COVID19 CITIZENS’ TRANSPARENCY INITIATIVE FOR UGANDA

PROJECT SUMMARY

The proposed project aims to support civic engagement in the implementation of COVID19 funds and resources in Uganda with the aim of contributing to increased efficiency and economy. The project will employ a multi-approach strategy comprising of supporting medical workers to provide information on COVID19 preventive measures, procurements and distribution of supplies and media engagements, citizen led monitoring of public expenditures, working with investigative journalists to unearth waste, and constructively engaging with authorities to provide feedback to improve implementation. The project will seek constructive engagement with key players including: the Ministry of Health, Ministry of Finance, Planning and Economic Development, Office of the Prime Minister, International Finance Institutions, development actors and other stakeholders.

The project will be target the Kasangati Health Centre IV, which serves over 140,000 citizens, over a six-months period. The impact and appeal of the project will also be felt at the national level as the desired outcomes will impact on all health facilities and citizens across the country. The project will be implemented by Anti Corruption Coalition Uganda (ACCU) with support from Partnership for Transparency (PTF).

PROBLEM STATEMENT

Coronavirus also known as COVID19 was declared a pandemic by the World Health Organisation on March 11, 2020. In Uganda, the first case was registered on March 22, 2020. So far, a total of 3,310 samples\(^1\) have been tested, with 52 confirmed cases. 657 individuals are under institutional quarantine while 855 contacts to the confirmed cases are under follow-up\(^2\). The country has subsequently put in place mechanisms to curb the spread of the virus including; mandatory quarantine for all returnees, night curfew, a ban on movement of all vehicles except cargo and closure of schools and places of worship.

To address this pandemic, the Government of Uganda has mobilized resources both financial and physical. According to the Ministry of Health, already Ugx.25bn has been spent to address the pandemic. The Government also recently made a supplementary request worth Ugx304bn to Parliament, to address the pandemic\(^3\). The government of Uganda under the Contingency Emergency Response Fund under the World Bank is also seeking a loan to respond to the pandemic. The Government of Uganda has also been actively mobilising funds and equipment from individuals and companies in the country and outside, and several have responded positively by making donations to the National Coronavirus Taskforce.

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\(^1\) As at April 7, 2020.
\(^2\) As at April 6, 2020.
\(^3\) The request was approved on April 7, 2020 by the Parliament of Uganda. The Ministry of Health was allocated 104.1bn to manage the coronavirus pandemic. The other sectors allocated money are; Security (77.49bn), ICT (6bn), Local Governments (36.1b) and Disaster Preparedness (59.4bn)
This infusion of huge amount of resources in Uganda’s health sector entails very significant fraud, corruption and waste risks. Health sector has been plagued by high rates of corruption. The sector has previously been rocked by multi-billion corruption scandals. In 2008, approximately $45m meant for fighting AIDS, Tuberculosis and Malaria was embezzled by officials at the Ministry of Health. In 2019, the country was once again engulfed in a Ugx.1.4tn corruption scandal involving the construction of a highly controversial specialized hospital at Lubowa. Corruption in Uganda’s health sector also manifests on a micro scale through theft of government medicines, absenteeism of health workers, charging of illegal user fees, procurement of expired and sub-standard drugs and price inflation of drugs.

Corruption in Uganda’s health care system violates the right to progressively realize the right to health, particularly when money has been earmarked to support the health sector. In essence, the misappropriation of state resources budgeted for public services, including life-saving health treatment or infrastructure projects to deliver health services, negatively impacts the realization of the right to health (HRW, 2014).

Corruption in Uganda is pandemic and coronavirus in Uganda presents an opportunity for scammers and businessmen to defraud citizens, often with the complicity of government officials. Already, there are accounts of citizens evading quarantine by bribing officials or by using their influence and connections in government to manipulate the system (U4 Report, 2020). Despite allocating a lot of resources, most health centres are still not prepared to handle the pandemic; this is evidenced by health workers abandoning their duty stations for lack of protective equipment. Patients like in the district of Hoima have also abandoned isolation centres for lack of food.

There is still limited transparency regarding the use of these resources especially the appropriated funds, with fears that these finds may be channeled into illegal funding of the 2021 general elections. Members of Parliament have also questioned why the security supplementary budget initially was higher than that of the Ministry of Health, which is at the center of fighting the pandemic. There is also a lot of secrecy in the procurement of medical supplies to address the pandemic. Anecdotal reports indicate that the Ministry of Health has only ordered for a handful of supplies from China, despite the problem at hand. There are already fears that government may circumvent official procurement procedures further making these procurements susceptible to corruption and diversion of public funds.

Given this background, ACCU with funding from PTF will implement the COVID19 Citizens’ Transparency Initiative for Uganda project with the overall aim of influencing transparency and accountability outcomes in the management of COVID19 funds and resources.

**PROJECT THEORY OF CHANGE**

The project theory of change follows the trajectory of: 1. Gathering of evidence regarding procurement of COVID19 prevention and response supplies through citizen monitoring, working with health workers to flag discrepancies, media reports and requesting for official information; 2. Disseminating this information to citizens and key stakeholders through dialogues, social media and mainstream media and; 3. Engaging stakeholders including the Ministry of Health, Parliament, Ministry of Finance, Planning and Economic Development and international donor and financial agencies to cause action and push for the implementation of the suggested recommendations.
GOAL, OUTCOMES & OUTPUTS

Project Goal
Support civic engagement with authorities in Kasangati to ensure that the COVID-19 expenditures reach intended beneficiaries efficiently and economically.

Project Outcomes
Increased awareness and access to COVID19 related information by citizens, journalists and other stakeholders to enforce awareness on prevention and social security benefits and transparency and accountability in public expenditures.

Improved economy of and third party monitoring of COVID19 procurements and supplies to identify and report inconsistencies.

Improved efficiency of COVID-19 response implementation by establishing a feedback loop comprising increased citizen monitoring to identify and flag implementation challenges facing the national COVID19 response and recommend solutions to those challenges.

Project Outputs
Engagements with government officials, international actors, civil society and other actors on the issues identified through monitoring and investigative journalism.

Production of Information, Education and Communication Materials including posters, leaflets, stickers to sensitise citizens on COVID19 reporting mechanisms.

Media products including video recording, media stories, online banners and videos will be produced and disseminated.

Mobile smartphones will be procured and disseminated to health workers to monitor and provide weekly reports on COVID19.

End of project report - An end of project report will be developed and shared with key partners including; Ministry of Health, Parliament, Ministry of Finance, Planning and Economic Development, Parliament of Uganda, Office of the Prime Minister, World Bank and other key actors.

PROPOSED ACTIVITIES
1. To obtain official information from government on COVID19 related procurement and supplies: ACCU will officially request for this information from government agencies including the Ministry of Health, Parliament and the Ministry of Finance, Planning and Economic Development and National Medical Stores. This information will be obtained through email, through online sources or through physically getting copies when some of the restrictions have been relaxed. Information will also be aggregated from official government records, media reports and press releases.

2. To facilitate health workers to monitor and report on COVID19 medical supplies procurement and deliveries to Health Centres. The health workers will be facilitated with smartphones, data and airtime to monitor and provide information related to COVID19 procurements and supplies to Health Centres.
This information will be compared with national purchase and disbursements in order to identify and flag discrepancies and leakages.

3. Support investigative journalists to investigate and unearth corruption in the coronavirus related procurements. Media practice is among the emergency services that are allowed to operate under the current lockdown. ACCU will support investigative journalists to unearth corruption and malfeasance on the management of COVID19 related funds and resources. ACCU will engage with media to document and disseminate photo and video materials to resolve major issues and share success stories.

4. To produce Information, Education and Communication materials related to coronavirus and citizen reporting of corruption: materials including posters, leaflets, brochures will be produced and disseminated to citizens on prevention and reporting of corruption in the health sector specifically corruption in COVID19 procurement and supplies. These information materials will be delivered to Kasangati HCIV, and they will be distributed by health workers following the Ministry of Health guidelines.

5. Conduct social media engagements for information dissemination and gathering citizen feedback: ACCU will use its social media in creating awareness and advocacy on health service delivery in Uganda. Social media influencers will be identified and supported to disseminate information related to COVID19, to put duty bearers on pressure to act. Short videos and online banners will be produced and disseminated to citizens through social media.

6. Strategic engagements with duty bearers: Based on information gathered, ACCU will hold virtual engagements with officials at the Ministry of Health, Parliament, Ministry of Finance, Planning and Economic Development and other stakeholders on addressing the identified loopholes.

7. Production of end of project report: An end of project report will be produced and shared with key actors at the Ministry of Health, Parliament, Ministry of Finance, Planning and Economic Development, Office of the Prime Minister, International Finance Institutions, development partners and donors.

PROJECT SUSTAINABILITY

The Ugandan government is seeking a huge amount of funds from the World Bank and other donors to stabilize the health crisis caused by the COVID19 virus and mitigate the economic and social impacts on all sections of society. Past experience in Uganda and elsewhere indicates that with this large injection of funds will come a huge risk of money being stolen, diverted or otherwise misused. In this context, this program will build on substantial experience in Uganda on applying social accountability to promote economy and efficiency in public expenditures in COVID19 expenditures. It could easily be replicated and scaled up to apply to the nationwide program. It could, for example, easily be applied to the World Bank COVID-19 loan and assistance through a technical assistance and /or trust fund grant. The design and theory of change underlying this pilot are consistent with the access to information, stakeholder engagement, citizen engagement and anti-corruption policies of the World Bank. The implementing partners (ACCU and PTF) have deep experience in Uganda and in World Bank operations to quickly scale the program if funds are available.
## LOGFRAME

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<tr>
<td>Gain informed citizen participation in ensuring transparency and accountability in public expenditures relating to COVID19 prevention and response programs</td>
<td>IEC materials produced and disseminated, sensitizing citizens on COVID19, prevention and response programs as well as misuse reporting mechanisms</td>
<td>Increased awareness and access to COVID19 related information by citizens and other stakeholders on benefits and how to report misuse</td>
<td>IEC materials produced and distributed</td>
<td>Information is able to be obtained on COVID19 prevention and response programs</td>
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<td>Identify and publicize irregularities in the procurement and delivery of COVID19 prevention and response programs</td>
<td>Health workers empowered to report on information related to COVID19 procurements and distribution of supplies</td>
<td>Improved economy of and third party monitoring of COVID19 procurements and supplies to identify and report irregularities</td>
<td>Number and frequency of reports submitted</td>
<td>Health worker trust to use system and report truthfully without fear of backlash</td>
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<td>Improve the efficiency of COVID19 prevention and response implementation</td>
<td>Engagements with government officials, international actors, civil society and other stakeholders on the issues identified through monitoring.</td>
<td>Established feedback loop on implementation and service delivery challenges facing the COVID19 prevention and response.</td>
<td>Number and nature of engagements</td>
<td>Authority capacity to respond</td>
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