

Kochgoma Health Centre III serves a

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"The unit used is near the children's

ments can see these bodies, and it cre-
ates fear among them and their care-

"Despite radio announce-

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TORORO. Tororo General Hospital, established in 1940 and once regarded as a model health facility in eastern Uganda, is now grappling with deepening allegations of corruption, negligence and service delivery breakdown, according to findings by the Inspectorate of Government.

The 200-bed government hospital, which serves a catchment population of more than 500,000 people stretching to the Uganda-Kenya border, has in recent years become a source of frustration for patients who accuse staff of extortion and persistent drug stock-outs.

Although the facility is reportedly supplied regularly with medicines by the National Medical Stores (NMS), patients say they are often told drugs are unavailable and are instead referred to private pharmacies.

"They always claim supplies have run out and send you to buy from pharmacies that charge high costs. It's now useless to go there when you're sick or you

have a sick person," said Mr James Opio, a businessman.

Residents say what was once a trusted centre for healing has now become a symbol of systemic failure that is undermining public confidence in government health services.

On Monday, the Inspector General of Government (IGG), Lady Justice Aisha Naluzze Batala, ordered the arrest of three hospital staff to aid investigations into alleged corruption and negligence.

Arrested

Those arrested include the senior hospital administrator, Ms Proscovia Awino, her assistant Mr Livingston Okapes, and mortuary attendant Mr Owino Moses.

The arrests followed a spot check by the IGG's office, which revealed that despite the hospital being mandated to offer free services, patients were being charged for operations and, in some cases, instructed to purchase medicines from outside pharmacies even when

drugs were reportedly available in hospital stores.

The team also expressed concern over operations in the mortuary, where they

BACKGROUND

Tororo General Hospital was established in 1940 and serves as a key referral facility in eastern Uganda. It has a capacity of about 200 beds and serves a catchment population of more than 500,000 people, including communities along the Uganda-Kenya border.

Despite its strategic importance, the facility has in recent years faced growing complaints over service delivery, drug shortages, and alleged corruption.

found the attendant reportedly conducting post-mortems despite lacking the requisite qualifications.

He allegedly claimed he was acting under instructions from an absent medical officer.

Mr Savio Kakooza Ntensibe, the director of Ombudsman Affairs at the IG, said the findings pointed to systemic abuse of office and denial of essential services to vulnerable patients.

"Such acts amount to corruption and denial of services to citizens, especially the poor," he said.

He also raised alarm over poor hygiene standards at the hospital and mortuary, despite adequate supplies of cleaning materials in hospital stores.

Meanwhile, Tororo Resident District Commissioner, Sadik Bategana, stirred controversy after calling for the introduction of Sharia law as a deterrent against corruption in the health sector.

"The Sharia law is the best for Uganda because it will scare the corrupt since those found will have their hands cut

off to send a strong message to others," he said.

During a meeting with district leaders, IGG Batala also raised concern over widespread corruption within district service commissions, warning that the practice of selling public jobs is eroding trust in public service and compromising the quality of human resources.

Appeal

"I urge district councils to ensure that those appointed into offices are citizens of high integrity and patriots," she said, calling for closer collaboration between citizens and the Inspectorate of Government to fight corruption.

The Tororo District chairperson, Mr John Okea, commended the IGG for intensified oversight but urged her office to improve the pace of investigations.

"We have pending cases under your docket which have dragged on for years. This demoralises leaders and creates the impression that your office has been compromised," he said.