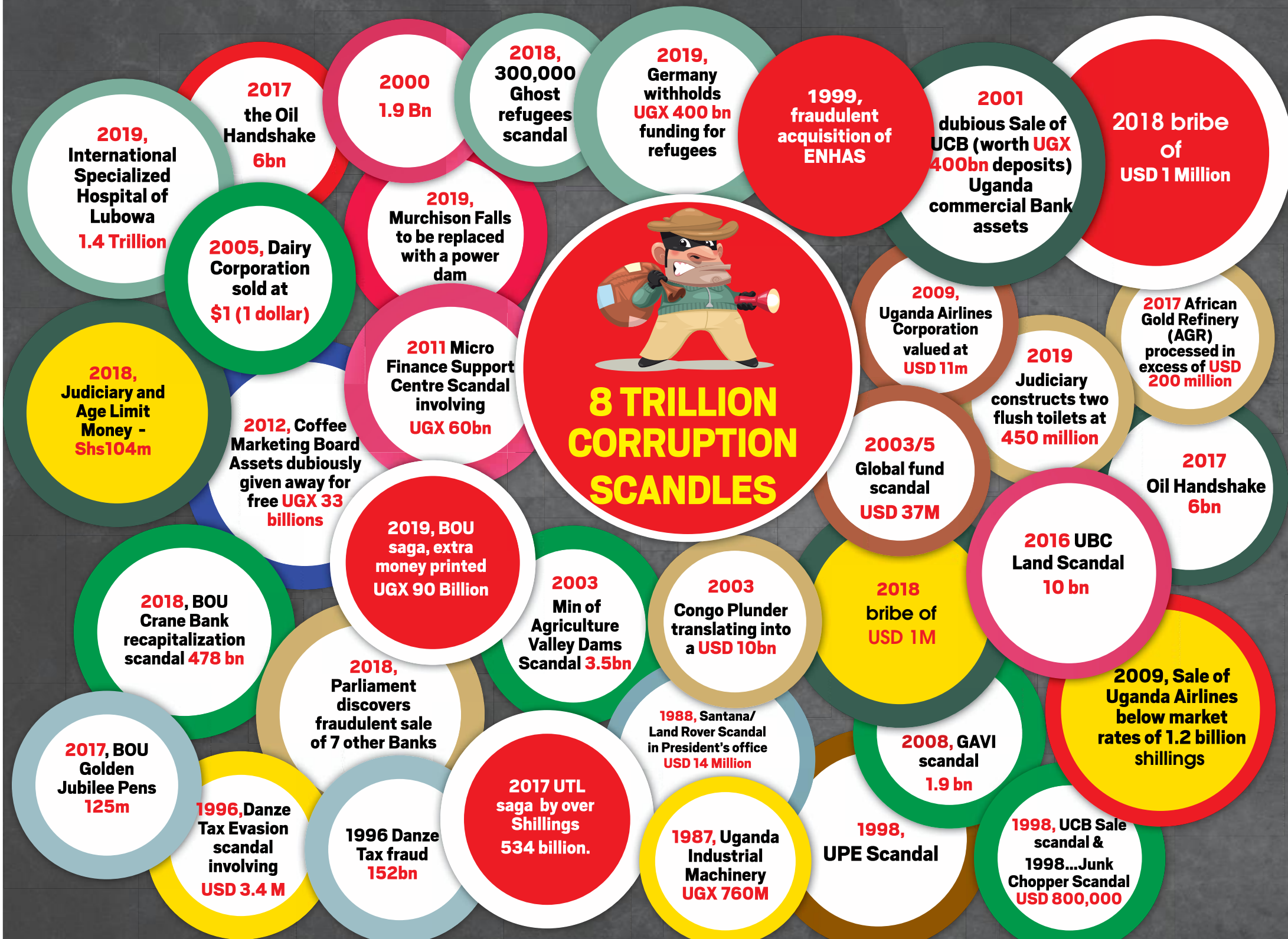
Why we continue to struggle with this deplorable, corruption in Uganda.

- Too many loopholes existing in the system pave the way for those walking the corridors of power to become corrupt overnight and pass on their 'tricks' to others. The awarding of contracts for instance, and the taking of kickbacks is a real avenue for corruption.
- Lack of any clear-cut official position on corruption presents a problem in our Ugandan context. Where gift-giving or receiving is a norm, it can be difficult to identify where a gesture of 'thanks' exists, and corruption begins. Indeed, it is not strange for people to "wet the ground" in pursuit of a stated agenda. In that case, who is guilty of what?

Negative influence of politics is evident in this system. When everything has been politicized, any attempt to act against a culprit quickly turns into a hot political issue ready for battle on the partisan political lines.



SOME OF THE MANY CORRUPTION SCANDALS IN UGANDA!!!!



What Uganda has Lost to graft over the years: A thief has 40 days!!!! This must stop!

Wear only black clothes every monday to show you are tired of theft

Support Ugandans working honestly to make a living

Demand political action from the president!

Isolate every thief implicated in a theft scandal. Dont invite them to your burrials and weddings

Until All The Thieves Have Returned our Money

For contact, inquiries or feedback on this black monday movement bulletin, write to blackmondaymovement@ngoforum.or.ug

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