

New audit reveals rot in govt

Children Held Too Long, Hospitals in the Dark, Billions Lost

GEOFREY SERUGO

KAMPALA – In Uganda, the failures of the state rarely announce themselves all at once. They surface quietly, inside overcrowded dormitories where children wait months for court files that never arrive; in hospital wards where life-saving machines sit idle during power cuts; in warehouses where medicines expire while patients queue outside; and in balance sheets showing billions invested with almost nothing to show for it.

The Auditor General's latest consolidated report, tabled in Parliament last week, reads less like a technical audit and more like a warning. Across juvenile justice, health care, and public investment, it reveals a country struggling to keep pace with its own promises. Systems designed to protect the vulnerable, save lives, and drive economic growth are instead buckling under delays, underfunding, and weak oversight.

For children held in remand homes beyond legal limits, patients treated in hospitals without reliable electricity or oxygen, and taxpayers funding investments that yield losses, these are not abstract governance problems. They are lived realities.

REMAND HOMES

When a child is sent to a remand home in Uganda, the law is clear about what should follow: a short stay, swift court action, rehabilitation, and reintegration. In practice, many children are waiting far longer than the law allows—caught in a system stretched thin by overcrowding, understaffing, and administrative failure.

That is the quiet but troubling picture painted by the Auditor General's latest consolidated report for the financial year ending June 2025, tabled in Parliament last week. Buried among hundreds of pages reviewing government spending and performance is a stark finding: juvenile offenders are being detained beyond legally permitted limits in most of the country's remand homes and rehabilitation centres.

Uganda currently operates seven remand homes and one national rehabilitation centre meant to protect, rehabilitate, and reintegrate children in conflict with the law. Instead, the Auditor General found that all eight facilities continue to hold juveniles longer than the stipulated three months for minor offences and six months for capital cases.

Behind those figures are overcrowded dormitories, long legal delays, and children waiting—sometimes indefinitely—for decisions that determine the rest of their lives.

Six of the eight remand homes were found to be overcrowded, with Fort Portal and Mbale among the worst affected. Fort Portal exceeded its recommended capacity of 45 by 129

percent; Mbale by 122 percent. The pressure shows everywhere—from sleeping arrangements to access to basic services.

Health care is another glaring gap. None of the eight facilities has a resident medical practitioner or health worker, despite legal requirements under the Children's Home Rules, 2013, which mandate at least a full-time registered nurse.

The report notes that some centres have improvised, relying on nearby government health facilities when emergencies arise. But these informal arrangements, while commendable, fall far short of what is required for children living in closed institutions.

Nutrition and physical well-being also suffer. The Auditor General flagged inadequate dietary provision for juveniles on lifelong medication, a gap that risks worsening existing health conditions. Recreational space is limited too.

"Except for Arua and Kampiringisa, the other six remand homes lacked sufficient facilities or playgrounds for outdoor games such as football, volleyball and basketball," the report noted. Indoor games like Ludo, it added, were often the only option.

JUSTICE DELAYED, CHILDHOODS SUSPENDED

Perhaps the most consequential failure lies not in bricks and mortar, but in paperwork.

Of the 9,204 juvenile offenders admitted during the period under review, 5,757 lacked Social Inquiry Reports—documents essential to helping courts understand a child's background and make informed decisions. Without them, cases stall. Children wait. Remand turns into limbo.

Even after court orders are completed, many juveniles are not released. By October 2025, 115 out of 413 children at one centre had finished their committal orders but were still waiting to be reintegrated into their communities, often because authorities lacked sufficient information about their families or social circumstances.

"The historical context of the RRCs, combined with Uganda's growing population, underscores the urgent need for reforms in the juvenile justice system," the Auditor General concluded.

Among the recommendations: expanding existing facilities, completing stalled construction at Kabale and Masindi remand homes, and building new centres to match population pressures and meet health and safety standards.

A BROADER PATTERN OF STRAIN

The findings on remand homes sit alongside another major concern in the same report: gaps in the implementation of the Parish Development Model



Auditor General Edward Akol

Of the 9,204 juvenile offenders admitted during the period under review, 5,757 lacked Social Inquiry Reports—documents essential to helping courts understand a child's background and make informed decisions.

inside it, the distinction matters little. Reform, the report suggests, is not optional. It is overdue.

Until then, Uganda's remand homes remain places where justice moves slowly, and where too many young lives are left waiting for a system meant to protect them to finally catch up.

EXPIRED DRUGS, DARK ICUS

On paper, Uganda's public systems are designed to save lives, power hospitals, and drive economic growth. In practice, the Auditor General's latest findings suggest something far more fragile: medicines expiring while patients queue, intensive care units vulnerable to blackouts, and billions of shillings tied up in state investments that barely earn a return.

Taken together, the report paints a picture of systems under strain, not from a single failure, but from gaps in planning, funding, and follow-through that quietly erode public trust and service delivery.

MEDICINES THAT ARRIVE TOO LATE—OR STAY TOO LONG

The National Medical Stores (NMS) sits at the heart of Uganda's public health supply chain. Its mandate is sweeping: procure, store, and distribute essential medicines to 3,432 public health facilities nationwide. But the Auditor General's review shows a system struggling to match needs with resources.

According to the National Annual Needs Analysis and Quantification of Essential Medicines, Uganda requires Shs 1.574 trillion each year to adequately supply public health facilities. In reality, only Shs 1.393 trillion was committed, leaving a funding gap of Shs 181 billion.

That shortfall has consequences. By June 30 2025, NMS was holding non-viable or expired drugs worth Shs 8.04 billion. Of this, Shs 530 million was government stock, while Shs 7.51 billion came from donor-funded supplies.

The figure is striking, but also deceptive. It represents a 97 percent reduction from the Shs 316 billion worth of expired drugs recorded a year earlier, a spike largely driven by unused COVID-19 vaccines.

The underlying problem, however, remains unresolved.

"These expiries were mainly caused by misalignment between national medicine needs and procurement decisions, as well as changes in WHO treatment protocols after procurement," the report noted.

The Auditor General warned that weaknesses in procurement and distribution planning heighten the risk of stock-outs, treatment disruptions, and avoidable suffering, particularly for patients who cannot afford private pharmacies.

In other words, while some medicines expire on shelves, others never reach the people who need them most.

WHEN POWER FAILS, CARE FALTERS

The report's concerns extend beyond drug supplies to the basic infrastructure needed to keep hospitals functioning.

TO PAGE 4

Children Held Too Long, Hospitals in the Dark, Billions Lost

FROM PAGE 3

At least five regional referral hospitals; Hoima, Jinja, Mubende, Fort Portal, and Kabale, were found to lack reliable power backup systems capable of supporting critical care equipment.

"ICU units, oxygen plants and diagnostic machines require stable electricity, yet many hospitals lacked sufficient generator capacity, had faulty switching systems or no alternative power sources," the audit found.

The impact is immediate and dangerous. In these facilities, gaps in power supply affected the installation and commissioning of ventilators, patient monitors, and other intensive care equipment, investments meant to save lives but rendered unreliable by something as basic as electricity.

Oxygen systems, too, were found wanting. The Auditor General identified non-operational oxygen plants and incomplete pipeline installations at Mubende, Fort Portal, and Kabale hospitals, sharply limiting their ability to meet oxygen demand in intensive care units, theatres, and emergency wards.

The message from the audit was blunt: without fixing these foundational gaps, expensive medical equipment risks becoming little more than idle machinery.

The Auditor General urged the Ministry of Health and hospital Accounting Officers to act urgently, warning that citizens cannot benefit from government investments if the systems needed to support them do not work.

BILLIONS INVESTED, LITTLE TO SHOW

The report also turned its lens to the

Uganda Development Corporation (UDC), the state agency tasked with promoting industrial and economic development through strategic investments. Over the past decade, UDC invested Shs 1.3 trillion in 22 companies. But an assessment of 10 active investments revealed a sobering reality: eight recorded net losses for at least two consecutive years.

One case stood out. "Kaaro-Koffi Ltd, despite receiving Shs 3.1 billion, remains non-operational four years after investment," the Auditor General noted. Meanwhile, eight companies that received loans totalling Shs 23 billion have failed to repay either principal or interest.

The numbers tell a stark story. Across all its investments, UDC earned just Shs 1.4 billion in income against a total investment of Shs 1.3 trillion—a return on investment

of 0.09 percent.

"The investment decisions made for UDC are not yielding returns," the report concluded, pointing out the contradiction between UDC's stated goals—employment creation, use of local resources, and balanced regional development—and the financial outcomes achieved.

The Auditor General advised that if UDC is to play its intended role, it must be properly capitalised and governed, with clear expectations for performance and returns.

THE COST OF WEAK LINKS

Individually, each of these findings is troubling. Together, they reveal a deeper pattern: ambitious public systems undermined by gaps between planning and execution.