

Citizen Action Platform

**Amplifying Citizen Voice
Against Corruption**



PARTNERSHIP FOR
TRANSPARENCY FUND

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Against Corruption**



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LETTER FROM THE PRESIDENT

Over the past 15 years, the Partnership for Transparency Fund has gained significant experience on what works, and what does not, in citizens' efforts to fight corruption and improve the delivery of government services. Our most promising successes have been at the local level. As we set out to apply the lessons of this success to impact systemic corruption at the national level, it was clear that these approaches could not easily be replicated nation-wide without the use of information and communications technology (ICT).

As a result, we developed the Citizen Action Platform, or CAP, to revolutionize the high-value, but high-cost of citizen reporting and monitoring of public service delivery. The program's pilot in the Apac district of Uganda, implemented by the Anti Corruption Coalition Uganda (ACCU) and The Apac Anti Corruption Coalition (TAACC) with the support of Transparency International Uganda and UNICEF, has proven to be highly effective in reforming public health services.

ACCU collected case data, analyzed government responses, and administered public opinion surveys – all of which demonstrate impressive results. However, the most important impacts aren't found in data. They are human.

This booklet seeks to illustrate individual change stories to demonstrate the human impact of the CAP program in Apac. As we embark on expanding the program throughout Uganda, we will continue to produce changes just like those presented here – but on a much larger scale.

I would like to congratulate our team and our partners for their accomplishments and thank them for their continuing work in Apac. Their success bodes well for CAP's enormous potential to root out corruption and improve health care in Uganda.

Sincerely,

Richard Stern
President, Partnership for Transparency Fund



PICTURED ABOVE: CAP Program Officer, Evaline Ayagu, and Program Manager, Roy Mukasa. RIGHT, TOP TO BOTTOM: Program Manager of Transparency International Uganda (TIU) Lira Branch, Betty Etim. A photo of stolen drugs taken on a mobile phone under CAP. TIU's call center equipment in Lira.

WHAT IS THE CITIZEN ACTION PLATFORM?

The Citizen Action Platform, or CAP, is a program designed to improve public services in developing countries by encouraging citizen participation in reporting corruption, mismanagement and maltreatment through the use of information and communications technology (ICT).

It revolutionizes the high-value but historically high-cost of citizen reporting and monitoring of public services by systematically recording, aggregating, mapping and tracking

grievances through their resolution. This information provides strong support for CSOs to constructively engage with service providers through a better understanding of where, when, and what issues citizens are most concerned about.

As most community-based organizations have modest resources, the CAP program partners with existing ICT applications to overcome expensive cost limitations of ICT development and infrastructure.



text "JOIN" to
8500
every SMS is
FREE!

"If there is problem in any of our health facilities, within two minutes the message has reached [us]... and we respond rapidly."

- Dr. Mathew Emer
Apac District Health Officer

THE PROBLEM

In many poor countries, quality health care is compromised by a lack of oversight at the local level. Poor pay, difficult living conditions and little supervision creates a situation ripe for corruption. Life-saving medications go missing, public health funds disappear and patients are forced to pay bribes.

THE SOLUTION

PTF developed the CAP program for developing country CSOs to engage citizens in monitoring the public services they rely on.

Over the past two years, the Anti Corruption Coalition Uganda (ACCU) and its local affiliate the Apac Anti Corruption Coalition (TAACC), have partnered with UNICEF and Transparency International-Uganda (TI-U) to field test the CAP program on public health service delivery in the Apac district of Uganda.

Citizen reports concerning public health services in the district are collected through: 1) SMS to UNICEF's U-Report program; 2) calls to TI-U's local toll-free hot-line (0800100189); 3) calls made to monthly radio talk shows; 4) reports made to trained volunteer monitors; or 5) statements made during public meetings. These methods are

supported by continuous awareness raising campaigns, such as radio jingles and public performances.

All citizen reports are entered into CAP's ICT system by a central administrator and subsequently categorized, tracked, and mapped. The information produced helps CSOs more efficiently serve the community through tools like: geo-mapping complaints to help identify "hot spots" in need of attention; resolution time tracking to identify bottlenecks and ensure follow through; and categorization to help identify the appropriate authority to engage.

Government officials have welcomed the program because it helps them more effectively respond to problems and improve health services. CSOs have utilized national-level working groups, press coverage, one-on-one consultations and community meetings as tools to engage citizens and pressure government officials to improve health services.

THE RESULTS

CAP has proven to be highly effective in improving the quality of public services. The stories that follow are illustrations of the concrete impact the project has produced in the Apac district.

TECHNOLOGY PARTNER: U-REPORT

U-Report (ureport.ug) is a free, anonymous SMS tool developed by UNICEF that enables citizens to directly communicate their opinions with decision makers. SMS polls and alerts are sent out to subscribers and real-time response information is collected. Results and ideas are shared with decision makers and the community. U-Report has penetration in every district of Uganda with a total of 300,000 active users.

UNICEF's U-Report program has been our most successful means of encouraging citizen reports, accounting for over 95% of our complaints received in the first 5 months of our joint operation. Utilizing ICT mechanisms that citizens already know and trust, in addition to locally relevant in-person activities, allows for optimal citizen uptake at a low operating cost.

PICTURED RIGHT: CAP Program Officer, Evaline Ayugi and a colleague advertising U-Report and its relationship to CAP in Apac.





UGANDA
VOICE MATTERS



Step 4

Decision makers take action and results are shared back with U-Reporters

Step 1

To report on what matters to you. SMS 'JOIN' to 8500



MAKE YOUR VOICE HEARD

Step 2

Your SMS is combined with other U-Reporters' into a common voice



Step 3

The common voice of U-Reporters is shared with decision makers



U-Report is your FREE, anonymous SMS tool that enables you to directly communicate your opinions with decision makers. U-Report amplifies your voice to create positive change in your community.

text 'JOIN' to 8500. Every SMS is FREE!



U-ReportUganda

text "JOIN" to
8500
every SMS is
FREE!



NTV

PICTURED ABOVE: A health worker evacuating staff quarters due to the bat infestation testifying on NTV News.

ONE MILLION BATS IN ABEI

The roof of the Abei Health Centre had started collapsing, yet government officials didn't have a clue of what had befallen the facility. A swarm of bats, estimated to be nearly one-million, colonized the Centre for several months, weakening its structure and creating a serious health risk, including bat-born infections like rabies and Ebola.

Volunteer community corruption monitors submitted a report about the bats to CAP and the issue was subsequently brought to the attention of concerned local leaders during a community meeting. Key government officials and public health workers were surprisingly unaware of the problems facing the Centre and were invited for a firsthand look at the problem. The media was also invited to document the scene, providing further visibility of the issue on national television.

As a result of enormous public pressure, community leaders have apologized for their negligence and fumigated and repaired the facility. Today, all the bats have been driven away and the health center has returned to operational condition.



PICTURED LEFT, TOP TO BOTTOM: Bats living in the health center roof. Local leaders watching bats fly out of the health center during an official investigation. Part of the health center roof destroyed by the infestation.

"We speak for the voiceless. We make the leaders aware of their problems. When they don't have a spotlight somewhere, it's challenging for the government to keep track, but when there is an outcry, they rush to address it."

-Evaline Ayugi, CAP Project Officer, The Apac Anti Corruption Coalition (TAACC)

BRIES FOR MAMA-KITS

The CAP platform received multiple reports that nurses were taking bribes for mama-kits, an all-in-one packet containing plastic sheeting, razor blades, soap, gloves, cotton wool, and cord ties for labor and delivery.

These kits are meant to be provided free to pregnant women to reduce mother and infant mortality, but were allegedly being sold for 15,000 shillings (US\$4.50), a sum that would take many women months to save. In response, TAACC visited several facilities to investigate these claims and recorded more accounts from new mothers who had been charged for these essential supplies.

A community forum was called to present the issue and come up with a solution. After publicly hearing the charges of illegal activity from the community, the District Health Officer took action to redirect the

supply line of mama-kits, making them available at local pharmacies instead of health centres, and eliminating the leakage. Now, pregnant women are able to pick up their mama-kits from the pharmacy, free of charge, and bring them to the maternity ward when they are ready to deliver.



PICTURED ABOVE: A mother and baby waiting for treatment at a local health center.



Meet Dr. Mathew Emer, District Health Officer, Apac District Government

Dr. Mathew Emer is the District Health Officer of Apac, serving as the government's foremost representative for public health in the district. He is charged with nearly all aspects of the health care system in Apac - from mobilizing resources to evaluating its delivery.

Dr. Emer was one of the earliest proponents of the CAP program in his district. He appreciates the extra eyes and ears on the ground to help ensure

his department functions at its highest capacity. "If there is a gap or a problem at our health facilities, within minutes the message has already come to us, and we respond rapidly."

"What has improved the most is health worker behavior and availability, because they know they are being monitored," explains Dr. Emer, "and the citizens are learning what is possible and what is not, which is reducing tension."



"If the little money which is sent for [health care]... is used properly, sincerely, we shall realize a very healthy community."

Meet Evaline Ayugi, CAP Project Officer, The Apac Anti Corruption Coalition (TAACC)

Evaline is the heart of the CAP program in Apac. Everyday she is on the front line - listening to citizens, engaging with health workers, and building the support of local leaders to solve problems.

Although she is the face of accountability in the district, she has a productive and friendly relationship with health care providers and government officials. "When I go to verify the cases, it is an opportunity for

them present their problems too," she explains.

Evaline has witnessed first-hand the power of information, arming volunteers in the district with knowledge on everything from infrastructure safety requirements to government mandated staffing levels.

"It's all about knowing rights and responsibilities," she says, "but we still have a long way to go."



"Before I came here, the news of this place, what I heard on the radio, it was really terrifying."

Meet Nurse Rose, Alado Centre "In-Charge"

Although Nurse Rose is now a beacon of hope in Apac, she wasn't always sure she was up for the task. "I was appointed as the head of this Health Centre, but it was a tug-of-war for me. I refused, even to the point of writing a letter to the DHO and the CAO (Chief Administrative Officer), but my struggle was in vain."

"The news on the radio about what the former in-charge was doing was really terrible," said Evaline Ayagu, "no one would want to associate him or herself

with this facility."

Nurse Rose explains, "they were selling items like [mosquito] nets and child immunization cards. These things are to be given free, but it seems they were being sold to patients. So when I came, I started putting things right. Together with our staff we started making things OK."

"Now, we only now get positive feedback from the community," says Evaline, "I'm so grateful for her."



Meet Alex Okella, Volunteer Corruption Monitor

“ We had challenges - a problem with the in-charge. He would sell mosquito nets, make us pay for blood tests, he even sold the battery for the solar system. Yet he could not buy paraffin to burn the waste... As an IBM [volunteer corruption monitor], I got in touch with TAACC. TAACC organized a PAF [community meeting] where the in-charge actually accepted all of his wrongdoings.

But, the health department took their time transferring him. So, TAACC had

a show on Unity FM, and we took a recording from the meeting so the in-charge had to face the Assistant District Health Officer on the radio. After witnessing what was happening here, they arrested him and removed from office... ”

Then Nurse Rose was brought in. She is so good. She's not selling the nets, the solar system is now working... the rubbish pit has been cleaned up. The patients have fallen in love with her because they're getting care. ”

Uganda





PICTURED LEFT: Police examining stolen drugs at a community meeting. ABOVE: Police collecting evidence and stolen drugs after a raid at Ayago market.

STOLEN DRUGS AT AYAGO MARKET

TAACC received an anonymous tip through CAP about stolen government drugs being sold at a local market and sent an undercover field worker to verify the situation. When he attempted to buy Coartem, an anti-malarial medication that legally requires a medical prescription to be dispensed, he was offered tablets inscribed with "GoU" – Government of Uganda. This inscription was a clear indicator that they had been taken from a public health clinic.

With this evidence in hand, TAACC approached district health authorities to share their findings and help pinpoint the leakage. While their message was well received, little was done to investigate the case and progress stalled. Although it was clear that the drugs originated from a public health clinic, their sales at the market was not squarely within the jurisdiction of local police, providing little motivation to act.

Without a clear path forward, TAACC and ACCU sought assistance from the National Health Sector Anti-Corruption Working Group, a consortium of CSOs and the Ministry of Health, National Medical Stores, Directorate of Public Prosecutions, National Drug Authority, Directorate for Ethics and Integrity, and other government authorities. In response, the Ministry of Health contacted local police and directed them to take action.

Within a week, the police conducted a raid, arrested perpetrators, and recovered the stolen drugs. The press coverage surrounding the event helped increase public scrutiny and eliminate a loophole. Likewise, greater public awareness on rights to free medication and the danger of black-market drugs has reduced demand. The Ministry of Health plans to use the case as a model to help resolve similar problems in the future.

REVITALIZING THE DISTRICT HOSPITAL

Constructed in 1969, Apac General Hospital is one of the iconic structures still standing in the district. It is a key facility expected to serve an estimated 300 people daily. However, the facility has become dilapidated and in disrepair over the past 40+ years with little investment in its maintenance.

In August 2014, a community meeting was held over the problems at Apac Hospital. Issues discussed ranged from the ambulance that had been in disrepair for more than two years, the dilapidated infrastructure of the hospital, a non-functioning sewage system, malfunctioning x-ray and ultrasound machines, and wards and staff quarters in a sorry state with destroyed doors, windows, ceilings and roofs, smelly and worn out, among other issues.

After hearing from the community and witnessing many of the challenges firsthand, local leaders leaped into action. After both national level engagements from ACCU and requests filed on behalf of local government leaders in Apac, the Ministry of Health (MoH) delivered a brand new ambulance for transporting patients, allocated 500 million Ugandan Shillings to rehabilitate the hospital, and installed new x-ray and ultra sound machines.

Beyond these specific achievements, more attention on the facility has improved its functioning overall. The general hygiene of the hospital has improved and staffing has increased from 60 to 80% capacity. An arrival book provides a new system to record and track health worker late arrivals and absences.



ABOVE: The Apac Hospital Maternity Ward under renovation with new funding from the Ministry of Health.

APAC DISTRICT LOCAL GOVERNMENT

LGPP FORM 20
R18(3)

CONTRACTS COMMITTEE DECISION ON A SUBMISSION.			
PO Entry Code Apac 502	Works Service Supplies Works	Budget Year 2015/16	Sequence Number
To: Mid North Builder and Civil Engineering Works Ltd.			
PROCUREMENT REFERENCE NO.: APAC 502 WRKS 2015-16-00009			
SUBMISSION INFORMATION			
Extension of contract for the Renovation of a Maternity Ward and ANM Clinic at Apac Hospital under PRDP			
-Letter of request by the Provider.			
SUBJECT OF PROCUREMENT			
SUBMISSION MADE			
DATE AND REFERENCE OF CC MEETING	Date Reference: Agenda No:	12-04-2016 3 CC/16/04/2015-16	
CONTRACTS COMMITTEE DECISION			
Approval Rejection and reasons			

[Handwritten note: Approval. The request was approved and the contract extended to 30-06-2016 in order to enable the Provider to complete the renovation works by the end of the Financial Year. The District Health Officer, District Engineer and/or the Supervisor of works should monitor the extension and advise the extension accordingly.]



PICTURED ABOVE:
Procurement paperwork to renovate Apac Hospital.



LEFT: A woman waits to be x-rayed in poor conditions at the Apac District Hospital. This picture was published in local newspapers and gained great attention, even at the national level, eventually leading to additional funding provided by the Ministry of Health to renovate the facility.



"ICT cannot work in isolation. One of the core [reasons for our success] is the citizens embraced this platform... Their transformation has been incredible"

- Roy Mukasa, Program Manager, Anti Corruption Coalition Uganda

THE BIG PICTURE

CAP has proven to be highly effective in identifying and resolving specific issues concerning the quality of public health services, as illustrated through the stories presented here. There is also evidence that we're achieving systemic change.

A survey on the program found that that 93% of citizens have a better understanding of their right to health services, 62% feel government response to their problems has improved, and 62% have experienced improved health service delivery overall. These results indicate that our successes are not limited to a few fleeting instances, but real, sustainable change for the future.

The transformation demonstrates the power of citizens' empowerment and participation in encouraging government transparency and accountability. We've identified the following impacts of the CAP program in facilitating this positive change.

Public awareness on health rights increased dramatically. A major

component of the CAP program was awareness raising. Radio jingles encouraging citizens to report poor service delivery and fight corruption were played 5 times a day, everyday. Dramatic performances demonstrated the impact of corruption on health service delivery. Citizens called into monthly radio talk shows to talk to district health officials about their challenges. By January 2016, 93% of those interviewed said they had a clearer understanding of their rights to health care.

The relationship between citizens, health workers and government authorities improved significantly. The program provides a mechanism for citizens to better articulate legitimate grievances with public health care that honest public officials want to improve. The data produced by the CAP's technology presents was particularly helpful, for instance, when budgeting community resources and planning new development projects.

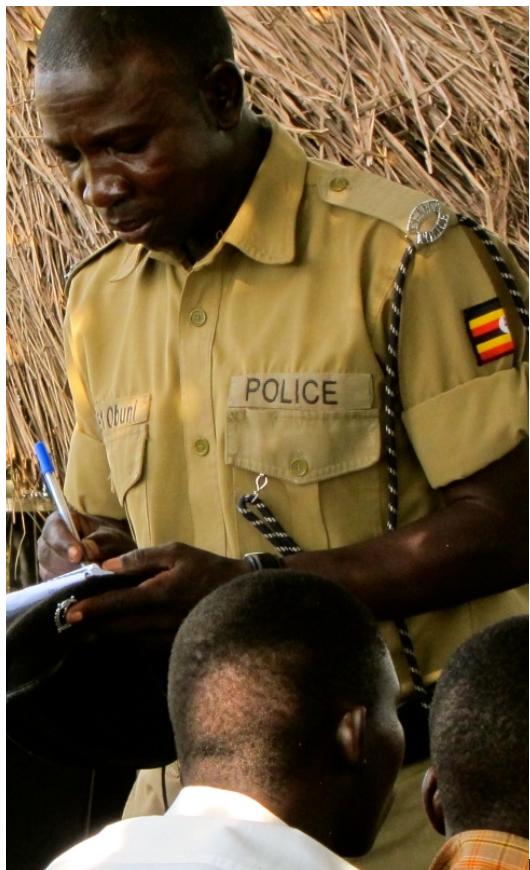
The communication between local and national level government authorities has improved. When

issues reported require the attention of national authorities, or were ignored by local officials, ACCU held strategic meetings with the Health Sector Anti-Corruption Working Group, a consortium of CSOs and the Ministry of Health, National Medical Stores, National Drug Authority, and other government authorities. The improved communication has also established an extra layer of accountability.

4) Government authorities and health works have become more informed and vigilant. In fact, many of the complaints that came through the system were from health workers themselves who were discouraged with their work environment, but felt they had no where to turn. This was in part because the district's Health Unit Management Committees (HUMCs), charged with monitoring the general administration of village health centers on behalf of the government, were practically non-functional. Now, due to public pressure, district officials present reports of poor conduct to the HCMCs, allowing them to function as they should.

The impacts of the limited pilot in Apac are local, sustainable and real. PTF and ACCU, in partnership with U-Report, are planning to expand the program in 2017, with the goal of national penetration by the end of 2019.

For updates and additional information, visit www.ptfund.org or e-mail us at info@ptfund.org.



"It is through this forum that you are able to demand your entitlements. We are here for one thing, and that is quality service delivery to the community."

*- Apac District Police Officer,
at a CAP-sponsored
community meeting*

Written by: Sarah Little

With contributions from: Tumusiime Kabwende

Based on reports from: Evaline Ayugi and Lilian Kaweesa

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Special thanks to our program partners: Anti Corruption Coalition Uganda (ACCU), U-Report Uganda, Transparency International Uganda (TI-U) and The Apac Anti Corruption Coalition (TAACC).



TAACC



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