

# **Citizen Action Platform**

**Amplifying Citizen Voice  
Against Corruption**



**PARTNERSHIP FOR  
TRANSPARENCY FUND**



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## LETTER FROM THE PRESIDENT

Over the past 15 years, the Partnership for Transparency Fund (PTF) 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 community 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 historically high-cost of citizen reporting and monitoring of public service delivery. The program's limited 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 (TI-U) and UNICEF, has proven to be highly effective in reforming public health care.

ACCU collected case data, analyzed government response, and administered public opinion surveys – all of which demonstrate impressive results. However, the most important impacts cannot be expressed through 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 throughout Uganda.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Stern".

Richard Stern

*President, Partnership for Transparency Fund*



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

## WHAT IS THE CITIZEN ACTION PLATFORM (CAP)?

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, program CAP partners with existing ICT applications to overcome the limitations of expensive costs.



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 rife for corruption. Life-saving medications go missing, public health funds disappear and patients are forced to pay bribes to get care.

We believe that the citizens who go to government facilities for health care are best able to report the maltreatment, waste and corruption they confront. Over the last 15 years, PTF has supported more than 250 projects in 53 countries where civil society organizations (CSOs) used labor-intensive tools like citizen report cards, social audits, and right to information requests to engage citizens in ensuring quality service delivery. These approaches are highly effective at the grassroots, but expensive, unsustainable and difficult to scale.

## THE SOLUTION

PTF has developed CAP as an information and communications technology (ICT) tool for local CSOs to

effectively engage citizens in monitoring the public services that 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 "Ureport" program; 2) calls to TI-U's local toll-free hotline; 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, public performances, and printed materials.

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 "hotspots" 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 and staff have welcomed the program as a means to mitigate risk by effectively responding to community grievances and improve health services. CSOs have utilized national-level working groups, press coverage, one-on-one consultations and public meetings as tools to engage citizens and pressure government officials into improving the public health care system.

## THE RESULTS

During the pilot, CAP has proven to be highly effective in improving the quality of health care, including: supervised receipt and distribution of medicines; new disciplinary mechanisms for malpractice; improved adherence to cleanliness standards; and filled resource gaps, among others.

The stories that follow are illustrations of the concrete impact the project has produced in one district. For more information, visit

## TECHNOLOGY PARTNER: U-REPORT

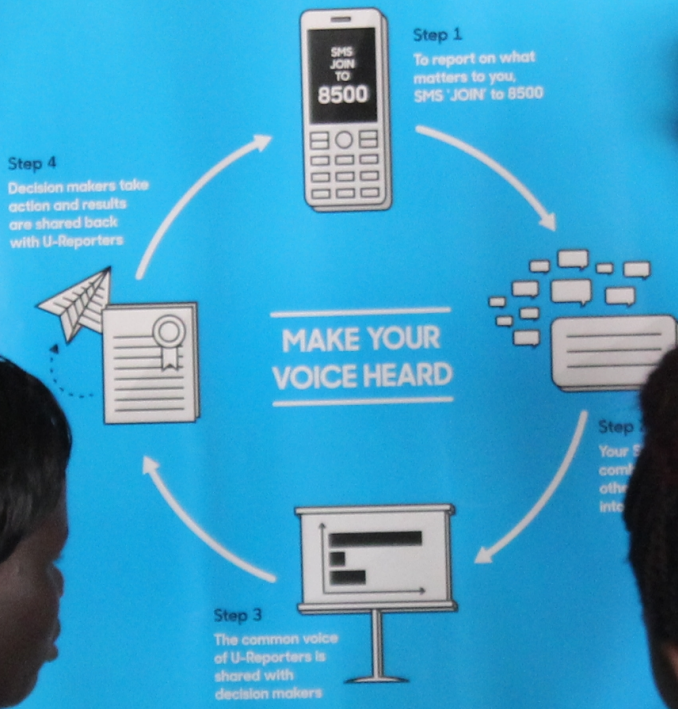
Ureport is a free, anonymous SMS tool developed by UNICEF that enables citizens to directly communicate their opinions with decision makers. SMS polls and alerts are sent out to subscribers and real-time response information is collected. Results and ideas are shared back with the community. Ureport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

UNICEF's Ureport 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 Ayagu, and colleague advertising Ureport, UNICEF's interactive SMS community participation tool. Messages received through Ureport concerning corruption, mismanagement or mistreatment in the health sector are forwarded to the CAP system for follow-up.








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

**Report**  
UGANDA  
VOICE MATTERS

**text "JOIN" to  
8500  
every SMS is  
FREE!**



PICTURED ABOVE: A health worker from the facility who evacuated state provided living accommodations due to bat infestation speaking to the nation on NTV News.



## ONE MILLION BATS IN ABEI

The roof of the Abei Health Centre had started collapsing, and yet government officials didn't have a clue of what had befallen the facility. A swarm of bats, estimated to be nearly one-million strong, 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 experience of the problem. The media was also invited to document the ghoulish sight, providing further visibility of the issue on national television.

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

PICTURED LEFT, FROM TOP TO BOTTOM: Some of the bats living in the health center roof. Local leaders watching the bats at 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 outcry, they rush to address it."

*-Evaline Ayugi, CAP Project Officer, The Apac Anti Corruption Coalition*

## BRIBES FOR MAMA-KITS

The CAP platform received multiple reports that pharmacies 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 with government authorities and recorded even 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 wards for use when they are ready to deliver.



PICTURED: 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 the delivery of health care services.

Dr. Emer was one of the earliest proponents of the CAP program in Apac. 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 two 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 community 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 as well," she explains.

Evaline has witnessed first-hand the power of information, arming volunteers in the district with knowledge on everything from facility infrastructure 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" (Supervisor)

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 other 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 really 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. **||**







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 where the drugs were coming from and progress on the case quickly stalled. Although it was clear that the drugs originated from a public health clinic, their sales at the market were not squarely within the jurisdiction of local health officials, providing little motivation to follow-up on the situation.

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 immediate action.

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

## REVITALIZING THE DISTRICT HOSPITAL

“If someone was here to look at me, they would see how tears are rolling down my cheek as a result of poor health service delivery in Apac General Hospital. The civil servants have low morale for work due to the poor living condition. They have poor sanitation and poor pay. As Management, we are trying to do what we can to improve the health service delivery.”

*- Bob Aboce, Chairman Management Board of Apac Hospital, addressing the community during a CAP sponsored radio program*

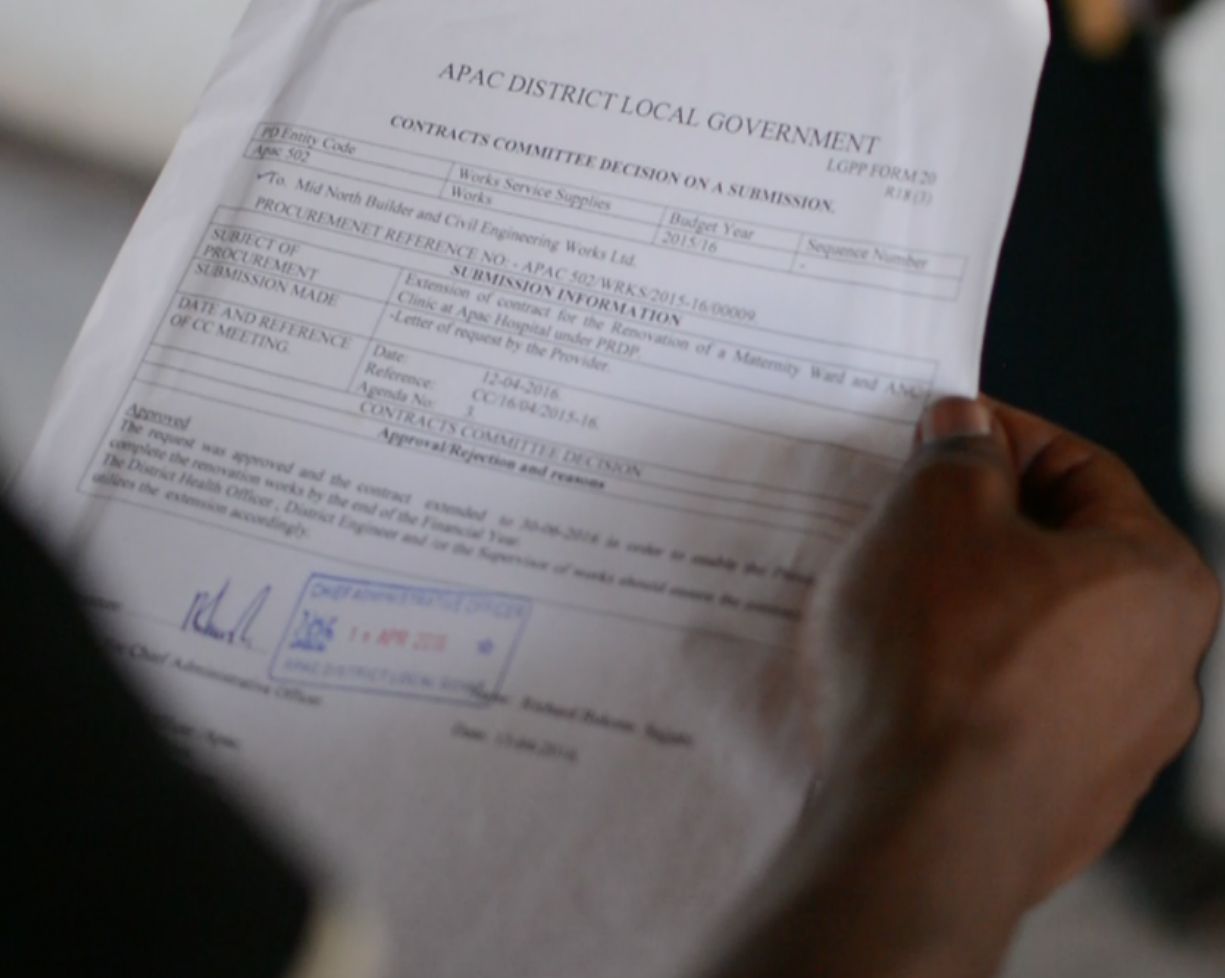
Constructed in 1969, Apac General Hospital is one of the iconic structures still standing in the district. It is a key facility expected to serve an estimated 300 people daily. However, the facility has become dilapidated and in disrepair over the past 40+ years with little investment into its maintenance.

In August 2014, a community meeting was held over the problems at Apac Hospital. Issues discussed ranged from the ambulance that had been broken down 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 so many 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. To address complaints concerning patient care and staff misconduct, the hospital administration has introduced a new system to file complaints on individual health workers, including written warnings and disciplinary actions for negligence in more serious cases. An arrival book also provides a new system to record and track health worker late arrivals and absences. As a result, troublesome staff have been dismissed or transferred while others have merely improved their behavior and pay more attention to treating patients with respect.





PICTURED ABOVE:  
 Procurement paperwork to renovate the Apac District Hospital Maternity Ward.



PICTURED LEFT: A now famous picture of a woman waiting to be x-rayed in poor conditions at the Apac District Hospital. The 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, CAP 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 more 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.

This kind of change is due to a transformation in the local community, which has demonstrated greater

empowerment and participation in encouraging government transparency and accountability. Specific elements of this change are outlined below.

**1) Public awareness on health rights increased dramatically. A major component of the CAP program was awareness raising.** Radio jingles informing citizens of their duty to report poor service delivery and fight corruption, and introducing the CAP program, were played 5 times a day, everyday ([click here to listen](#)). Dramatic performances demonstrated the impact of corruption on health service delivery. Citizens participated in direct dialogue with district health officials through monthly radio shows and community meetings. By January 2016, 93% of those interviewed said they had a clearer understanding of these rights through the program.

**2) The relationship between citizens, health workers and government authorities improved significantly.** The program provides a mechanism for citizens, through the local CSO, to better articulate the community's grievances with public health care. The data produced by the CAP's technology presents the CSO with concrete evidence. This information was particularly helpful, for instance, when TAACC prepared and presented an argument for greater health service funding at the regional budget workshop.

**3) The communication between local and national level government authorities has improved.** When issues reported through CAP required the attention of national level 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 who were discouraged with the system, but felt they had no where to turn. Health Unit Management Committees (HUMCs) are charged with monitoring the general administration of village health centers on behalf of the government, but were practically non-functional in the target district, because health officials all but ignored their existence. Now, because of public pressure, district officials present reports of poor conduct to the HCMC as they're supposed to. As a result, disciplinary committees are starting to function, addressing issues like, staff absenteeism, late coming, drug stock outs and corruption.

The impacts of the limited pilot in Apac are local, sustainable and real. The program has also demonstrated workable modalities well suited for reducing corruption at a national scale. Therefore, PTF and ACCU, in partnership with UNICEF's Ureport program, are planning to expand the program beginning in January 2017, with the goal of national penetration by the end of 2019.

For updates and additional information, visit [www.ptfund.org](http://www.ptfund.org) or e-mail us at [info@ptfund.org](mailto: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*



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